

Alderwood L.L.A. Limited

Alderwood L.L.A. Limited - Cransley

Inspection report

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Tel: 01604811838

Date of inspection visit:
15 March 2017

Date of publication:
16 May 2017

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Alderwood LLA Ltd Cransley provides accommodation and personal care for up to six people with a learning disability and autistic spectrum disorder. It is situated in a rural part of Northampton, close to a local village with amenities. On the day of our inspection there were six people living in the service.

The inspection took place on 15 March 2017.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's experiences of care were overwhelmingly positive. They told us that they were consistently looked after by staff that were exceptionally caring, understanding and compassionate. People felt like they mattered, they told us that staff were patient, and demonstrated empathy in how they spoke with them. The service had received numerous compliments for their caring ethos, which meant that people felt part of an extended caring family. Staff supported people and their relatives to fully engage in discussions about their care and support. They worked proactively to help people to make choices and decisions about their care and lifestyle, to be as independent as possible, find work and learn new skills. Staff knew each person as an individual and what mattered to them.

Privacy and dignity was respected by staff with whom positive relationships had been formed and who promoted individuality. Staff were committed to taking action, to uphold the ten good practice steps of dignity in care to demonstrate compassion and respect for people. Information was produced in easy read format to enable people to participate fully in their care. Staff intuitively explored alternative communication methods for those people who were non-verbal to enable them to be involved in their own care planning.

People's needs were comprehensively assessed and intervention and treatment plans gave clear guidance on how people were to be supported. Care was personalised so that each person's support reflected their preferences. We saw that people were at the centre of their care and found clear evidence that their care and support was planned with them and not for them. People were supported to attend a range of educational, occupational and leisure activities as well as being able to develop their own independent living skills. The service was flexible and adapted to people's changing needs and desires, enabling positive outcomes for all concerned. Each person was treated as an individual and as a result their care was tailored to meet their exact needs.

People, relatives and staff were very positive about the leadership of the service and about the support they were able to provide for people with complex healthcare needs. Staff demonstrated a passion and commitment to providing excellent care that supported people to be independent. People told us the

service engaged consistently and meaningfully with families. Relatives reported feeling involved and being part of an extended family. They told us that the service was responsive, open and transparent and they felt actively involved in all aspects of their family members care. We found the service had a positive culture that was person centred, inclusive and empowering.

The service was exceptionally well led by a dedicated registered manager, who was very well supported by a forward thinking and self-motivated management team. The culture and ethos within the service was transparent and empowering; staff told us that they were hugely proud to work for the service and wanted it to be the very best it could be.

Best practice guidelines were followed and the service used innovative approaches in its efforts to support people. The whole staff team was inspired to do their best and were very committed to their work, facing up to any form of challenge and finding ways to combat these. They advocated on behalf of the people they supported and obtained excellent results on their behalf. Staff used these qualities to deliver holistic and personalised care to each person they supported. Each member of the provider team had exceptionally strong values, with a shared vision to ensure people had the best possible quality of care.

The registered manager had a clear vision for the service and the direction of its future development. They wanted the service to be influenced by the needs of the people it supported, not financially driven and were committed to providing high quality care that was personalised to people's needs. Visions and values were cascaded to staff who attended regular meetings, which gave them an opportunity to share ideas, and exchange information about possible areas for improvements to the registered manager. Ideas for change were always welcomed, and used to drive improvements and make positive changes for people.

The service had a strong focus on protecting people from possible harm or neglect. Staff knew how to report any concerns about people's welfare to the appropriate authorities and worked in conjunction with a variety of agencies to ensure that people were safeguarded. Staff followed local authority policies and procedures in respect of both children and adults. Safeguarding concerns were taken seriously. People were empowered to take positive risks, to ensure they had greater choice and control within their lives. The positive risk taking approach demonstrated by the service showed that staff respected people's right for independence in conjunction with their entitlement to balance risks with their wishes and desired outcomes.

Staffing levels were sufficient to provide the level of care that people required. Arrangements were in place to cover staff sickness or absence and flexible working was encouraged to ensure that staff had a good work life balance and that the needs of people were met. Robust recruitment processes were in place to help ensure that staff were suitable to work with children and young adults. People were given the chance to be matched with staff who shared similar likes which demonstrated the provider's commitment to people's inclusion within their care planning.

There were suitable arrangements in place for the safe management of medicines. Staff were trained to administer medication and received regular checks on their competency to administer medication.

Staff received a good and robust induction programme with regular support. This included core training and shadowing which enabled them to be knowledgeable about their roles and responsibilities. They were also provided with on-going training to update their skills and knowledge to support people with their care and support needs. Further encouragement was given to enable staff to undertake additional qualifications, including Qualification and Credit Framework (QCF). People's consent to care and treatment was sought in line with current legislation. People were supported to eat and drink sufficient amounts to ensure their

dietary needs were met. Staff supported people to attend healthcare appointments when required and liaised with their GP and other healthcare professionals as needed.

The service responded to complaints or concerns within the agreed timescale and encouraged formal feedback, using this to drive future improvement and make positive changes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse and avoidable harm. Staff had received training in how to safeguard people and understood the process by which to keep them safe.

Risk assessments were robust and enabled staff to promote positive risk taking whilst having control measures in place.

There was sufficient experienced and trained staff to meet individual people's needs. Robust recruitment systems were in place to ensure that staff were suitable to work with people.

Arrangements were in place for the safe administration and management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff were provided with regular training to develop their skills and knowledge to enable them to perform their duties effectively. This meant that people received care and support based on best practice.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's rights had been protected from unlawful restriction and decision making processes.

Nutritional needs were met and people were supported to enjoy a balanced diet, with a variety of choices based upon their likes and dislikes.

People's health care needs were monitored and staff supported people to attend appointments to their general health and well-being was maintained.

Is the service caring?

Outstanding ☆

The service was extremely caring.

People's care was provided with warmth and compassion, in a way which respected their independence and empowered them to retain make independent decisions. Without exception, people and relatives praised the staff for their consistently dedicated, passionate, caring and professional approach towards them.

Staff supported people in a collaborative manner and people were at the heart of the service delivery with staff going above and beyond to ensure that they received the right care. The service has a strong and visible person centred culture which enabled both people and staff to maintain high expectations of what could be achieved.

Staff were exceptionally skilled at helping people to express their views and communicated with them in ways they could understand. Creative and individual methods of communication enabled people, to be involved in their care and support.

Staff understood how to respect people's privacy, dignity and human rights. They knew the people they were caring for and supporting, including their preferences and personal likes and dislikes.

Is the service responsive?

This service was very responsive.

People were empowered to have meaningful and fulfilled lives and become integrated within the local community. Opportunities were provided by staff who worked hard to give people every chance, to undertake the things that they wanted to, to be adventurous and achieve maximum independence.

People's care was based around their individual goals and their specific personal needs and aspirations. Staff made sure that people were supported to make choices and have control of their lives.

Staff worked hard and were devoted to ensuring that people's needs were met in a person centred way, which benefitted them not only in terms of their health and well-being but in terms of their social engagement. There was a clear focus on the importance of knowing people's histories and involving significant people at every step of a person's care.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a visible complaints system in place which ensured that any concerns were dealt with

Outstanding 

in a timely manner. People were consulted and involved in the running of the service and their views were sought and acted on.

Is the service well-led?

The service was extremely well- led.

The service worked in partnership with other organisations to make sure they were following current best practice and providing a high quality service. They strived for excellence through consultation and reflective practice.

People were placed at the heart of the service delivery. They were supported by a highly motivated, consistent and dedicated team of care staff who worked to the provider philosophy.

The provider and registered manager promoted strong values and a person centred inclusive culture. Staff were proud to work for the service and were supported in understanding the values to ensure that high quality, holistic care was given to people.

Management arrangements were in place to ensure the effective day to day running of the service. The management team were very approachable and supportive, toward people, relatives and staff helping them to reach their full potential.

The provider had robust systems in place to monitor and improve the quality of the service people received. There was a strong emphasis on continual improvement and the use of best practice guidelines to benefit people and staff. The service worked with relevant professionals and organisations to promote understanding.

Outstanding 

Alderwood L.L.A. Limited - Cransley

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 March 2017 and was unannounced. The inspection was undertaken by one inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They supported us in this inspection by speaking with people and relatives and undertaking general observations.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to this inspection we also reviewed all the additional information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection, we observed how staff interacted and engaged with people during individual tasks and activities. We spoke with three people who used the service, and one relative. We also reviewed additional written feedback from people's relatives. We spoke with the registered manager, the operational manager, deputy manager, and five members of care staff. We also spoke with the local authority and clinical commissioning group to gain their feedback as to the care that people received.

We looked at four people's care records to see if their records were accurate and reflected their current needs. We reviewed three staff recruitment files, four weeks of staff duty rotas, training records and further records relating to the management of the service, including quality audits and health and safety checks. This was with the intention of ensuring that the service maintained a robust oversight of the delivery of care.

Is the service safe?

Our findings

People felt safe and protected from harm. One person said, "This home of full of nice staff. It's not like my previous place where I was hurt. Here people are really nice. This make me feel safe." A relative told us, "We changed three placements, each one worst then the previous one, until we found this one. I thank God every day for it, as finally, my son is safe and so well looked after." Our observations showed that people were relaxed with staff and had the confidence to approach them if they had any concerns.

Staff had received training on how to safeguard people from abuse and knew how to recognise signs of abuse and report their concerns. One staff member said, "I would make sure I document everything, make sure the person was safe and report things to the senior or manager." Another staff member told us, "We want people to be safe here and do everything we can to keep them that way." The registered manager told us that all staff worked hard to ensure there were robust systems in place to keep people safe, both within the home and when out in the community.

Staff understood the lines of reporting within the organisation and told us that any allegations would be fully investigated to keep people safe. Records showed that safeguarding concerns had been referred to the local authority for investigation when required. There were effective systems for ensuring concerns about people's safety were managed suitably.

Risks to people's safety had been fully assessed and included those associated with safety within the service and engaging within the wider community. Staff said that it was important to have robust risk assessments for people because it helped to keep them safe, balancing their right to take risks against the need to remain protected. One staff member said, "The risk assessments are very good here, really detailed." Another staff member told us, "We support people to have independence, to do what they want to do. The risk assessments help and guide us." We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to people. These were reviewed regularly so they remained reflective of people's current needs. They also helped staff to determine the support people needed if they had a sudden change of condition or experienced an increased level of risk. Staff understood how to manage risks so that people received safe and appropriate care.

The registered manager told us that it was important to monitor accidents and incidents within the service. Staff were also aware they should report an accident, no matter how small, so that correct action could be taken. We found that all accidents and incidents were analysed for any specific patterns or triggers. Records confirmed that learning from incidents and accidents was discussed at team meetings and shared with staff through the staff meetings and supervisions.

Staff told us that staffing was adequate to meet people's needs and to keep them safe. One staff member said, "We are really well staffed here; people have all the support they need." Another staff member told us, "When staff are off sick or on holiday, then we cover each other. We would rather do that. It is better for people to have consistency. If we use agency staff then we use the same ones." During our inspection we saw that staff were available at all times to support people and to respond to their requests and needs in a

timely manner. People were supported by enough staff to ensure that they had 'one to one' or 'two to one' support in line with their care plans, both in the service and when out in the community.

The number of staff on duty for each shift was detailed on the rota which was prepared in advance. Staffing levels were reviewed regularly and adjusted when people's needs changed. Staff numbers were based upon people's dependency levels. The registered manager was 'hands on' if required but also able to undertake their management role, whilst providing on-going support for staff.

Staff underwent a robust recruitment process before they started to work at the home. We found that the provider carried out thorough staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work. Necessary vetting checks had been carried out including Disclosure and Barring Service (DBS) criminal record checks. Staff records included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. Staff recruitment was managed safely and effectively.

People were supported by staff to take their medicines safely. Relatives were happy that medication was used for the right reasons and only when needed. Staff told us they made sure people received their medication on time and that they monitored the efficacy of it to ensure it remained effective. Where medication reviews were indicated these took place. Staff had been trained in the safe handling of medicines and ensured that people received their medicines as prescribed.

We looked at Medicine Administration Records (MAR) and saw that they were completed correctly. Records were in place to instruct staff in what circumstance medicine prescribed as 'when required' should be given. This prevented people being given medicine when it was not needed. The registered manager told us, "We do believe that appropriate intervention for challenging behaviour is actually a better support in care. If there is a behaviour that challenge; it's a way of communicating that something is not right and we endeavour to find out what is that. It's sometimes like looking to find the needle in the dark; but it's a job we need to do. Medications are not an option in this home."

The service had a monitoring system in place to make sure medication stock levels were accurate. The amount of medication in stock corresponded correctly to Medication Administration Record (MAR) charts, which had been signed by two staff members when medication was administered. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed. Processes were in place to ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

Staff had the appropriate skills and knowledge to meet people's needs. One relative told us, "Here they know how to deal with Autism, they know you cannot treat autistic people with massive doses of medications. It's human interventions that they need and understanding." Relatives were confident that people's needs were met by staff that were competent and able to carry out their roles and responsibilities.

The registered manager told us that new staff were required to complete induction training and work alongside an experienced care worker until their practice was assessed as competent. One staff member told us, "I thought the induction was really good; it helped to give me the confidence to go on and work more independently." As part of the induction process, staff had been assigned a mentor, with whom they met on a monthly basis and who could offer support to them as required. Staff had also been given a buddy within the service, so they could benefit from working alongside a more skilled member of staff. Training records confirmed staff received induction which had been delivered at their own pace. This process supported them in meeting people's assessed needs.

Staff received a considerable amount of training which benefitted the way in which they cared for people. One staff member told us, "Right from the beginning the training we got helped me to feel confident, to know my abilities." Another staff member said, "There is a lot of training, but that is important somewhere like this. We get regular refresher training which helps us to understand what we do." Staff records confirmed they completed a mixture of face-to-face and online learning in areas such as first aid, health and safety, communication and autism, as well as a number of other courses, suitable to their roles. Autism based training further prepared staff to help people with complex needs and challenging behaviours. The other training offered was useful in ensuring that staff were equipped with the knowledge necessary to provide care for the people they supported.

Staff felt well supported by the registered manager and team leaders. One said, "We get regular supervisions; they are good because they allow me time to talk about training needs and to discuss people and what they might need." Records confirmed that staff received regular supervisions and an appraisal each year and used this time to identify and address developmental needs. Where appropriate, we found that action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required.

People's consent was gained prior to care being given. People confirmed that staff asked for their consent before they carried out tasks. Staff told us, "We always get consent from people, ask them if it is ok to do something before we do it, even if we know they are normally accepting, we still ask them." Throughout our inspection we observed staff asking people's permission before care or support was given.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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. Staff

were able to explain how they made decisions in line with the MCA. They described how they supported people to make decisions that were in their best interests and ensured their safety. We saw examples of where people's capacity had been assessed and found that appropriate documentation was in place.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and records confirmed that some people in the service were subject to DoLS authorisation.

People enjoyed the food and drinks offered and had a choice of what to eat. Staff told us about one person, "It's so good to see him gaining in weight now, when he came to us, he hardly ate anything: there was a very limited list of things he would eat. This has now been extended." We heard how one person was malnourished on admission, their weight was only 45kg, and they now weighed over 65kg and were much healthier. During the morning we heard staff discussing with people what they would like for their lunch. We saw that mealtimes were flexible and responsive to meet people's preferred daily routines. Menus were planned in advance and staff told us that a different meal was available for people every day. People were supported to select their choice of meal with staff and if they did not want what was on offer, we observed that a range of alternatives were available.

People's care and support was managed well by staff when they accessed other services, such as the local hospital, optician or dentist. Staff supported people to attend required appointments and were swift to act when people's care needs changed. Records highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included specialist health care teams, and speech and language therapists. External support was used to ensure that the behavioural strategies implemented by the staff team, were suitable and appropriate to meet their assessed needs. Health action plans were in place to help external professionals understand people's needs and detailed the action that had been taken.

Is the service caring?

Our findings

People and their relatives were very keen to tell us how happy they were with the care and support they received from the service; as part of this inspection process we received a significant amount of exceptionally positive comments. One person told us how much they enjoyed living at the service and about just what an impact it had made to their life. They told us how it had improved their life for the better and given them a brighter outlook. They said, "I love it here, I really do." A relative echoed this view and said, "I love the carers, I really don't know where we would be without them all. They really have changed all of our lives for the better."

The overwhelming opinion from people and relatives was that staff were extremely flexible in their approach towards care giving. They put a great deal of time and effort into ensuring support was provided which suited people and achieved the best possible outcome for them.

People and their relatives told us that staff were thoughtful and empathetic towards their needs. They said that staff showed high levels of compassion and went out of their way on a consistent basis to ensure that people's needs were far exceeded. One relative said, "The staff here are more than that. They become like family." They told us how polite staff were when they greeted them, how they helped by collecting them from the local station so they could visit their loved one and how much this reassured them that their loved one was in the right place.

We were told that staff worked hard to overcome any obstacles in the delivery of care and supported people in creative and innovative ways to maximise their independence. For example, through the use of special aids and assistive technology to enable further independence, or by adapting environments to enable a particular activity to be undertaken, staff provided people with an empowered environment in which to flourish. We heard how staff worked hard to ensure all new environments were right to meet people's needs before they visited them. For example, adapting rooms before people moved into the service or visiting local restaurants and shops to ensure that they posed no access issues or concerns for people. We also heard how staff often changed their plans to make sure people had the opportunity to undertake a desired activity, even if this was at short notice. In one instance, we saw how one person wanted to visit a sporting facility. Staff changed their plans so that the person was not disappointed and was able to undertake their preferred activity. It was evident that people always came first.

In some of the written feedback we reviewed during the inspection, we saw significant amounts of positive praise about the care people received. One relative had commented, "We all had such an emotional visit when we came to see [Name of Person.] His sisters haven't seen [Name of Person] for a long time. [Name of Person] used to show some challenging behaviours due to his anxiety which resulted in some visits only lasting 15 minutes. It was so overwhelming to meet [Name of Person] in a restaurant, all have a meal together and then go to his new home. It was evident and heart-warming to see he has settled really well. A heartfelt huge thank you! You have done amazing. I now have a complete family photo for the mantelpiece."

Another comment stated, "Thank you all for supporting [Name of Person] and my family. Without everyone's

understanding of autism and the challenges it brings, [Name of Person] would not have managed such a massive experience. I am remaining positive and hopeful that the future will be much better, but I know that whatever it holds, [Name of Person] has the best support he needs." This view was further endorsed by another relative who stated, "We feel like we are getting the old [Name of Person] back." One of the most poignant comments we read simply stated, "This is the best photo ever! This is 'Care Transformed.'"

People were matched with staff, to make sure that they were compatible and received the best and most person centred care. Along with staff member's skills, the person's life experience, likes and dislikes were considered to ensure that the best possible support could be provided to each person. For example, staff members with a passion for football were matched with people who shared this interest. Those with a love of practical things, such as woodwork, were able to provide support to people who shared this passion. Staff worked hard to ensure that person centred care was provided, right down to staff having an understanding of the person's favourite television programme or food. Staff told us, "I really feel that in many ways we are replacing missing relatives. It's a huge task, but we have a duty to be best next thing: keep the level of professionalism but be almost like family to them."

Everyone involved with the service commented on the exceptionally caring approach that staff delivered. It was evident that people, their relatives and professionals were really thankful for all the care and kindness shown. For example, we heard about staff that in the words of relatives 'went beyond' their expected job role in an effort to help a person transition into the local community. One person had never visited a restaurant before; staff supported them through the process by using their pictorial schedule, to tell them the details of the day. The staff member's actions meant that the person was enabled to enjoy their first meal out in a safe environment with people familiar to them. They picked their own meal and went on to really enjoy the experience. The impact of this for the person was that they were able to spend time with people they trusted in a new place; photographs of their experience and feedback from them showed what a great experience it had been. This had now opened up a wealth of new opportunities for them.

For another person supported by the service, they had found communication and relationships building difficult. The service was aware that this impacted upon the person's health and arranged for them to maintain relationships with the people in the unit they moved from. The person enjoyed seeing familiar faces again and the encounter had an instant impact upon the person's mood and ability to communicate. We found many other examples of care and support like this; it was evident that this passionate and excellent ethos was shared amongst all staff which meant that the culture of 'going the extra mile' was firmly embedded in staff practice.

Our conversations with people and their relatives highlighted that there was a relaxed atmosphere when care was delivered. It also identified that staff prompted and supported people instinctively; they knew them and their needs really well. People had forged close relationships with staff because of the empathetic and supportive attitude that existed between them. Staff looked out for the people they supported and their families, which added to the nurturing atmosphere within the service. One relative, stated, "We know it has taken time for us to hand over the reins but we are getting there. Our only aim is to set [Name of Person] up for life, and be confident that he is happy, what any parent wants for their child. We are confident that Alderwood is right."

Staff members invested time and effort in nurturing relationships that supported people so they felt valued and competent even to make mistakes. We observed that a bottle of milk was open and while making a drink some liquid spilt on the work surface. The person looked a bit unsure as to what to do in this instance. We saw that the staff member waved with their hand which was a prompt to turn and look for kitchen roll. The incident was not treated as a crisis and the preparation of the drink continued in calm atmosphere. This

enabled the person to maintain their independence and be treated like any other person; they smiled and remained relaxed, achieving their goal which it was clear was important to them.

Staff told us it was really important to them that people were happy and had the very best quality of life. One staff member told us, "We are like a big family; we all care about each other; staff and people." Another staff member said, "It's a tough job but so very worthwhile. To see people happy and see them smile, it makes a real difference and makes you feel like you are doing a good job." Staff told us they were extremely happy in their roles and worked hard to ensure that people received the very best of care and support they needed. This forward thinking and highly motivated ethos enabled people to flourish. It was based upon a team approach which placed people at the very heart of everything. One staff member told us, "We come to work for them, to make them happy and give them everything they need." Another staff member said, "Everything people achieve is great, no matter how small, to think we have helped them is inspiring."

This culture was evident in how staff spoke about the people and families they supported. Staff were highly motivated and committed to people who used the service. Another relative expressed great gratitude at the postcards staff supported someone to send. We found that one staff member had supported them to write on the postcards and then send them. Not only did this give joy to the family, but it served to improve the person's writing skills and give them some independence. We found that through the creative idea of the staff member, the person had been supported to share their achievements.

Relatives were keen in their desire to tell us how staff supported people to remain as independent as they could. We heard how one person had been supported by staff to undertake work in a local football club. This had not only benefitted them, but the club as well; with staff there stating, "We consider it a pleasure to have [Name of Person] and he makes our full time cleaner's job considerably easier." Another person, with support and encouragement undertook a similar role at a local rugby club.

For another person, who previously had spent large parts of the day in bed, missing out on activities and contact with others; we heard how they now rose early from bed and enjoyed spending time with others and engaging in activities they loved. They had visited their favourite football club and spent time engaging in the horse project, learning new skills. We heard how everybody had the opportunity to progress and develop new life enhancing skills. The change to people's life was dramatic to the extent that they were able to help prepare food and drinks, care for animals; to do everything they had previously been unable to do.

People's individuality and diversity was respected and recognised by staff that made every effort to provide people with every possible opportunity as part of their care and support. We heard from people and their relatives how staff communicated with them in a meaningful way. They always sought to ensure people were comfortable and had everything that they needed and wanted. Staff did not consider that they were doing anything out of the ordinary in how they communicated with people, but we were told that they always made an effort and ensured they spoke in a gentle tone of voice. They often used humour as a means to support people when this was appropriate and ensured that they approached people in a way that they knew they would get the best from them. We observed one staff member who beamed with a smile when the person came back from their room, openly showing they were happy to see the person, sharing a laugh with them.

For example, we observed a very caring relationship between one person and their two support workers: even the most difficult sentences were understood and explained in a calm manner, which the person followed step by step. We observed them making a milk shake from scratch, which involved minimal levels of support and prompting and led to all three having a nice drink and a positive experience. Additional efforts were made to communicate with people who were not able to express themselves verbally, with staff

using signing, objects of reference, pictorial images and photographs to enhance their understanding. For example, picture exchange communication system (PECS) was used with some nonverbal people; we observed staff offering them pictures with at least three choices. People were given the opportunity to express their choice, with staff being patient and respectful, allowing time for the person to respond.

It was evident from our conversations with staff that they knew people's likes and dislikes and ensured their preferences for support were respected. Staff were able to tell us of people's personal histories and things that were important to each person they supported. People's records included information for staff about any personal preferences, life histories and things that were important to them. We found this detailed how people would like to be supported with a variety of aspects of care and support. This information enabled staff to identify how to support people in ways that they wished.

People and their relatives had been fully involved in the planning of care, being asked numerous questions before any care or support was planned. The registered manager explained that people and their families were involved in their care planning as much as possible. Records confirmed that care planning had involved family members and people who knew each person well, such as their social workers. Records were kept of any discussions or meetings and from this, any changes were incorporated into support plans to ensure that they remained reflective of current needs.

Staff treated people with dignity and respect and were discreet in relation to their personal care needs. When people could not verbally express their needs, staff understood what people's non-verbal cues meant and addressed their requirements in a timely manner. Staff had an understanding of the role they played to make sure dignity and privacy was respected. They told us they always made sure that doors and curtains were shut during delivery of personal care. One staff member told us, "Dignity is so, so important." Another staff member said, "We do to people like we would want doing to us, people deserve to be treated with dignity and to be respected." We found that staff worked hard to ensure that people were treated in a dignified manner, not only during personal care but also during activities and outings, where explanations were given to people in a way that they could respond to. The service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

Is the service responsive?

Our findings

People, relatives and staff were keen to tell us about the tremendous work that was undertaken within the service on a consistent basis. When recalling examples, it was apparent how much the work that had been done, the goals that had been reached and the experiences that had been had, had affected everybody. During our inspection we heard many accounts about the superb understanding that staff had about people's specific care needs and their goals and desires.

People and relatives told us that every aspect of care was provided in collaboration and partnership. It was adaptable and spontaneous in line with any changing needs. This meant that goals could be adjusted to ensure they were achievable and remained in reach. Staff did not consider that they did anything out of the ordinary within the care they provided; they said they made sure that people achieved their objectives and undertook the activities they wanted to.

During the inspection we found numerous examples of people being taught daily living skills to promote their independence and increase their social engagement. This included intense levels of support for people to become more confident in different social settings, such as attending college, restaurants and work placements. The Adult Development Programme (ADP) enabled people to have robust and valuable learning opportunities, such as community appreciation, safety awareness and vocational skills. It broke vital life proficiencies into easy steps and worked within core themes, to provide measurable achievements for people. Staff told us that the ADP ended in a major achievement for people.

One of the people we spoke with had progressed through a sequence of objectives, ending in them being able to care for the animals at a local volunteer centre. It was clear through their conversations how much this meant to them, and photos captured their joy at what they were doing. They told us how they had learnt to clean a cage, feed the animals and collect the eggs from nests and houses. With the consistent input and support of staff, and the use of structured visual resources, this person had been able to achieve their goals.

For another person, staff told us about how they spent a lot of time developing different skills; they were involved in collecting litter and emptying bins, keeping the mini bus clean. These skills helped the person progress and obtain a volunteer job at a local country park; they now helped with the maintenance of the park which enhanced their community appreciation and communication skills. Not only did this process benefit their general mental health but it equipped them with valuable life skills. When they told us about their job, they had a huge smile on their face throughout the conversation.

We observed conversations taking place about activities that people had planned or wanted to participate in; these were two way conversations with both staff and people valuing what each other had to say. For example, time was spent listening and discussing plans for the day to ensure that people were happy with the outcome. The proactive nature of the care and support not only enhanced people's health and well-being but improved their quality of life, in some cases reducing the need for certain medications or leading to no medication being needed at all. Records confirmed the significant impact and difference that the care and support had made to people.

Through our discussions with people, relatives and staff, it was evident that people were placed at the very centre of their care, made to feel valued and actively involved in their care. This philosophy gave them something to strive for. People were supported to use local public transport or train, as this increased their ability to be involved in the local community and taught them a useful life skill. They were encouraged to ask for their own bus or train tickets in accordance with their level of communication, and pay for them with their own money. These achievements had been made possible with the implementation of the ADP.

The service had strong links with resource centres for people with a learning disability and other local organisations. These included work experience opportunities in local sporting clubs and links with a local library. Records showed that people enjoyed the ability to engage in these activities and we saw they had built up from having minimal involvement in them to being more actively engaged. Each activity undertaken was based upon people's preferences and was discussed with the person prior to them undertaking the activity. Staff told us that by people taking small steps they were supported to work towards bigger and greater achievements.

The provider had its own horse project where people could attend if they wanted to, working to muck out the stables and groom the animals. All aspects were set at an appropriate pace for people who were given the chance to say if this was something they felt would be of value to them. We found that people used the different tasks to reduce their anxiety levels, for example, sweeping gave people the opportunity to imagine cleaning out their frustrations. Feeding the horses gave people the opportunity to learn to love and care for something at their own pace. The project was based upon best practice guidelines for people with autism and was intertwined with the ADP, to work on increasing people's accessibility to new life experiences and accessing a variety of meaningful activities.

In the same way, people were supported to care for dogs, as it was hoped that this would reduce the extreme anxiety that people with autism could experience when being near dogs. The programme commenced with listening activities (dogs barking etc.) and social stories about dogs in general. The pace was then set by the individual to ensure they were confident and relaxed before moving on. The next stage would be to introduce a dog into the garden whilst the person observed from a window. The ultimate aim was to introduce people to taking part in a dog walking scheme. For some people, dog walking had become a regular part of their daily routine and we observed that people were really keen to go out and participate in this activity. They told us about how much they looked forward to this each day.

A true indication of the how the delivery of service had been organised to meet people's needs was excellent care was told to us by one relative. Their loved one moved to the service, after being in a secure placement, unable to access the outside, not eating well and being medicated to manage their anxiety and levels of behaviour. They were unhappy and a shadow of their former self. On moving to the service, the relative told us how staff spent time speaking with them, at each stage of the way, to make sure they were reaching their goals and achieving what they wanted to, without feeling unwell. Interventions were made based upon advice from healthcare professionals, so that treatment options were based upon best practice for autism. The support given to people really altered their lives for the better.

Relatives also explained about the difference the dedicated care and support had made to their loved ones health and well-being, and spoke frankly about the new lease of life that they had been given. They had made new relationships and were able to venture out into the community, playing an active role and participating in things they had previously really wanted to do but were unable to do because of their impact their condition had upon their general health. For example, their love of football had meant that staff supported them to work at a local football club, cleaning the football boots and helping out around the ground. We saw that routines had been designed to fit round the person, not the person around the

routines, which they felt gave them a massive amount of freedom to do what they needed to do.

Staff told us that people were a true inspiration to them. Even small and relatively insignificant things, such as going out to a local restaurant, or making a cup of tea were considered huge milestones. We were asked by one person if we would like a tea or coffee during the inspection, and soon after we had a drink in our hands. We were told that this person enjoyed making hot drinks for everyone and used every opportunity to do so; they knew by heart people's preferred tastes and who drank what amongst the whole staff team and had been supported to use this independence to empower them.

Care was all inclusive and enabled people to work towards becoming more independent. This was achieved in partnership with staff but very much based upon what people wanted to succeed in. Goals been incorporated into their individual care plans and they told us they were really happy they had been given this opportunity. Specific focus was given to getting to know each person as an individual. There was an emphasis on each person's identity and what was important to them.

People felt strongly that staff had empowered them to become more independent and take positive steps forward to be the best they could. The staff we spoke with said they were thrilled with the progress of people and that it was very satisfying to see them get ready independently. When staff spoke about people's achievements, they did so with great fondness and pride about what people had done. A staff member told us, "We really want to make sure that we are as person centred as we can be. If people say they want to do something, then we make every effort to help them to do that thing." It was clear that people's achievements meant a lot to all the staff. They worked hard to ensure people were empowered and promoted a strong and visible person centred culture.

People were assessed prior to moving to the service to determine if their needs could be met. One person told us how they had independently chosen to come to the service, they had researched it to see if they thought it met their needs and had then approached the manager to undertake an assessment. The assessment included gathering details of their past medical history and information on what they liked and disliked, their preferences for care and any goals they wanted to achieve. The registered manager and team leader told us that pre-admission assessments of people's needs were carried out prior to any new people being admitted to the service. They considered that it was important to ensure that any new admissions were right for the service, that their needs could be met whilst also considering the balance of the people already residing at the service to avoid any disruption or distress to either party.

Staff acknowledged that care plans contained sufficient information which enabled them to understand people's care needs and to develop care in a personalised way. One staff member told us, "Care plans are great, they have lots of information, they really tell you everything about each aspect of people's lives. What they like and don't like, what they want to achieve." Care plans contained detailed information about people's health and social care needs and were individualised and relevant to each person. We found clear sections on people's health needs, preferences, communication needs, mobility and personal care needs; with detailed guidance for staff on how people liked their care to be given.

Staff told us that people's needs were reviewed and changes reflected in their care records. The registered manager confirmed that communication with people and their relatives was important, as were their views about people's needs or any changes that needed to be made. We saw that people had direct input into their care plans, with support from relatives and the use of pictorial communication systems, so they could indicate whether or not they agreed with their care plans. This process ensured that people enabled to express their views about how they wanted their care to be provided. All the staff worked hard to ensure that records were reflective of specific needs.

People or their relatives had no complaints about the service. The registered manager said, and records confirmed, that they had not received any complaints about the service. When people or staff raised any concerns, these were dealt with immediately. By working closely with people and their relatives, minor issues and concerns could be addressed before they increased. Records confirmed that people and their relatives were provided with information if they needed to make a complaint. We found that there were processes in place to deal with complaints in a timely manner and the records we reviewed supported this. Action was taken to address issues raised and to learn lessons so that the level of service could be improved.

Is the service well-led?

Our findings

There was a registered manager in post who had responsibility for the day to day running of the service. In addition to the registered manager, the service benefitted from having a deputy manager, team leaders and a large number of consistent care staff. Many staff also had professional qualifications, for example in autism, and were well motivated to undertake on-going education as they felt this enhanced the quality of care they were able to provide.

People, relatives and staff all spoke highly of the management and the staff team. Relatives told us about the positive impact the service had on their loved one's welfare. One said, "I have something to compare this to and I know how great everything is here. I am so grateful for the care that is given to [Name of Person]; they have really transformed his life." Written feedback from other relatives echoed these positive comments. Relatives considered that the way in which the service was managed had made a significant difference to their loved ones delivery of care and had enabled them to become more independent, empowering them to be the best they could. The general consensus was that people and their relatives benefitted from the robust management structure and quality provision of staff.

Staff said that the registered manager and other senior staff were excellent role models who always worked hard to actively source and act on the views of people. One staff member told us, "Here I can have a choice and support if I want to change something. The company supported me through my level three, financially and with practice, which is a stumbling block for many if not having a possibility to work with service users. I am sure if I want to go further I would be supported. The management is very approachable."

Promoting independence, health promotion and safe risk taking were fundamental aspects of the ethos of care and support at all levels. People were supported to become involved in the local community. The service had links with resource centres and local leisure facilities. The aim of this was to provide people with a solid foundation for gaining new life skills and to encourage their on-going learning and development. It was hoped this would enable people to become more independent in the future. The provider was committed to promoting a person centred ethos for the people it supported. They wanted to ensure that people could develop social, communication and life skills and to make their own life choices. They were supportive of other services and involved in networking to promote best practice and share initiatives.

The feedback we received from staff and the open, positive culture and motivated attitude of all the staff we spoke with was that nothing was too much trouble for them. One staff member said, "I know that whatever happens, I will always be supported, both by the management and my colleagues. We all want the same for people; for them to have the very best." Everyone involved in the service was willing to go above and beyond expectations to ensure people were able to have enriched and fulfilled lives. Records showed that staff had regular staff meetings and attended regular training sessions, case conferences and seminars to ensure they kept up to date in relation to changes in best practice and health and social care legislation. The registered manager explained how they worked hard to keep up to date with best practice so that the highest standards of care could be delivered to people.

We were told how the service received regular updates from autism related organisations, including MENCAP and The British Institute for People with Learning Disabilities (BILD). They also received regular Skills for Care and Care Quality Commission (CQC) newsletters. This information enabled staff to ensure they adhered to Government legislation and policies and to see what issues might affect or impact upon their daily business and to make contingency plans for this. All this was undertaken with the aim of driving self-improvement and providing the best possible quality of care to enhance people's lives.

Staff we spoke with also said they were encouraged to use each other as a source of support. The variety of backgrounds that staff came from meant there was a vast array of knowledge and expertise within the service. It was evident that this benefitted the people at the service, as staff could draw on their experiences to ensure that people received the best possible care. For example in arranging activities or job roles to suit people.

The registered manager and senior staff had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities of person centred care. They told us they worked to continuously improve services by providing an increased quality of life for people, with a strong focus on inclusion, positive risk taking and being mindful of equality and diversity issues. People who received care and support benefited from a dedicated management team that had a positive sense of direction, strong leadership and a sustained track record of delivering good performance and managing improvement. Where areas for improvement emerged, the service recognised and managed them well.

To ensure people knew what to expect from the service they were given information about the standards they had a right to expect and the service's aims and objectives. All the people using the service, relatives and staff we spoke with were open, honest and were enthusiastic about sharing their experiences with us. Without exception people told us they would recommend the provider to anyone who wanted care and support.

The management team promoted an open culture, which was person centred, inclusive, open and transparent. Staff demonstrated that they understood the principles of individualised, person centred care by giving us numerous examples of how they met people's care and support needs. They spoke about their commitment to providing the best quality care they could. Staff agreed wholeheartedly with the provider ethos, commenting that the delivery of care was focused on supporting people in the best way possible, even if this might present a challenge. The ethos was very much that they would do whatever it took to ensure a person got what they wanted.

Staff told us they were proud to be part of the organisation, they said they were extremely well supported and really felt valued. All the staff said that if they felt they needed specific training or specialist training in an identified area they could find an appropriate training course and they would be supported to attend. Staff were clear about their roles in supporting people to be independent and constantly striving to see how they could improve people's lives.

The service was forward thinking and responded well to any anticipated future needs for people. There was an ethos of continual development and staff were open to suggestions from people, relatives, staff and health professionals who were involved in the service. All resources were used effectively to ensure care could be delivered in a high quality manner. Staff focus remained on how they could continue to improve, so they could be the best they could and to enable people to have the best quality of life possible.

We found there was a strong emphasis to continually strive to improve and implement innovative systems in order to provide a high quality service. Staff spoke with us about ideas they had to utilise a variety of communication methods to aid communication for people. The provider was committed to monitoring,

reviewing and using quality assurance systems reflecting aims and outcomes for people that they supported in their own homes. The service had robust quality assurance and quality monitoring systems in place, using outcome based audits and welcoming feedback from everybody involved with the service. Self-audits were in place to measure the success in meeting the aims and objectives of the organisation.

The registered manager told us that there was a system for self-monitoring the delivery of care which included regular internal audits such as care plans, risk management plans, staff training, staff supervision, and staff recruitment records. The provider had successfully embedded a robust quality assurance and auditing system, whilst maintaining a strong and dedicated passionate staff team who were resolute in their desire to provide high standards of care.

Quality assurance systems were based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved in people's care. Policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service also worked in partnership with key organisations and agencies to support people's care provision and transform service development. For example, organisations with interests in improving autism care and local facilities, including volunteer agencies, local churches and schools. The registered manager told us how the service was very keen to become involved in all the local communities it served.

The organisation of the services was set to be a model of best practice in autism care for a new service provision in Wales. In this way they could share best practice and have a real impact on people's lives for the better. They had also shared examples of their communication programme with other services to enhance how people with autism can communicate.

Educational work with a local GP surgery was taking place to teach professionals about the impact of autism. The provider was also working with BILD to promote better use of communication aids in learning disabilities and had had an article published. Alongside this, later in the year in conjunction with a local Member of Parliament, the service was going to launch a Best Practice Guide in support of a national campaign aimed at Stopping Over Medication of People with Learning Disabilities, Autism or both (STOMP). Relatives would speak about their past experiences of having loved ones sedated and chemically restrained as a method of treating their challenging behaviour. They would also discuss how person centred; autism specific care has replaced the need for excessive medication and allowed their loved ones to live fulfilling and active lives. Aspects such as these enabled the service to forge stronger community links and break down possible barriers with people.

Staff worked hard to raise funds for local charities and organisations, which ultimately would benefit the people who used the service. They also donated funds to a local and charities abroad. This was with the intention of improving the lives of younger people in all areas, not just the regions served by the provider.

The registered manager told us they were consistently looking to drive improvement with the support of the provider. Staff were hugely proud of the awards that had been won by the service in the past, which included Investor in People, Award for Innovative Practice and Northants Chamber Business Excellence Awards Training and Development Award. It was evident the registered manager and other senior managers were continually working to improve the service provided and to ensure that the people who lived at the service were content with the care they received. In order to ensure this took place, we saw they worked closely with staff, working in cooperation to achieve good quality care. On-going learning and development by the provider, registered manager and staff meant that people who lived at the service benefitted from new and innovative practice.

The provider ran a "Staff of the Month" award system. Each month five staff members were chosen because of their individual qualities. This incentive gained staff an additional £100 in their wages if they were nominated. Staff could also receive a financial benefit for recommending the service as an employer to any of their friends and relatives. Staff also had the ability to work their way through a progression scheme of spine points which equated to an incremental wage increase, if they undertook a range of training courses and worked shifts across different units within the provider organisation. This system enabled staff to feel motivated and positive about their work and to gain a wider range of skills and experience within the service.

To further cement a good working relationship within each of its services, the provider presented an award to the service which submitted the best idea for a project to benefit the people who lived there. The winning service was given a sum of money to work towards making this idea come true. Staff and people felt this gave them the ability to work towards making service improvements for people and to creating something really special, which really mattered to them.

The provider was committed to promoting a person centred ethos for the people it supported. They wanted to ensure that people could develop social, communication and life skills and to make their own life choices. They were supportive of other services and involved in networking to promote best practice and share initiatives. We found they were accredited with BILD which enabled them to access current information so they could deliver effective care and support based on best practice. For example, staff used a variety of assessment tools and techniques, they had adapted specially for use with autism, to enable people to achieve their maximum potential in both educational and life skills development. The provider also employed a behaviour coordinator to support people with autism and to train staff in service specific communication. We found that the provider participated in a number of other forums for exchanging information and ideas and providing people with best practice.

The registered manager explained how accidents and incidents were monitored and analysed and learning from these was used to improve the service. We saw records to confirm this. Legal obligations, including conditions of registration from CQC and those placed on them by other external organisations were understood and met such as social and health care professionals. This demonstrated that the service worked proactively with other key organisations to support care provision and service development. They strived for excellence through consultation and reflective practice.