

The Kent Autistic Trust

The Kent Autistic Trust - 118 Beaver Lane

Inspection report

118 Beaver Lane
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

The Kent Autistic Trust – 118 Beaver Lane is a small residential care home providing personal care to five people with learning disabilities and/or autistic spectrum disorder aged 18 years and over at the time of the inspection. The service can support up to six people.

The Kent Autistic Trust – 118 Beaver Lane is a unique service which has a mixture of self-contained flats and bedrooms with shared communal spaces.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The service continued to apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff recognised that people had the capacity to make day to day choices and supported them to do so. People were encouraged and supported to be independent. People were engaging in the community, for example utilising their local community to use ordinary community resources, shops, access day services and activities to ensure they had a good day. People were also supported to take holidays both in the UK and abroad.

The provider and staff continued to be exceptionally responsive and worked continuously to make improvements to the service and provide people with high quality care. The provider and staff demonstrated a detailed knowledge of the people they supported and over time had developed trusting relationships with them, so that people felt safe receiving support. The provider had been extremely responsive to people's needs and designed services specifically to meet people's changing needs. People were happy and smiling. The sounds and movements people made mirrored the descriptions of the 'happy' sounds and movements within their care records. Relatives were extremely happy with the service. Relatives told us, "I'm really happy with Beaver Lane and [registered manager] and the staff. Most staff have been there a long time" and "Staff are kind and caring."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service continued to provide outstanding care and support to people enabling them to live as fulfilled and meaningful lives as possible. The service was innovative and used assistive technology to enable people to be as independent as possible, such as electronic tablets, smart speakers and flashing doorbells. People were able to have privacy and independence with staff accessible nearby. People who had previously displayed behaviours that other people may find challenging were able to live their life to their fullest potential.

The leadership and coaching provided by the registered manager and provider's team ensured that staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Staff had received training, regular supervisions and appraisals. Staff were encouraged to continuously learn and develop by completing qualifications and additional learning. The provider continued to work with other organisations to ensure staff received current and best practice training and information.

Staff were extremely positive about the support they received from every member of the Kent Autistic Trust from the chief executive to colleagues. Every staff member enjoyed working with people with autism. Every staff member demonstrated passion and commitment to providing the best possible care and opportunities for people to live life to the full. This had led to a positive workplace culture, with staff feeling their voices were listened to. Staff told us they were proud of working for the organisation, and would be happy to have them care for their own family.

People had positive relationships with support staff that knew them well. There were enough staff available to meet people's needs and give individual care and support. Staff had been recruited safely. There was a strong emphasis on person-centred care. People were supported to plan their support where possible and they received a service that was based on their individual needs and wishes. The service was flexible and responded to changes in people's needs.

Care plans clearly detailed people's preferred routines, wishes and preferences. They detailed what people were able to do for themselves and what support was required from staff to aid their independence wherever possible. People were involved in review meetings about their support and aspirations. They were involved in setting goals and targets and were supported by staff to achieve these.

Staff and people received additional support and guidance from the provider's positive behaviour support team and strategies were in place to manage any incidents of heightened anxiety. Staff received regular support from their manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was rated Outstanding at the last inspection on 06 December 2016 (the report was published on 01 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

The Kent Autistic Trust - 118 Beaver Lane

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Kent Autistic Trust – 118 Beaver Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not been to the service since we last inspected and had not received any information about the service. We received feedback a local authority social worker. We used all of this information to plan our inspection.

During the inspection

People were not able to verbally express their experiences of living at the service. We observed staff interactions with people and observed care and support in communal areas. We spoke with four people's relatives.

We spoke with seven staff including; specialist support workers, a senior support worker, the assistant manager, the registered manager, the quality and compliance manager and a member of the provider's positive behaviour support team.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. Staff described what abuse meant and told us how they would respond and report if they witnessed anything untoward.
- Staff told us the management team were very approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. Staff knew how to raise and report concerns outside of their organisation if necessary.

Assessing risk, safety monitoring and management

- Support plans contained in depth risk assessments to keep people safe. Risks to the environment had been considered as well as risks associated with people's complex needs.
- Risk assessments gave clear, structured guidance to staff detailing how to safely work with people. The risk assessments had been regularly reviewed and updated. Staff followed the risk assessments and guidance.
- Staff had worked proactively with the fire service to reduce the risks of fire with one person. The person liked to collect lamps and at one point had too many which increased the risk of fire. The staff team took photographs of all the lamps so there was a detailed list. The person was enabled to choose eight to ten lamps to plug in at any time. The person was supported to know that the rest were in a safe place. The person used the photographs of the lamps to choose which lamps they wanted in their room and which to have in storage in the building. The person swapped the lamps when they chose to.
- Relatives told us that their loved ones were supported to maintain their safety. Comments included, "[Person] is safe because she is never left alone, they have coded locks to prevent her from going out alone. Someone is always with her."
- Risk assessments identified triggers to people becoming anxious or upset such as loud noises, children or dogs. Staff knew about these triggers and gave examples of how they supported people to be active members of their communities by avoiding key times and places.
- The safety of the environment was risk assessed and hazards managed by the management team. For example, electrics, gas, fire, infection control, legionella, food hygiene, medicines, fixtures, fittings and equipment, as well as security of the premises.
- Staff had carried out regular fire alarm tests and regular practice drills had taken place.
- Each person had a Personal Emergency Evacuation Plan this detailed the level of assistance and the type of equipment required they would need to reach a place of safety in the event of an emergency.

Staffing and recruitment

- Staff continued to be recruited safely. For example, Disclosure and Barring Service checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- People had been involved in recruitment drives in the local area to seek new staff to work for the service. One person had handed out leaflets to people who they thought might like to work at the service. The registered manager told us the person, "Got lots out of it."
- Potential staff that attended interviews also attended taster sessions where they visited the service and interacted with people and staff to enable the management team to assess their interaction and communication skills.
- There continued to be enough staff to keep people safe. Staffing was matched to people's assessed needs. The registered manager was able to deploy more staff as and when people's needs changed.
- Staffing was arranged flexibly and where people needed one to one or two to one support this was provided.
- The service had access to regular bank staff through the provider. Risk assessments were undertaken to identify who could not be supported by new or unfamiliar staff to ensure that bank staff were used safely.
- A relative told us, "There are plenty of staff to keep him safe, there are two or three teams. Staff are quite constant, new staff are trained to know what to expect."

Using medicines safely

- Medicines were securely stored and kept at the correct temperature to ensure their efficiency.
- Medicine administration records were complete and accurate and people received their medicines as prescribed. A relative said, "They manage his medication well." Another relative told us, "They are A1 with her medicines, it is all written down and they send a big bag of medicines home when she comes home."
- Some people were in receipt of as and when required (PRN) medicines. PRN protocols were in place for most people to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This meant staff working with people (including those administering these medicines) had all the information they needed to identify why the person took that particular medicine and how they communicated the need for it.
- PRN protocols followed STOMP to support people to reduce their medicines. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines.
- People's medicines were regularly reviewed by their GP and health professionals.
- Medicines records and stock levels were regularly audited.

Preventing and controlling infection

- The service was clean and smelt fresh. Staff used protective equipment such as gloves and aprons to protect people and themselves from healthcare related infections.
- The equipment and the environment had been maintained. The provider's maintenance team carried out repairs and maintenance in a timely manner.

Learning lessons when things go wrong

- The provider continued to have systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again. For example, one person's incidents of behaviours that others may find challenging had escalated. The incidents were reviewed, and possible cause found. A strategy was put in place to enable the person to understand that they were going to have another holiday, but they needed to save for this. This strategy was clear and had been communicated to all the staff. The person's relative was also involved and aware and worked with the staff closely to support this.
- Staff told us, "We talk through with staff after (an incident) to see if they need any support or see if anything needed to be done differently" and "We have a debrief after incidents as soon after to see how everyone is."

- The provider had developed a digital file sharing system which enabled staff to share accident and incident records with the management team and the positive behaviour support team in a timelier manner.
- Records evidenced where follow up action had been taken after the accident or incident. This included who had been notified of the incident and whether support plans and risk assessments had been updated.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Adapting service, design, decoration to meet people's needs

- One person continued not to tolerate much furniture or decoration in their room and continued to throw things out of the window. Staff worked consistently with the PBS team and other health and social care professionals to ensure that the person was comfortable with any changes to the environment. The person's bedroom had been redecorated in early 2019. They had been involved in choosing the colours. The registered manager explained that redecoration took place whilst the person was staying with relatives. To enable the person to process the changes staff took photographs which were sent to them electronically, so they could see and understand before returning to the service. The staff also enabled the person to process the new flooring which was fitted. Flooring samples were taken to them before returning so the person could see and smell the new flooring. Staff shared that this went very well, and the person was happy with their redecorated environment.
- One person was profoundly deaf; to ensure staff did not startle the person after knocking and entering the person's bedroom a flashing doorbell had been installed to alert the person that someone was at their door. Staff consistently pressed the door bell and waited a few seconds before entering and greeting the person.
- One person has an electronic smart speaker which met their needs. The registered manager explained the person needed some support to learn how to use it and a printed prompt next to the smart speaker was in place to remind the person how to activate and 'wake' the speaker. The registered manager told us the person uses the device independently and has been really enjoying utilising technology to enhance their day.
- People were freely able to move about the service as they pleased. Some people had their own entrances and flats which was their own private spaces. One person was not able to tolerate certain items in their flat, therefore these items were stored in the main house and taken to the person when they needed them. This enabled the person to feel calm and settled and helped them feel safe and secure in their own environment.
- A relative told us, "When they were developing the flat we discussed all the plans and CCTV, he had a bed monitor to start with which is no longer in use."
- People's personal spaces were decorated in a way which met their needs. For example, one person liked to decorate their space with stickers; their walls were covered in stickers which they enjoyed looking at and adding to.
- The garden was secure and well maintained. The garden contained a covered sandpit as some people enjoyed the sensory experience of the sand. Another area of the garden had a memorial bench and plants including rose bushes which one person had been supported to purchase following the death of their relative. The person enjoyed sitting out on the bench. Work was underway to create a sensory space within the garden, the foundations for the space were being laid during the inspection.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff continued to support people very well with their health needs. Staff knew people well and picked up when they were not acting in their usual manner. One member of staff described how one person who was not able to verbally communicate pointed at their foot and when staff examined the foot they found the person's foot was sore. The staff member also described that another person went very quiet if they were feeling under the weather.
- Relatives confirmed people's health needs were well met. Relatives told us, "They are very good about picking up on health, they deal with it and keep me updated. If I spot something and raise it, they are normally aware of it already"; "They are excellent. Any health concerns they are straight on to the Doctor and they contact me" and "When she has hospital appointments they tell me, and I try to attend when I can."
- Staff had a good understanding of people's health needs. They supported people to attend regular health appointments and check-ups and liaised with the GP for referrals to other health professionals.
- Information about people's health needs and their preferences for support was shared with healthcare staff when people were admitted to hospital to enable people to be supported in accordance with their needs and wishes. Staff provided support to people during any hospital stays to alleviate any distress they may experience from their unfamiliar surroundings.
- The registered manager detailed how the staff team were in the process of supporting one person to attend a dentist to have a check-up, which had failed a number of times so the person was about to have dental treatment under general anaesthetic. The staff worked with the provider's PBS team to create social stories with the person, had carried out trips to the hospital and dentist to enable the person to see the places where treatment would take place. Social stories are used to support people with autistic spectrum disorders to praise, educate and detail what to expect in a situation and why. The person's relative told us that they had been fully involved in the process.
- Staff had worked with the PBS team to create a social story for another person who had previously regularly ingested foreign objects such as coins which had the potential to make them seriously ill. Staff had created a medical pack for the person which included a medical coat, blood pressure monitor and stethoscope. The person had used this equipment to listen to their body and staff bodies. Photographs showed the person enjoying the medical equipment and engaging with staff with this. Since it had been implemented the person had stopped ingesting coins.
- The registered manager told us in their provider information return (PIR) about one person who had struggled with their obsessions and compulsive behaviour which without the right support could have a significant impact on their physical and mental health and their quality of life. The person's obsessions had previously impacted on their ability to have adequate sleep, and sleep deprivation had an impact on their physical health and immune system, and on their enjoyment of their day to day life and ability to have life experiences. With consistent support from staff and the PBS team in partnership with the community learning disability team, the person was now managing their obsessive-compulsive behaviour and sleeping much better. The person felt better and had improved their health and quality of life. They had less anxieties, and so less obsessive behaviour.

Staff support: induction, training, skills and experience

- Staff continued to fully understand their roles and responsibilities.
- Staff had all attended the provider's mandatory training which included; equality and diversity, autism and positive behaviour support, moving and handling, communication and visual aids, epilepsy awareness, epilepsy, management and emergency medication, health and safety, safeguarding and mental capacity and deprivations of liberty safeguards. Staff were supported to enhance the mandatory training and induction they received through completion of additional courses and eLearning.
- Staff continued to be offered and supported to achieve work-based qualifications in health and social

care.

- The registered manager was in the process of sourcing and arranging additional training for staff to enable them to become champions. The champion role had been developed to support staff members with a keen interest in a particular topic. Each champion would be responsible for imparting their knowledge and supporting other staff within the team. Staff were keen and engaged with this.
- Staff told us they attended appraisals and had one to one meetings with their manager where their learning and development was discussed. Records showed all staff received one to one meetings.
- Staff meetings continued to be held where staff discussed people's current needs, good practice guidance and policies and procedures. Staff told us that these meetings were also used as mini training sessions and the PBS team attended to review or talk through possible changes in the way staff supported an individual and consequently improve their quality of life.
- Staff continued to feel very well supported by the registered manager and the assistant manager. It was evident that the registered manager worked with staff closely and regularly booked themselves on shift to work with people. Staff told us, "[Registered manager] has been very, very supportive"; "I feel well supported by managers, they are involved and even helped with painting in the garden" and "Everyone is supportive."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's support plans and make the decisions about the staffing hours and skills needed to support the person.
- The service had one vacant room, the management team explained how they and the head of care (who was the nominated individual for the provider) were in the process of meeting people and their relatives to carry out an assessment of their needs.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, culture and expressing their sexuality. Assessments included people's support needs, clear information about what people could do themselves and how to support the person to maintain their independence as well as how staff can support the person with their oral health needs.
- A transition to the service for new people was arranged at a pace to suit the person, often lasting months.

Supporting people to eat and drink enough to maintain a balanced diet

- People continued to be supported to access to adequate food and drink to meet their needs.
- People had their nutritional needs assessed and were weighed regularly to ensure they remained healthy. Where the service was concerned about people's diet and nutrition suitable referrals were made to dieticians.
- Some people were supported to plan their own menus. They were supported to carry out a weekly shop and were supported to cook. One person chose to eat several times a week in the main house with other people.
- Relatives confirmed that people were supported to maintain a healthy balanced diet. One relative said, "She does her own shopping, she knows exactly what she wants." Another relative told us, "He has a healthy diet, he likes a takeaway of chicken and chips on a Friday, they do focus on healthy eating."
- There was a varied menu, which was planned each week and staff told us people were involved in the planning meals where possible and pictures were used to aid this process. Staff also added their knowledge of people's likes and dislikes where people were unable to make a choice. Each Friday people chose to have their choice of takeaway or a meal out. Special diets were catered for, such as dairy and gluten free. Staff encouraged people with healthy choices. The 'today's menu' was displayed using words and pictures. People were usually out during the day and the main meal was served in the evening.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to wear. People chose where they wanted to go, what they wanted to eat and what they wanted support with. Staff communicated well with people using Makaton sign language and through showing people choices and options and respected these. One relative said, "They sign with [person] as she is profoundly deaf and understand her communication and choices."
- Staff were respectful of people's choices and decisions. The registered manager had a good understanding of DoLS and systems were in place to ensure restrictions were constantly reviewed.
- Where people did not have the capacity to make decisions, meetings were held with relevant people to discuss what would be in people's best interests. For example, there were clear records evidencing decision making processes for the person requiring dental surgery. The person's relative told us, "I have been involved in the best interests' meetings and met with the dentist and others at the hospital to go through this."
- The service had CCTV in place in communal spaces. Relevant consent had been gained, capacity assessments had been carried out and best interests' meetings and discussions with people and their relatives had taken place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people in a friendly, upbeat manner and in a way which met each person's needs. People felt comfortable with staff and sought them out. For example, one person sought staff out to have their hair brushed and tied up into a pony tail. The person enjoyed the experience and as soon as the staff members had finished the person signed and indicated they wanted it done again. Staff repeatedly supported the person with this and it was clear the person enjoyed the experience and was calm and relaxed.
- People were relaxed in the company of the staff, smiling and communicated happily using either verbal communication or expressions and gestures.
- Staff genuinely cared for the people they supported and enjoyed spending time with people. One staff member said, "I often feel sad about going home at the end of my shift as I have liked it so much" and "It's a pleasure to work there. It's such a fantastic support system for everyone involved."
- Relatives were very complimentary about the staff and the management team. They told us, "I feel he's quite happy"; "Staff are kind and caring, he has a keyworker"; "I have no qualms about the service at all. Staff are kind and caring and know her well" and "The service is very good, I'm very satisfied with the service. I know my son well and staff know him well. He really likes the staff and has his favourites."
- Staff were extremely knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could discuss things with them that they were interested in and ensure that there were good and meaningful interactions during people's support time. This also meant that staff could speak with the inspector about people's needs and shared that certain words or actions should be avoided during the inspection which could lead people to be anxious and distressed.

Supporting people to express their views and be involved in making decisions about their care

- People continued to be supported to express their views in a way which suited them. People had keyworkers who they regularly spent time with. Keyworkers are staff who take the lead in coordinating a person's support. Keyworkers used social stories, pictures and objects of reference to discuss people's support with them and enable people to express their views.
- Staff were really clear about how they supported people with their choices to ensure that people didn't become overloaded with choices which could cause people to become anxious and distressed. One staff member said, "People can choose things they want. I give options but don't give too many options to make it clear and concise, give each person time to process the options. I watch people's facial expression and movement to indicate their choices. I ask a lot of questions by checking with another staff member to check that I'm understanding the answer. It takes patience to know the person's reactions and phrases."
- People had support from relatives to advocate for them where they needed them. Advocacy information

was available for people.

- A relative shared how well their loved one had developed since living at the service. They said, "Staff know what he wants, his speech is coming on more and he uses more words now." We observed this person making choices and asking staff for certain programmes which they wanted to watch on the internet.
- Where people used Makaton or personal signs to communicate, there was information about these signs in people's support plans. There was also a large pictorial display of Makaton signs available for staff to use. Staff and people used signs, gestures and sounds to communicate regularly throughout the day. A staff member told us, "[Assistant manager and registered manager] printed me the main signs used in the house, if I get stuck I can ask staff in the house."
- There was clear pictorial information in the hallway of the service to detail which staff were on duty, what was happening in the day, which helped keep people well informed about what to expect. People's own bedrooms and flats within the service also displayed information about the day, such as who was working, where the person was going and how they were getting there, which helped people feel an ease.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. Staff did not enter people's rooms and flats without knocking first and being invited in. Staff detailed how they supported people with their personal care in a dignified manner to ensure the person's privacy was maintained, such as making sure doors and curtains were closed.
- Staff responded discreetly to maintain one person's privacy. The person communicated the need to get changed by frequently lifting their clothing displaying their torso. Staff discreetly signed to the person to check if they wanted to get changed and offered to support them, whilst gently pulling the clothing back over the person's body.
- CCTV was in place in the lounge of the service. One person had CCTV in their flat in the lounge and they used this to signal when they wanted staff to support them. This also enabled staff to monitor the person's safety if they were asked to leave the flat to give the person privacy. When CCTV was being installed, the registered manager and staff were involved in identifying suitable locations to ensure that people's privacy and dignity was maintained.
- People's records were stored securely to protect their privacy. Records passed electronically between the different services within the organisation (such as between day services and people's living services) were password protected.
- People were supported to maintain important relationships. People were supported to stay in touch with their relatives. People were supported to visit their relatives. One relative said, "He comes home every four to six weeks for the weekend and for a week at Christmas." They also explained that the staff supported their loved one to maintain contact through video calling when the person wanted to do this. Other relatives commented, "I can visit her, and she comes here. She likes the experience of being on the bus"; "She comes home every four weeks. I collect her, and they drop off on occasions" and "Me and his sister visit a lot."
- Staff told us how they supported people to maintain contact with their relatives through using electronic tablets, emails and video calling. Staff recognised when people did not want to make a call. For example, one person closed the laptop computer and put it away.
- The registered manager told us in the provider information return that staff had worked successfully with a person to reduce the impact of obsessive compulsions on their quality of life. As a result, the person had a better relationship with their parent, who was very important to them. The person loved going to see their parent and staff supported them to count down; on their calendar when the next visit was going to take place. Previously the person had been so preoccupied with obsessions that they would not sleep when at their parent's home which meant they were not able to have any quality time with their parent. They now have shopping trips out and really enjoy their time spent together.
- People were encouraged to maintain their independence. Support plans included information about how much a person could do for themselves. For example, some people only required verbal prompts and

encouragement to manage their personal care needs such as cleaning their teeth or washing their hands after using the toilet. Staff detailed how they supported and encouraged people to do things for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service had been extremely responsive to people's changing needs. The provider had created a bespoke adaptation to part of the building which changed one area into a self-contained flat. This example showed how staff worked together to go above and beyond to respond to a person's changing needs. The person had got to the point where, despite every intervention from the staff team, the local authority care manager, their relatives and health professionals, they were no longer able to tolerate living with other people. The registered manager explained that this had an extremely negative impact on the person's physical and mental health and wellbeing.
- The person's relative told us, "Kent Autistic Trust have been fabulous about providing a flat when he was finding it very difficult sharing with others. They really went beyond what they had to do to find a solution. They know him incredibly well such as his signs, body language and they pick up on things very quickly. I wouldn't want him anywhere else. We had close communication about what was going on. I was very distressed and couldn't see a way forward; social services wanted to move him to somewhere which was not appropriate, I was frightened for him and had many sleepless nights. It has been a weight lifted off my mind."
- The registered manager shared how effective the change had been in their PIR. They had documented, 'Having his own flat has had a measurably positive impact on him. His anxiety has significantly reduced, he enjoys his own outside space, and he has started cooking with staff, and goes out in his own car and is doing his own shopping with staff. He has his own dedicated staff who understand how he communicates, and he gets concrete results from this and so he is more confident to ask staff for what he wants. He is therefore more tolerant of staff and his communication skills are improving exponentially.' The person's relative said, "My son's behaviour has dramatically improved and my son has never been happier. He has ownership of his flat."
- Another person had gone through some changes in their sensory needs and had expressed through their behaviour that they wanted to go on the minibus a lot during the day. Staff across the services changed the person's activity planner to ensure that the person could do this regularly without missing out on other activities and experiences. Although every effort had been made to make sure that the person could do this, it was not always possible which had led to the person becoming anxious and confused. Staff had worked with the provider's occupational therapist (OT) to explore this further to see what they might be able to do to meet this need some other way. Staff and the OT have assessed that it is a sensory need rather than the need to physically go somewhere, and so were in the process of looking at equipment that would provide the same sensation, and therefore an alternative to meet the person's needs if a minibus was not available.
- People had very detailed care plans in place, which reflected their current needs. These plans had been

reviewed and amended as people's needs had changed. Care plans were person centred and contained information about how a person should be supported in all areas of their care and support.

- People's preferred personal care routines had been detailed which incorporated their preferences and skills as to what they could do for themselves. The plans contained information about how people communicated and things that would make them anxious. People had positive support and behavioural strategies in place. These plans detailed what made the person happy and how they showed this. We observed staff following guidance within the care plans when supporting or communicating with people. This meant staff were aware of how they should support people in a positive way.
- The provider's positive behaviour support (PBS) team continued to train staff and work with them at the service to develop strategy guidance to support people. When staff felt these strategies were not completely successful the team returned to work with the individual and staff to look at and make changes to aid better outcomes for people. At the last inspection staff were working with one person to explore alternative accommodation because they were unhappy living in a shared environment. The staff team worked closely with health and social care professionals, the person, the PBS team which resulted in the person moving to their own supported living accommodation in early 2019. The person had written feedback to The Kent Autistic Trust – 118 Beaver Lane to detail, 'helpful staff'. On the day of the move the person told staff that they, "Could not have done it without them" and that they were so pleased that staff had helped them move to a new flat.
- People had regular review meetings with staff, their relatives and care manager. Reviews were led by the person. The reviews were outcome focused and looked at what was working and what was not and why this might be; how the person would like to change this and any choices and changes the person may have. One person's goal plans were based around their stimulation and using the sand pit and using the paddling pool. Records and photographs showed that staff supported the person to utilise these and the person had progressed to sitting on a chair with their feet in the pool.
- Relatives told us, "We have reviews once a year, we had one recently and have discussed goals such as making a bird box for her garden and growing her own mushrooms" and "We work together. I attend reviews, we review his care six monthly and have an annual review."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People could communicate with staff and make their needs known. Staff knew people very well and were able to understand what they needed and wanted.
- When people had difficulty communicating, information was available in pictorial formats. People also used electronic systems to communicate with their relatives.
- Staff described how they supported people who used non-verbal communication, to make visual choices using objects of reference; interpreting the gestures and movements people made in response. Staff also used cards, pictures and other communication aids to support people to understand their choices and what to expect.
- A relative told us that since their loved one has lived at the service their communication had improved. They were interested in what was going on around them and asking more questions.
- Relative's and staff told us there was on-going communication with all involved in people's care, which ensured people's needs continued to be met. One relative said, "When he moved [from the main house to the flat] he had a big day out and during that day out he was shown pictures of his flat. When we got back and went in his new front door, he sat on his bed and just beamed. He wouldn't have been able to cope with knowing the change any earlier than what we had all planned."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People took part in a wide range of activities to meet their needs. People were fully involved with daily activities. For example, preparing meals and snacks, cooking, shopping, cleaning and laundry tasks. People were supported by staff to attend activities and events in the community.
- People's care records evidenced that they were supported to participate in activities that ensured that they had a good day. Activities included, shopping, bowling, cinema, discos, pub visits, day trips and special trips. People's daily records reflected that people enjoyed the activities.
- A relative told us, "She goes out during the day and is busy with day services and goes out on trips all over the place, she has a better social life than I do."
- People were supported to go on holidays. People chose where they wished to go and were supported to plan their holiday fully as well as saving up for it. One person's goal plan showed they were already saving to go on holiday and that they had been last year. Their relative told us, "She had a holiday last year to Menorca and is planning one for next year." Staff explained how they supported the person to prepare for the holiday and understand where they were going to be staying and what it would look like. When the villa was booked photographs were used to remind the person of each room and what was there this helped the person to settle when they arrived at their villa. Another person was supported to go on holiday with their relatives, they were due to travel to the Caribbean shortly after we inspected the service. Some people were unable to cope with holidays and overnight stays at different settings but chose special trips and days out which met their needs instead.

Improving care quality in response to complaints or concerns

- People had information about how to complain should they wish to. The complaints information was available in easy to read formats to help people understand. The complaints leaflets and posters were available in the hallway of the service.
- There had been one complaint received since we last inspected the service. This had been investigated and responded to following the provider's procedures.
- People and staff had a good rapport; people felt comfortable to approach staff and ask questions. Staff recognised where people needed reassurance. One person frequently said the name of the place they were going that day and that they needed sun cream. Staff confirmed that yes that was correct and repeated the name and praised the person for remembering their sun cream.
- Staff told us how they would recognise if people who were unable to verbally communicate were unhappy. They explained that people's behaviour may change, people may become withdrawn or act differently. This would alert staff, who all confirmed they would report this and explore the reasons for this.
- Relatives told us they had confidence in the management team and felt that any concerns or queries would be dealt with quickly.

End of life care and support

- The service was not supporting anyone at the end of their life; the people receiving support were younger adults.
- Staff had supported people with understanding what happens at the end of life. For example, one person had been supported to understand a parent had died. The staff used social stories to prepare the person what to expect. The person was supported by staff to attend the funeral. The person has their own belief system around the existence of heaven, which is how the person's relatives have helped them to understand death in the past. The person asked staff specific questions to check facts and needed consistent answers otherwise this would worry and confuse them.
- The staff from Beaver Lane and staff from the day service worked closely to ensure they provided the person with the answers that they would need to support the person to grieve and to process what had

happened. The person was supported by staff to buy a memorial bench for the garden, and plant two rose bushes. Staff worked with the person's relatives and helped the person fill the gaps left by the death of their parent with activities and trips out that the person enjoyed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives told us their loved ones received high quality care and support. One relative said, "I would certainly recommend the service. It is a fantastic service for people with autism. It's a pity I didn't know about it when she was much younger. She is in the best place." Another relative told us, "I'm really happy with the care and support."
- The registered manager consistently demonstrated passion and commitment to providing an excellent service for people. They shared how they would be happy for their children and grandchildren to live at the service.
- Staff demonstrated the provider's values through their passion, commitment and enthusiasm for their role and to deliver the best possible service to people. This was evident in the way people had freedom and choice about how they wanted to live their life and how the provider and registered manager dealt with the situation when a person was going through a difficult time when they developed a flat within the service to meet the person's needs. Staff spoke with passion and enthusiasm about supporting people to become more independent.
- The whole staff team had a can do attitude. They were committed to providing excellent care and support. Staff were instrumental in exploring and developing ways to overcome barriers to meeting people's needs and wishes.
- People approached the registered manager and wider management team during the inspection. The management team knew people well and there was regular communication with people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives were involved in people's care. Where things went wrong or there were incidents, relatives were informed as appropriate.
- The provider and registered manager understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Relatives gave positive feedback about the staff and the management team. Relatives said, "It is definitely well run"; "It is well run; they [management team] have been there a long time" and "I really like that

[registered manager] gets involved with care and support. Some care homes have managers that are quite aloof."

- The registered manager continued to meet with other managers in regular meetings and spent time in other services owned by the provider to share good practice and learning. The registered manager told us they felt well supported by the organisation and detailed that the senior managers continued to have an open-door policy.
- There were systems in place to check the quality of the service including reviewing support plans, incidents, medicines, maintenance and health and safety. Where actions were needed these were recorded and completed in a timely manner. The systems to check the quality of the service were deeply embedded and robust.
- There were regular audits on behalf of the provider to check that quality systems were effective.
- The registered manager had informed the Care Quality Commission (CQC) of significant events that happen within the service, as required.
- Policies and procedures had been amended and reviewed since the last inspection to provide updated guidance and support to staff.
- The registered manager continued to gain support from the provider and the senior management team.
- Trustees continued to visit the service so they could check personally that the service was running effectively.
- The registered manager provided clear day to day leadership and led the staff team by example. The registered manager fully embraced the provider's vision, and this filtered through to all the staff. The registered manager detailed how they had 'grown their own' by developing and encouraging staff from within the service to move forward in the organisation, they shared how this had worked to develop a team leader to become the assistant manager.
- The registered manager had mentored and coached the staff member to learn new skills and develop their roles which had given the staff member confidence. The staff member told us how this worked for them. They said, "[Registered manager] is my mentor; I have been doing in house, on the job training such as supporting to complete DoLS applications, attending meetings and have been involved with assessments as well as audits and checks. I am starting to get more involved with training and recruitment. I feel quite well supported."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged in the service and asked their opinions. The service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- Relatives were asked to feedback about their family member's care through surveys. One completed survey had been received in May 2019. This was wholly positive and the relative had commented that their loved one was stimulated through a choice of activities.
- People's feedback was gained through monthly meetings with key workers and through regular reviews.
- Compliments had been received from people's relatives, thanking staff for making a difference. One compliment received read, 'He seems so settled and so much happier. This is more than we could ever have wished for but had always hoped for. You, your team and KAT are just amazing.'
- People, relatives, visitors and staff knew about the rating and findings from previous inspections. The rating and a copy of the report was on display in the hallway and on the provider's website.
- Staff meetings had taken place regularly. Staff told us they felt listened to and supported by the registered manager. Staff told us they received regular information from the provider as well as having visits from the senior management team. One staff member said, "[Nominated individual] is really, really nice. We get good communication; we get a newsletter, have [social media] page, there is a website, we receive emails and

they say thanks and congratulations when things have gone well."

- The provider recently celebrated their 30th year as an organisation, many events had been arranged to celebrate the success of the service. These events planned over several months include people who used the services, relatives and staff.

Continuous learning and improving care

- The provider has continued to learn, develop and improve services to meet people's changing needs.
- The positive behaviour support (PBS) team demonstrated awareness of national reviews of practice within mental health services through 'The Reducing Restrictive Practice (RRP)'. RRP is part of an NHS and CQC improvement programme. The team were reviewing training, strategies and practice to learn from the programme.
- The registered manager and the provider continued to engage with other providers and registered managers at forums held by the local authority and external organisations. This enabled them to network with others and to share and receive information and news about good practice and innovation. This was consistent across the organisation.
- The service continued to work in partnership with other organisations, such as the Institute for Applied Behaviour Analysis, Autism Alliance, and Kent Integrated Care Alliance to make sure current best practice is followed, to drive improvements and provide a high-quality service. The management team (from the registered manager through to senior managers) ensured that continuous review and innovation took place within the service to ensure that learning was gained from these partnerships. This has enabled them to create arrangements to meet people's changing needs and to meet planned future needs of people referred to the service.
- The Kent Autistic Trust have recently been recognised nationally by the Parliamentary Review for their contribution to the care sector. The Parliamentary Review is a guide to industry best practice, which demonstrates how sector leaders have responded to challenges in the political and economic environment.

Working in partnership with others

- The service works in partnership with people, their relatives and health and social care professionals to ensure people have the best outcomes. For example, subtle changes had been made to support to meet people's changing needs, staff were very knowledgeable about people's behaviour and sounds and knew when people were acting in their normal manner. Staff picked up when people were not acting in their usual manner and reviewed what might be happening for the person. Staff worked with each other to review what might be happening and sought views of others such as relatives, staff working in other parts of the organisation as well as the PBS team. A relative said, "Staff keep in contact, sometimes we notice something and ring up and talk about it."
- Staff demonstrated that they also worked in partnership with the provider's support team of speech and language therapy, occupational therapy and positive behaviour support. People had sensory profiles in place which detailed whether they were particularly sensitive to certain sounds, tastes or smells and this enabled staff to work in specific ways with people to minimise the risk of increased anxiety around certain situations.
- The PBS Team have been working with a psychologist from the Tizard Centre at the university of Kent on a project to recognise and respond to the impact of incidents on the psychological welfare of staff. The aim is to put strategies in place to support staff after an event, but also proactively to improve staff resilience, stress management and self-care. The psychologist currently supported the PBS team with clinical supervision, and the team also received best practice guidance and reflection after individual situations involving staff practice or with people supported by The Kent Autistic Trust (The Trust).
- The Trust had been assisting the psychologist with their research into the impact of stressful incidents on staff in health and social care, and the findings that up to a third of staff can display traits of Post-Traumatic

Stress Disorder, but there aren't enough recognised strategies and interventions to support staff. The PBS team have been working with the psychologist to take the research forward and use it to implement strategies and interventions that can be applied to staff teams employed by the Trust from recruitment onwards, and this could then be used by the psychologist as a national best practice framework.