3 Dimensions Care Limited

Ashcroft

Inspection report

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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?	**Good** ●
Is the service well-led?	**Outstanding** ☆

Overall summary

This inspection took place on 9 December 2014 and was unannounced.

The service provides accommodation, support and personal care for three younger adults with moderate to severe autism and communication difficulties. Each person received continuous one to one support from staff and needed to be supervised whenever they went out. The service promoted a culture of learning and individuality. They wanted to equip people with skills for life regardless of whether they remained within the service or eventually moved on.

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.

Because of people's language difficulties we were only able to have limited discussions with them. We relied mainly on our observations of care and our conversations with people's relatives and staff to understand their experiences.

Summary of findings

People's relatives were full of praise for the way staff cared for their relatives. They told us the service was exceptional. A parent said "It feels like (their relative) is part of a loving and generous family, everyone goes the extra mile, all of the time, every day. The staff are exceptional people and deliver exceptional care".

People had individualised communication plans to help them to express themselves better. Staff used a variety of communication techniques tailored to each person's needs; including sign language, pictures and symbols. Staff assisted people to express both their physical and emotional needs and preferences. People pointed at pictures and symbols to show us they felt happy and safe.

We were told of numerous examples of people being supported to develop life skills and independence, way beyond the level of attainment their families had expected or hoped for. We also observed similar examples of staff providing exceptionally personalised care and support. They encouraged people at every opportunity to be as independent as they were able to be. Staff supported people exceptionally well but only to the extent needed. This helped maintain and develop people's independence and increased people's self-esteem and confidence. A relative said "Staff are delightful, caring and compassionate. There's lots of fun and happiness".

The service employed a behavioural therapist, who specialised in autism, to provide service specific training for staff. This enabled the small dedicated team of staff to provide a highly effective, caring and uniquely individualised service that reflected current best practices. There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. They used nationally recognised tools to monitor people's attainment and progression toward achieving their maximum capabilities. The service was accredited by the National Autistic Society. To achieve accreditation the service had to demonstrate and maintain high standards of care for people living with an autistic spectrum disorder.

With people's consent, most relatives opted to receive weekly reports on their family member's activities and progress. Relatives were always made very welcome and they were encouraged to visit people as often as they wished. Staff also supported people to visit their families on a regular basis according to the wishes of people and their relatives.

People were supported to integrate within the local community and to avoid social isolation. To facilitate this, the service had developed strong links with local colleges, specialist schools, resource centres, libraries and local employers offering work experience.

People were supported to maintain good health. The service employed nutritionists to help promote healthy eating and varied diets. There were close working relationships with local health and social care professionals. Professionals visited the home or staff supported people to attend appointments according to people's individual needs and preferences.

Summary of findings

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.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make their own choices and to be as independent as they were able to be.

There were sufficient numbers of suitably trained staff to keep people safe and meet each person's individual needs and preferences.

Good

Is the service effective?
The service was effective.

People received an outstanding level of care and support which enabled them to continually develop their life skills and independence. This greatly enhanced people's self-esteem, confidence and quality of life.

People received highly effective care based on current best practice for people with autism. The service was accredited by the National Autistic Society, employed a behavioural specialist in autism to train staff and participated in a wide variety of forums to exchange information and best practice.

Every effort was made to assist people to participate in and understand decisions about their care and support. Where people lacked the mental capacity to consent to aspects of their care the service acted in accordance with current legislation and guidance.

Outstanding

Is the service caring?
The service was caring.

People were treated with the utmost dignity and kindness. There was an exceptionally friendly, caring and close bond between people and the staff supporting them.

People were given information in a variety of appropriate formats to help them understand and be actively involved in every aspect of decision making. Staff always supported people to the extent they needed but took every opportunity to encourage people's independence and choice.

People received all the support they needed to maintain close relationships with their families and others who cared most about them.

Good

Is the service responsive?
The service was responsive.

People were supported by care staff to contribute to the assessment and planning of their care on a daily basis. Care plans were in pictorial and easy to read format to assist people's understanding and to enable them to have a choice about their daily routines and activities.

Good

Summary of findings

People had a say in their choice of care workers and had their own dedicated teams of care staff to support them. Staff had an excellent understanding of each person's communication and support needs and their personal preferences. This helped ensure people received personalised care of an exceptionally high standard.

The registered manager ensured people, relatives and staff were able to continually express their views and give honest feedback on any issues or concerns they might have.

Is the service well-led?

Outstanding 

The service was well led.

People received excellent care based on a service culture of continual learning and individuality.

People were supported by a highly motivated and dedicated team of care staff. The provider and the registered manager were exceptionally approachable, supportive, and caring toward people, relatives and staff.

People's care and support was continually reviewed using effective quality assurance systems. The quality monitoring information was used to maintain current high standards and to identify and drive service improvement.

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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 9 December 2014 and was unannounced. It was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (these are issues providers are legally required to notify us about), other enquiries from and about the provider and the Provider's Information Return (PIR). The PIR is a return completed by providers giving key information about the service, what the service does well and improvements they plan to make. At the last inspection on 11 November 2013 the service was meeting the essential standards of quality and safety and no concerns were identified.

We talked with the three people living in the home, two of the three people's relatives, the registered manager and three members of the care staff team. We observed how staff supported people, reviewed three care plans and other records relevant to the management of the service.

Is the service safe?

Our findings

People had communication and language difficulties associated with their autism. Because of this we were only able to have very limited conversations with them about their experiences. We relied mainly on our observations of care and our discussions with people's relatives and staff to form our judgements.

Relatives of people in the home told us they had no concerns at all about the safety of their family members. One relative said "I think (their relative) is as safe as they could be". People looked relaxed and at ease with all of the staff and with each other. They pointed at drawings and symbols to show us they felt happy and safe.

People were protected from the risk of abuse through appropriate processes, including staff training, policies and procedures. All of the staff we spoke with knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff said they had never witnessed anything of concern in the home. One member of staff said "We know everyone really well including their usual behaviours. We would notice if someone became quiet or withdrawn. I would speak with the registered manager or call local authority safeguarding if I ever had a concern".

We observed people were confident, relaxed and happy in the company of the other people and the staff. Staff were caring and protective toward people and were able to easily observe each other's behaviours in this small home. The registered manager was very visible and available most of the time to monitor staff practices and ensure people received safe and appropriate care.

Training records showed staff received refresher training in child protection and safeguarding adults. Safeguarding and whistle blowing policies were also in place. Whistle blowing is a way in which staff can report misconduct or concerns within their workplace. Staff were able to refer to these policies if they needed more information. There was a notice on the office door with the contact telephone number for reporting any concerns to the local authority safeguarding service.

People's risks were well managed through individual risk assessments that identified the potential risks and provided information for staff to help them avoid or reduce the risks. People were helped to understand the ways in which risks could be minimised. Staff discussed the possible risks with people using social stories, pictures and symbols to help them with this.

Risk assessments included plans for assisting people who needed intense support when they became distressed or anxious. Plans described the circumstances that may trigger the distress or anxiety and ways to avoid these triggers. If people became agitated staff used distraction, support or calming techniques and avoided the use of physical restraint.

Staff received guidance on what to do in emergency situations. For example, protocols had been agreed with hospital specialists for responding to people who had seizures. Staff received training in providing people's medication and when and who to notify if people experienced prolonged seizures. Staff told us they would call the emergency ambulance service or speak with the person's GP, as appropriate, if they had any other concerns about a person's health.

Details of action taken to keep people safe and prevent future occurrences were recorded whenever an incident occurred. Staff completed an incident form for every event which was then reviewed and signed off by the registered manager. For example, following a medication error the medication administration sheets, medicines policy and protocol for notifying the statutory authorities were revised. The registered manager said they had very few accidents or significant incidents at the home. This was confirmed by the incident records.

To ensure the physical environment in the home was safe, a director with lead responsibility for health and safety carried out an annual risk assessment. A range of health and safety policies and procedures were available to help keep people and staff safe. The registered manager carried out monthly safety checks including fire systems and emergency lighting. Suitably qualified contractors were used to inspect and maintain gas, electricity and fire safety systems.

There were enough staff to meet the needs of people and to keep them safe. Staff told us there was always at least one member of staff on duty for each person living in the home. A member of staff said "We are funded for one to one care. There are always enough staff and cover is always provided when needed". We observed staff were available

Is the service safe?

to support people whenever they needed assistance or wanted company. The registered manager said there was a senior person on duty every shift to provide staff supervision and support.

People were cared for by suitable staff who underwent an effective recruitment and selection process. Appropriate checks were undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references were obtained.

People assisted care staff with domestic tasks such as cleaning and cooking as part of their life skills development. The care staff carried out all the necessary domestic work in the home which meant other ancillary cleaning or catering staff were not required. This reduced the potential risk of abuse from others entering the home. It also promoted a more homely atmosphere and environment.

People received their prescribed medicines on time with the support of staff. Staff said they always checked to ensure the correct prescription and dose was given to the right person. They received medicines training from a registered nurse and the service had contacted a local pharmacy regarding further training. An E-learning training programme was also being considered. Medicines training was confirmed in the staff training records. The registered manager assessed the competency of staff before they were allowed to support people with their medicines.

Medicines were kept in a secure and suitable storage area and medicine administration records were accurate and up to date. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed.

Is the service effective?

Our findings

Because of people's language difficulties we were only able to have limited discussions with them. We relied mainly on our observations of care and our conversations with people's relatives and staff to understand their experiences. Relatives of the people living in the home had become experts in the field of autism through their own experience. They told us this service far exceeded their expectations. They said people had the best possible quality of life, which included having a future that was imagined in a positive way and not restricted by their difficulties. One relative said "It's perfect. They have gone beyond what I expected". Another person's relative said "The staff are well trained and well supervised. The environment maximises their level of functioning and we are extremely pleased with the care. This is exactly what we want".

People had individualised communication plans and strategies to enable them to express themselves and overcome their limited verbal communication skills. Staff used a variety of communication techniques appropriate to each person's needs. This included sign language, pictures and symbols to assist with understanding and enable people to communicate more effectively. Pictures and symbols were used to help people to express their emotional mood and feelings as well as their physical needs and preferences. When people first moved to the home they had extremely limited social and communication skills and did not interact with other people. They were now interacting well with their support staff and had started to display empathetic relationships toward each other. The registered manager said it was "a delight and a huge step forward" that people were starting to communicate directly with each other for the first time.

The provider was accredited with the National Autistic Society. This involved an accreditation visit from the society to review the home's practices such as admission plans and how staff supported people, particularly when they were anxious or distressed. To be accredited the service had to demonstrate staff were appropriately trained to provide effective care based on best practice. For instance, staff were trained in the use of specialist assessment tools and techniques. These tools were used to support people through the various stages of development toward achieving their highest level of independence in every aspect of their lives. We were told about one person who used to get frustrated at traffic lights and try to run into the road. Staff used photographs of traffic lights and practised road crossing in the house and in the garden. They then supported the person to go out every day and practised just standing still and waiting at some traffic lights. The person had now progressed to crossing the road safely without becoming anxious.

People were cared for by staff who were trained by a behavioural specialist in autism to communicate effectively, manage behaviours and teach people life skills. We were shown numerous examples of how effective this specialist approach to training had been in promoting people's independence. There was a life skill plan for a person with extreme anxieties around toileting and personal care. Staff said they were able to support this person to become completely independent in these areas within 3 months of moving to the home. This supported the person's self-esteem, confidence and dignity. Another person needed two members of staff to support them whenever they went out and wore ear defenders as this helped reduce their anxiety. With support and guidance from the behavioural specialist, just one member of staff now needed to support them and the person no longer wanted or needed to wear the ear defenders. This helped them become much more involved in the community and reduced their social isolation.

People were supported by staff trained in the most effective current best practices for supporting people living with an autistic spectrum disorder. The registered manager said all new members of staff received a thorough induction programme and shadowed more experienced colleagues until they were assessed as competent to support people effectively on their own. Senior staff were always available to provide support and advice to staff. All care staff were enrolled on the diploma in health and social care qualifications after successful completion of a six month probationary period. Management and staff also attended training seminars and events organised by external training providers. The provider accessed service specific online resources for up to date information on best practices and new ideas. Relevant information was then cascaded to staff through training, meetings and briefing notes.

The registered manager and the staff all said they worked extremely well together as a team and this helped them to provide effective care and support. Monthly staff

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supervision sessions and annual performance appraisal meetings were used to develop staff and reinforce good practices. Monthly staff meetings were also used to discuss and disseminate ideas. For example, at the last meeting they discussed teaching people how to use alarm clocks to wake them on education days so they could become less dependent on staff. Visual prompts and social stories were used to help people understand and learn this new life skill. People's progress was currently being monitored.

The service used nationally recognised monitoring tools to check people were continually learning and progressing toward their maximum ability. The tools monitored people's progression from full support, to prompting, to independence, across a wide range of living skills. Another nationally recognised tool was used to identify trends in people's response to different situations. This information enabled the service to identify situations that may trigger people's anxiety or distress and then take appropriate action to improve the person's experience. For example, one person experienced severe mood swings at set intervals and staff were able to anticipate this and make appropriate adjustments to the person's routines and activities. Some people were calmer and happier when supported by particular members of staff. This was taken into consideration when planning staff rotas.

People were helped to understand and to express their views about their care and support. People's consent was sought before staff provided care and support and staff respected people's decisions. Staff always considered people's mental capacity to make specific decisions. Where people lacked mental capacity the service followed the Mental Capacity Act 2005 (MCA) code of practice to protect people's human rights. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. Where a person was assessed as not having the capacity to make a particular decision, a best interest decision was made with input from their relatives and/or health and social care professionals as appropriate. For example, one person lacked the capacity to consent to frequent observations while they were waiting for an appointment with a hospital specialist. The person's relative told us "I agreed this restriction was appropriate at a meeting with the registered manager, social worker and two staff from the school".

Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A number of DoLS applications had been made to the local authority regarding certain restrictive practices, such as the use of a key pad on the front door that prevented people from leaving the home unassisted. The applications showed the provider was ready to follow the DoLS requirements. The provider had trained staff in understanding the requirements of the MCA and DoLS. Staff said they avoided the use of physical restraint wherever possible. They would only use physical restraint in exceptional circumstances if this was necessary to keep people safe. If people became anxious or distressed staff supported them through non-physical interventions such as distraction, support and calming techniques.

The provider employed nutritionists to help promote healthy eating and varied diets. The nutritionists planned diets that were particularly suited to the needs of people with autism, including low sugar and low salt diets. They tried to meet people's preferences while making the menus healthy and as varied as possible. Staff used pictorial charts of foods they knew people liked to eat to assist people when deciding on the weekly menu choices. There were visual aids in the kitchen to remind people they could choose something different if they did not want to have the menu choice. Staff encouraged people to eat vegetables and fruit each day and there was always a choice of deserts including a healthy option. One person was on a gluten and dairy free diet and their special dietary needs were catered for.

People and the staff had their main meal together in the dining area. There was plenty for everyone to eat and drink and people seemed to really enjoy their meal and spending the mealtime together. One person had a tendency to eat their meals too quickly which could cause choking or indigestion. There was a timer on the table to help them to pace their meal and allow sufficient space between courses.

People were supported to access healthcare services and to maintain good health. Care plans contained records of hospital, GP, dentist and optician appointments. The service had strong links with local health care professionals. For example: the hospital's epilepsy nurse provided personalised advice on how to support people who experienced seizures; the service worked with an

Is the service effective?

occupational therapist to develop individualised life skills activities; a local GP visited the home to take blood samples for people who were very anxious about injections.

Staff supported people to attend hospital or other appointments to provide reassurance and to ensure people received the treatment they needed. Most appointments were arranged with local healthcare professionals but people were empowered to access other services if they wished. For example, one person continued to use a dentist some distance away. We were told the dentist was located near to the person's family home and the dentist was exceptionally good at managing the person's anxieties.

Signs and adaptations to the home were used to support people's needs and promote their independence. There were laminated signs around the home providing pictorial prompts about people's daily activities and useful reminders such as to wash their hands after using the bathroom. Each person had their own highly distinctive bedroom. All rooms were furnished and decorated to a high standard and to people's individual preferences. Bedrooms contained people's personal belongings such as posters, toys, DVD and music equipment to make the rooms very homely.

We observed a garage conversion was almost complete and ready for use. This contained a large sensory room with fibre optic lights and sound equipment as well as a separate room for people to participate in art and craft activities.

Is the service caring?

Our findings

People's families were full of praise for the way staff cared for their relatives. One parent said "Staff are delightful, caring and compassionate. There's lots of fun and happiness". Another person's relative said "It feels like (their relative) is part of a loving and generous family, everyone goes the extra mile all of the time every day. The staff are exceptional people and deliver exceptional care".

Three younger adults with autistic spectrum disorder lived together in the same house. Staff referred to people as house mates as they felt this appropriately reflected the friendly and supportive environment in the home.

We observed a lot of kind and friendly interactions between people and staff. For example, after returning from college with the people they supported, staff immediately helped them to get changed and made them a drink. They made sure people were settled and relaxed before explaining who we were and asking people if they wanted to meet us. Staff then introduced us to each person individually and offered to assist us with our communications. People responded to us mostly in non-verbal ways such as nodding their heads, hand gestures or pointing to pictures and symbols. Some of the people were happy to communicate with us without their care worker in attendance. They appeared to understand our questions and their responses indicated people were happy and satisfied with the staff and the support they received.

A caring, friendly and close bond was evident between people and the staff. For example, people and the staff supporting them all had their main cooked meal together in the dining area. Everyone seemed to really enjoy the meal and the company. Although people did not say much they appeared to understand and be interested in what the staff were saying to them and to each other.

Staff displayed high levels of caring and dedication toward meeting each person's individual needs throughout the day of our inspection.

Staff were very keen to ensure people's difficulties did not prevent them from becoming as independent as possible and to enable them to live a fulfilling a life. Staff said they only supported people to the extent needed in order to maintain and develop people's independence. For example, after people had eaten their main dinner course, staff asked people to put their dirty plates in the kitchen and to select their own deserts from the refrigerator. Staff told us they supported people on a daily basis to learn a wide range of practical living skills such as washing up, ironing, toe nail cutting and crossing the road safely. People's goals and progression in achieving these life skills was recorded in their care plans. The assumption was people would continually learn and progress and no limitations were placed on their potential for development.

People were helped to communicate and understand information about their care and support through a range of creative methods. Each person had a range of short personalised 'social stories' with pictures and associated easy to read prompts. The short pictorial stories were prepared to help each person understand and contribute to decisions about their daily routines, activities and other events. For example, one person had a pictorial story to help them understand why they needed to visit the dentist and to help reduce their anxiety. Another person had a pictorial story to show them how to be independent with their toileting needs.

People were helped to understand issues and to express their views through the use of a variety of pictorial prompts around the home. We observed a wall chart in the lounge with pictures and symbols of each person's desired Christmas present list. There were 'emotion boards' placed in a number of rooms with symbols to represent how people were feeling, such as happy, sad or unwell. People could point to a symbol to help them communicate to staff how they were feeling.

Staff consulted people about their daily routines and activities and no one was made to do anything they did not want to. The service ethos was centred around each person's wishes and needs rather than the routines of the home. Each person kept a daily diary of their activities and the things they enjoyed or disliked. Some people were able to write their own daily notes with prompting from staff; others relied on staff to record their daily activities for them. People's needs and preferences were then recorded in a weekly key worker report. The key worker was responsible for ensuring the person's needs and preferences were known and respected by all staff. Each person had a designated key worker and a dedicated team of care staff.

The registered manager said external advocates had been used in the past to support people when making important

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decisions. However, in most cases if people lacked the mental capacity to make particular decisions, their parents, social worker and key worker usually made the decision in the person's best interests.

Staff treated people with dignity and respect and supported them to maintain their privacy and independence. Staff spoke to people in a polite, patient and caring manner and took notice of their views and feelings. When people needed support staff assisted them in a discrete and respectful manner. For example, a relative told us "When (their relative) needs to use the bathroom the staff stand outside. This respects their privacy but staff can still check they are OK". Staff supported people with personal care to the extent they needed but encouraged people to be as independent as they were able to be. When personal care was provided it was in the privacy of people's own rooms. Each person had their own individual bedroom where they could spend time in private when they wished.

Staff respected people's confidentiality. Staff treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information was kept securely in the office.

People were supported to maintain relationships with the people that cared most about them. Relatives and friends were encouraged to visit people as often as they wished and staff supported people to visit their families on a regular basis. A relative said "Staff also support and care about the relatives too".

Is the service responsive?

Our findings

The home was established in response to an identified need to provide continuity of care for younger people with autism who were transitioning from the provider's children's services to adult residential care. Where possible the same care staff moved with them from the children's service. People benefited from continuing relationships with staff they knew well and who already understood their needs and personal preferences.

People moving to the home had a detailed plan identifying their background, preferences, communication and support needs. Each person's plan was tailored on an individual basis to address any identified areas of weakness and to play to each person's strengths to ensure optimum growth and positive outcomes. Each person's care plan was in easy to read format using pictures and short sentences to assist people to understand the content. Care records were up to date and clearly identified people's needs and preferences and how staff should support each person. Throughout our inspection we observed staff supported people in accordance with their care plans.

People participated in the assessment and planning of their care through regular conversations with their key worker and by completing a daily diary. Each person's key worker reviewed their care needs and preferences as part of a weekly key worker report. The registered manager also carried out monthly care plan reviews to ensure people's care plans remained current and appropriate to people's individual needs.

People were shown a social story in pictorial and easy to read format explaining that their close relatives may want to receive information about how they were getting on. People had the option to decide whether or not they wanted to share this information with others. If the person lacked sufficient mental capacity to make this decision, or there were any concerns about family relationships, a meeting was arranged with relevant professionals to make the decision in the person's best interest.

A relative told us they received a weekly email and report from the registered manager to keep them informed about their family member's progress and activities. The relative said "They are really on top of everything from college to teaching life skills. (Their relative) is thriving and loves it there". A comprehensive care review meeting took place annually with people, their relatives and social workers in attendance.

Each person received one to one care and support and they could choose the care workers they preferred to support them. Each person had their own dedicated team of care staff which helped build trust and strong relationships. It meant staff had a better understanding of each person's individual needs and enabled them to provide consistently high quality care. One person was shown a photograph of their care worker at the start of each shift as this helped them to understand which member of staff was supporting them. The provider employed a small team of 12 care staff which ensured consistency and meant staff and people in the home got to know each other very well.

Staff helped people to learn new life skills at a pace that was comfortable to them and maintained their self-confidence and self-esteem. We were told about one person who moved to the home with extremely high levels of anxiety and virtually no social skills or awareness of others. An intense programme of life skills development, tailored to their individual needs, was prepared for this person. With continual support from caring and understanding staff the person had now developed a close friendship with the other people and the staff in the home. They now went out into the community on a daily basis and enjoyed attending college and other social groupings.

The service had strong links with local colleges, resource centres for people with a learning disability and other local organisations. This included: a weekly disco and fortnightly social club for people with learning disabilities; work experience opportunities with a local supermarket; and links with a local library. People were also supported to use local public transport as often as possible as this increased their involvement in the local community and taught them a useful life skill. For example, one person had learnt how to ask for a ticket on the bus. Support staff were slowly stepping back to encourage increased independence. The aim was for staff to sit a few seats away so the person could blend in more with the other passengers but feel confident support was close by.

People attended specialist schools and/or classes for people with a learning disability within a main stream college several days each week. They participated in a

Is the service responsive?

range of other social and leisure activities in the evenings or on non-education days. A member of staff said "If they are not in education they are out most days". Care plans contained details of people's preferred activities and pastimes.

People were helped to understand different cultures and people's backgrounds were respected and supported. One person enjoyed attending a church service when they stayed at their relative's home. Staff had introduced the person to members of a local church and supported the person to attend church services when they wished to do so. Staff organised a cultural food evening once a month. People were invited to choose a particular culture from images and photographs. People were then invited to help staff prepare a meal associated with that culture and engaged in arts and crafts along a similar theme.

People received regular visits, telephone calls or emails from their relatives. Staff also supported people to visit their relatives on a regular basis. This helped people to maintain family relationships and avoid social isolation.

Provided people consented to it, the manager contacted their relatives every week by email or telephone to keep them fully informed about people's activities and progress. Relatives and staff told us the registered manager was very caring, experienced and approachable. They said the registered manager encouraged everyone to express their views and to give honest feedback on any issues or concerns they might have.

There was an appropriate complaints policy and procedure in place. An easy to read guide was available in the home to explain how people could make a complaint. One person showed the guide to us and pointed to a 'thumbs up' symbol and a 'happy face' to show they did not have any complaints. A relative said "I have no complaints at all. They are very thoughtful and considerate towards parents as well. They keep asking if I am happy or have any questions".

The service had received one complaint in the last 12 months which had been dealt with and action taken.

Is the service well-led?

Our findings

People's parents and the care staff described the service in glowing terms. One relative said "I couldn't ask for anywhere better. The home has the right atmosphere and is outstandingly led. They set high standards and they do what they say they will. It is a textbook example of how to run this kind of service". Another person's relative said "They are very open and accessible and make it easy to ask any questions. I feel we are all on the same side; and that's my relative's side. I rate the manager as top notch. I can't fault it".

Staff told us the registered manager and the provider's directors were exceptionally supportive of people in the home and the staff. They said the registered manager was extremely good at their job and was experienced, caring and approachable. One member of staff said "It's a brilliant home and the manager is amazing". Another member of staff said "The manager is very experienced in autism. She is around a lot of the time and is willing to work shifts and provide cover when needed". There was a clear staffing structure in place to ensure a senior member of staff was always available to provide supervision and support.

The provider's stated aim was: "To help every young person acquire the life and social skills to move towards a more independent and positive future in which they can function successfully within society". During the inspection we found many examples of people being taught daily living skills to promote their independence and social engagement. This included intense support for people to become more confident in different social settings such as college or work placements. The registered manager said the ethos was to provide high quality person centred care for people with autism. The culture was about learning and individuality. They said they were passionate about optimising each person's potential and independence. They wanted to equip people with skills for life regardless of whether they remained within the service or eventually moved on.

The registered manager told us the provider was really supportive and they could approach them whenever needed. One of the directors visited the home on a monthly basis and had dinner with the people and the staff. This helped assure the provider that the service ethos was being applied in practice.

To ensure staff understood and delivered the service ethos they received training specifically tailored to the needs of people with autistic spectrum disorder. A comprehensive induction programme was in place for new staff and there was continuing training and development for established staff. The service ethos and practice was reinforced at the monthly staff meetings and at one to one supervision sessions with the registered manager.

The registered manager said they had a really good team and everyone pulled together. Care staff were always willing to help out and learn new skills. One member of staff said "I love working with the people and the other staff. It's so homely here and everyone is so friendly".

People and their relatives were actively involved in developing the service. They were consulted on new activities to enrich people's quality of life and were involved in exploring opportunities for increasing people's independence, such as work placements. Where people had agreed to it, the service shared this information with their relatives. Relatives told us the registered manager contacted them on a weekly basis and discussed current issues as well as providing updates on their relative's progress. Feedback from meetings, telephone discussions, and correspondence with family members and other care professionals was recorded in people's care records.

People were supported to become involved in the local community. The service had strong links with specialist schools, local main stream colleges, resource centres for people with a learning disability, local leisure facilities and employers who offered work placements. The service encouraged people's involvement in the wider community to promote people's independence, improve their quality of life and avoid social isolation.

The provider had a quality assurance system to check policies and procedures were effective and to identify any areas for improvement. The registered manager carried out a programme of weekly and monthly audits and safety checks. Accidents and other significant incidents were reviewed by the registered manager in the first instance and then checked again by the provider's quality assurance lead. The registered manager also reviewed care records to provide weekly reports to parents on people's well-being and development. The provider carried out monthly quality assurance visits to the home to review key aspects of the service and to meet with people and the staff.

Is the service well-led?

These systems were used to identify trends or lessons for improving the service and were effective in maintaining a high quality service. For example, in response to two medicine administration errors at the home, the provider's quality assurance lead visited the home to review the service's medicines administration procedures. Action was subsequently taken to update the provider's medicines policy and provide refresher training in medicines for all staff.

The provider was accredited with the National Autistic Society. To be accredited they had to demonstrate they delivered effective care and support based on best practice. For example, staff used specialist assessment tools and techniques to enable people to achieve their maximum potential in both educational and life skills development. The provider was re-evaluated by the Society every two years to ensure current best practices were implemented and maintained. The National Autistic Society also circulated regular updates and offered expertise and support to accredited providers.

The provider employed a specialist in supporting people with autism to train staff in service specific communication and support best practices. The registered manager said they were currently in the process of accreditation with the British Institute for Learning Disabilities. This further accreditation was in recognition of the transition of young people from their children's services into adult residential services.

The provider participated in a number of other forums for exchanging information and ideas and fostering best practice. They were members of the Registered Care Providers Association (RCPA), Autism Somerset and the Somerset Providers Forum for children and young adults. They attended training seminars and events organised by external training providers and accessed online resources such as the Social Care Information and Learning Service and the Care Quality Commission's website.