24-7 Care Ltd

Parkview Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 20 July 2015 and was unannounced.

Parkview Residential Care Home provides care and support for up to five people with autistic spectrum disorder who have a learning disability. The service does not provide nursing care. There were five people using the service when we visited.

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.

Summary of findings

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to use the whistleblowing procedure. We found that whistleblowing had happened in practice at the service and had been dealt with appropriately.

Risk assessments were centred on the needs of the individual and included risks posed when people were out in the community. Staff followed clear guidance to reduce identified risks and protect people from harm.

Staffing arrangements meant that people received one to one care to meet their specific needs.

There were safe recruitment procedures in place. All staff were subject to a probation period and to disciplinary procedures if they did not meet the required standards of practice.

Medicines were stored, administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and maintained relevant records that were accurate.

Record demonstrated that all of the staff received regular training in mandatory subjects. In addition, we saw that specialist training specific to the needs of people using the service had been completed. This had provided staff with the knowledge and skills to meet people's needs in an effective and individualised way.

People's consent to care and treatment was sought in line with current legislation. All staff and management were trained in the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were knowledgeable about the requirements of the legislation.

A flexible approach to mealtimes was used to ensure people could access suitable amounts of food and drink that met their individual preferences.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

Staff communicated effectively with people, responded to their needs promptly and treated them with kindness and compassion.

Throughout our visit we saw examples of creative care that helped make the service a place where people felt included and consulted.

People were able to spend private time in quiet areas when they chose to. People's privacy and dignity were respected and maintained at all times.

People's needs were comprehensively assessed and care plans gave clear guidance on how people were to be supported. Care was personalised so that each person's support reflected their preferences.

People were at the heart of the service. People were supported to attend a range of educational

and occupational activities as well as being able to develop their own independent living skills. Staff supported people to undertake a choice of leisure activities within the home and in the community. The service provided its own day care service and people had been involved in its development.

The service had an effective complaints procedure in place. Staff were responsive to people's anxieties and concerns and acted promptly to resolve them.

The service was well-led with systems to check that the care of people was effective, the staffing levels sufficient, and staff appropriately trained so they had the skills to provide safe care and support.

The staff were highly committed and found innovative ways to provide people with positive care experiences.

Effective quality assurance systems were in place to obtain feedback, monitor performance and manage risks.

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?
This service was safe

Good

Staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

There were risk management plans in place to promote and protect people's safety. Staff were trained to keep people safe when people's behaviour was challenging to others.

Staffing arrangements meant that people received one to one care to meet their specific needs.

Safe and effective recruitment procedures were followed in practice.

People were supported by staff to take their medicines safely.

Is the service effective?
This service was effective

Good

Staff had the specialist knowledge and skills required to meet people's individual needs and promote their health and wellbeing.

Staff used a number of tools to communicate with people so people were able to express their views about their care.

The registered manager had ensured that relevant applications to the statutory authority in relation to Deprivation of Liberty Safeguards office had been submitted.

Where restrictions were placed upon people, staff ensured people were enabled to continue living their life in accordance with their preferences.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

People were referred to healthcare professionals promptly when needed.

Is the service caring?
This service was caring

Good

Staff interacted well with people and showed them warmth, compassion and patience.

Innovative and imaginative tools were used to communicate with people so staff knew people's needs. These tools were also used so that people were able to make choices about their everyday lives.

Staff promoted people to maintain their independence.

People were supported to maintain regular contact with their families and relationships that were important to them.

Is the service responsive?
This service was responsive

Good

Summary of findings

People's care was personalised to reflect their wishes and what was important to them.

Care plans and risk assessments were reviewed and updated when needs changed.

People were at the heart of the service and were able to take part in a wide range of activities of their choosing.

The arrangements for social activities were innovative, met people's social needs and enhanced their sense of wellbeing.

The service sought feedback from people and their representatives about the overall quality of the care provided. These were available in a format that met the needs of people using the service.

Staff responded swiftly to people's concerns or anxieties.

Is the service well-led?

Good

This service was well led.

People were empowered to express themselves and to be involved in decision making at the service.

There was an open and positive culture which focussed on people's individual needs.

The manager operated an 'open door 'policy and welcomed suggestions made from people and staff on improvements to the service delivery. The care provision was consistently reviewed to ensure people received care that met their needs.

Parkview Residential Care Home

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 20 July 2015 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

People who used the service, that were present at the time we visited, had difficulty in communicating verbally. They used gestures and body language to express their views. We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during individual tasks and activities. We spoke with the registered manager, the deputy manager, the behavioural manager, two senior care staff and two support workers to determine whether the service had robust quality systems in place.

We reviewed care records relating to two people who used the service and five staff records that contained information about, induction, training, supervisions and appraisals. We visited the organisation's day care facility to talk with staff and observe day care activities taking place. We also looked at records relating to the management of the service including quality audits.

Good

Is the service safe?

Our findings

People were protected from harm and abuse by staff that had been trained appropriately and understood the principles of safeguarding. People who were present at the time of our visit were unable to tell us if they felt safe; however, it was clear in their behaviour and manner that they were relaxed and comfortable within the service and in the company of staff and their peers.

Staff were aware of their roles and responsibilities in relation to protecting people from harm. All of the staff we spoke with could clearly explain how they would recognise and report abuse. One staff member told us, "I would be comfortable using the whistleblowing procedure if I had to. I know it's the correct thing to do. Another staff member told us, "I know about whistleblowing. I would not worry about using it. I know I would be well supported if I did have to whistle blow." Staff said they were confident that if they reported any concerns about abuse or the conduct of their colleagues, the manager and the provider would listen and take action. We saw that whistle blowing had happened in practice at the service and had been dealt with appropriately. The registered manager told us that staff had been supported throughout the process.

We saw that each person had a young adults guide about bullying that gave details in a pictorial format about discrimination and abuse and how people could report any concerns.

There were robust systems in place to help people manage their finances and to protect their finances from possible misuse. These involved a number of checks and records made by staff each time they supported someone with their finances. This included a system of recording money received and money spent, with receipts provided for each transaction. In addition, we saw that people's money was audited on a regular basis to ensure their money was handled appropriately.

Staff told us they made sure people were safe and knew how to support people who had behaviours which challenged others. This was done in a way that respected people's rights and promoted their dignity. One staff member told us, "We have very good support and guidance when supporting people with behaviours that can be challenging." Staff told us they worked closely on a one to one basis with the people they cared for. They said this enabled them to get to know people well and helped them understand their body language and behaviours, so were able to intervene before a incident developed. One staff member told us, "It makes all the difference knowing the person well. You get to understand their body language and what it means."

We saw that each person's needs had been assessed. There were care plans in place that demonstrated how staff identified behaviours and the specific actions they needed to take such as distracting the person to more constructive activities. We saw records that showed how a person's cultural, spiritual, sexual, emotional and physical needs could be met to protect them from the risk of discrimination.

We were told by staff, and training records confirmed that all staff received annual training to make sure they stayed up to date with the process for reporting safety concerns.

Staff told us they were aware of people's risk assessments and had been actively involved in contributing their knowledge of the person they cared for when the risk assessments were reviewed. One staff member told us, "Each person has a risk assessment completed every time we visit a new place. We can't leave things to chance."

Risks to people's safety had been appropriately assessed, managed and reviewed. Each of the care records we saw had a range of up-to-date risk assessments. These assessments were different for each person and reflected their identified risks with guidelines on how to keep people safe. Staff demonstrated that they knew the details of these management plans and how to keep people safe. For example, one staff member told us how they supported one person to go swimming. They told us how they had been involved in the risk assessment. They said, "They asked for my views and I was listened to." The member of staff then continued to explain what triggers they needed to look for while supporting the person with this activity and how to reduce their anxieties if they showed signs of becoming anxious.

Staff acknowledged that some risks to people's health and wellbeing needed to be considered and taken to promote positive experiences for people. We found that all the people who used the service were supported positively to take managed risks. For example, before a person attended any new situation, a thorough risk assessment would be completed with the support of the two behavioural

managers; who had been specifically trained to provide advice and support in relation to managing people's behaviours that could challenge others. The risk assessment would take into account how many staff members were required to support that person, and a behaviour management plan would be drawn up specifically for use in the new situation. For example, we saw that one person had been supported to go abroad for their holiday last year for the first time. This had previously not been attainable because of the behaviours the person needed support with. The risk assessment looked at how many staff needed to go with them and any behavioural strategies staff may need support with before they went. The holiday proved to be a success and the person was being supported to attend another holiday this year. This had had a positive outcome for the person, who had expressed a wish to visit some places they had been to on family holidays and the person had kept photographs of their holiday as a memento. This showed the staff had a positive and flexible attitude towards risk taking.

Training records demonstrated that all staff had received training in relation to risk assessments and how to complete these.

Incidents were reviewed and action plans devised to keep people and staff safe. For example, there were two staff who were nominated as behavioural support managers. If a staff member needed extra assistance , following an incident where a person had displayed behaviour that could challenge others, they could call upon them to provide extra help, advice and training for both the staff member and the person using the service. They would produce a behavioural management plan to support the individual and the staff team. We were told they had also provided training for some families whose relatives used the service. The registered manager told us they monitored any issues regarding people's safety monthly. In addition, we saw that a record was kept of any incidents regarding people's behaviour so that the management team could monitor any trends. This information could be used to analyse and review the persons support package. This also helped to inform staff what they needed to do to reduce the likelihood of any reoccurrence.

Recruitment procedures included checking references and carrying out disclosure and barring checks for prospective employees before they started work. All staff were subject to a probation period before they became permanent members of staff and to disciplinary procedures if they behaved outside their code of conduct. This meant that people and their relatives could be assured that staff were of good character and fit to carry out their duties.

There were emergency evacuation plans in place for all people who used the service. The staff knew about these plans and what action to take in the event of an emergency evacuation. Staff were trained in first aid and fire awareness and fire response strategies were in place. The three members of the management team were included in rotation in an 'on call rota' during out of office hours to respond to emergencies.

We saw that the service operated an effective system to make sure the staffing numbers and skill mix were sufficient to keep people safe. Staff told us that staffing numbers enabled them to provide one to one care between 07:15am until 21:15pm. Staff told us they worked long days because people who used the service became anxious when there was a change of staff that disrupted their day. One member of staff told us, "It's more beneficial for everyone to work together throughout the day. We don't have to interrupt activities for a change of staff." Another staff member said, "You do all you can to make sure people don't start to feel anxious. So its common sense not to interrupt their day by changing staff half way through."

The registered manager told us that if people using the service required extra support or specialist care then the number of staff working would be increased to meet the person's needs and we observed this in practice. At the time of our visit we saw that one person was receiving care and support from two staff members throughout the day. In addition to the regular staff, there were two behaviour support managers, one of whom was the deputy manager. They were specifically trained in behavioural management techniques and were extra to the regular staff on duty. They could be called upon for extra support and guidance if needed.

Our observations confirmed that there were enough appropriately trained staff members on duty to provide the assessed level of support people needed. We saw that because staff were available and worked with the same person for the whole day; their activities did not have to stop at a certain time. People were able to organise their whole day and knew exactly what they were doing at any time of the day. We saw that this was very important to people using the service who found change difficult and

Good

Is the service safe?

increased their anxiety levels. We saw that consistency was a key factor in supporting people to manage any behaviour that may challenge others. The staff rota confirmed that the agreed staffing numbers were consistently provided. Records showed and the registered manager confirmed that where people's individual needs and preferences required a male or a female staff member then this was facilitated.

People were supported to take their medicines by staff trained to administer medication safely. The deputy manager told us, "All senior staff receive medication training every year." They also said and records confirmed that two staff always signed to say medication had been given. We spoke with a support worker who had not received training in medicine administration. They told us, "No I don't administer medicines at all."

We found that medication was stored safely for the protection of people who used the service. There were appropriate arrangements in place to record when medicines were received into the service, when they were given to people and when they were disposed of.

Medication Administration Records (MAR) had been fully completed and we found no gaps or omissions in the records we saw. Where people were prescribed medicines on a 'when required' basis, for example for pain relief, we found there was sufficient guidance for staff on the circumstances these medicines were to be used. We were therefore assured that people would be given their medicines to meet their needs.

All medicines were administered by staff who had received appropriate training. We saw, from training records, that staff had received up to date medicines training. Regular medicines audits also took place which helped to ensure the systems used were effective.

Good

Is the service effective?

Our findings

People who used the service, who were present during our visit, were unable to tell us whether they felt that staff had the appropriate knowledge and skills to provide them with what they wanted and needed. Through our observations we saw that people received care from staff that had the experience and skills to carry out their roles and to effectively meet people's needs. Staff were observed to have a knowledge of people's needs and wishes which enabled them to engage with people in a way that people responded to.

Staff told us they had completed an induction training programme when they commenced work at the service. They told us they had worked alongside, and shadowed more experienced members of staff which had allowed them to get to know people before working independently. Staff told us the induction training was thorough and one staff member commented, "The induction was very good. I learned a lot." Another staff member told us, "The induction was very helpful. I found it extremely useful to shadow more experienced staff."

The manager told us that new staff were required to complete an induction and work alongside an experienced member of staff until they felt competent and confident to work on their own. Records we looked at confirmed this. In addition, all staff received specific training in behaviour management that was called 'Positive Range of Options to Avoid Crisis and use **T**herapy and **S**trategies for **C**risis **I**ntervention and **P**revention. (PROACT-SCIP) This training primarily focuses on positive approaches to behaviour management and encourages the use of proactive responses. This technique emphasises a 'whole person approach' when supporting individuals through a crisis in a sensitive and caring way, so that the needs of the person can be met. Staff told us they had found this training invaluable and one staff member told us, "The PROACT-SCIP training was excellent." The training matrix demonstrated that all staff received this training on an annual basis. Staff files we looked at confirmed that staff had successfully completed an induction to the service.

Records showed that staff were trained in subjects relating to the needs of people who used the service. For example, training was provided in specific subjects so that staff were skilled in meeting people's needs, for example, the care of those with epilepsy and behaviours which challenged others. Other training included first aid, food safety, health and safety, safeguarding, infection control, Mental Capacity and Deprivation of Liberty Safeguards, fire awareness and the safe handling of medication. We also found that staff could access a range of additional training that might benefit them and the people they supported. For example, autism awareness, person centred planning, accurate record keeping and lone working training. In addition, we saw that from the thirty five staff employed seventeen had achieved their NVQ Health and Social Care level 2 and seven had achieved level 3. This showed that training was sourced and tailored to ensure staff were trained to meet the specific needs of the people who used the service.

Staff told us they received regular supervision where they were able to discuss their training needs as well as the care of the people who used the service. One staff member told us, "Yes we get regular supervision. You can say what's on your mind. If there has been an incident and you need further supervision it's always available." Another staff member commented, "I feel very well supported. I know I only have to ask for help and it will be provided. They really do value the staff."

Staff said they were supported in their role and felt able to raise issues or ideas with any of the management team and at the regular staff meetings. Records confirmed that staff received regular supervision every 4-6 weeks.

Staff used handover meetings to share information about people and to inform each other about any changes that affected their wellbeing or health. The staff cared for people in a consistent way because they were aware of the most up to date information about their needs.

We saw that staff understood the importance of gaining people's consent before providing any care or support. We observed that people were able to choose what they did on a daily basis, for example if an activity was planned, they could choose to attend or not, on the day. One member of staff told us, "I always check what people want or need before I do anything. You can't assume. People need time and patience to make decisions." Throughout our inspection we observed staff asking people for consent before carrying out any task. We also saw in people's care records that consent had been sought and documented from each person or their representative. We observed people being asked what activities they would like to take part in and saw that staff respected their wishes.

Good

Is the service effective?

The registered manager told us that each person who used the service had their capacity assessed. Where it was found that they lacked capacity, a best interest decision was made, which included input from stakeholders who were important to the person, such as family members and care managers. We looked at care records and found that Mental Capacity Assessments (MCA) had been completed which were specific to people's individual needs.

We also found that a Deprivation of Liberty Safeguards (DoLS) screening tool had been used to identify whether or not people may be deprived of their liberty. The registered manager confirmed that all the people using the service had been assessed and had an application for DoLS submitted to, and approved by, the local authority.

Staff were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation. Staff members were able to describe the principles of the law and how people should be protected.

During this inspection we found that people were supported to have sufficient food and drink to maintain a balanced diet. Staff told us that each person chose the menu for a certain day. On that day the person would be supported to prepare and cook a meal for everyone at the service. However, we saw that staff were flexible in their approach to mealtimes and if someone wanted something different then alternatives would be made available. We saw that people were encouraged to choose different meals using pictures and choice boards.

People had access to snacks and drinks throughout the day and each person was supported to make healthy choices. The registered manager told us the kitchen was always open and accessible to everyone who used the service.

We saw good guidance in care plans in relation to the support people needed to eat their meals and snacks safely. For example, we saw that one person was at risk of choking because they ate their food too fast. Strategies of counting in between each spoonful had been implemented to help reduce this risk.

People were weighed regularly and then referred to health professionals if there was a substantial change in weight. The staff made sure people had enough to eat and drink by checking and recording what they had eaten each day. This allowed them to notice if people's appetite declined. Staff knew people's dietary preferences and restrictions. We were told that when one person arrived at the service they would only eat oven chips. Staff had worked with this person, encouraging them to try new foods and we saw they now enjoyed a healthy balanced diet.

People were supported to maintain good health and had access to health care services. One staff member told us, "We have to approach some visits with patience and take it at a slower pace. Anxiety levels can go up so we have good support plans for people when attending health visits."

We saw that each person had comprehensive assessments and care plans regarding their health. These were called Health Plans and were available in a pictorial format suitable for people who used the service. Records demonstrated that people had regular health checks with the dentist, optician and chiropodist. People were also referred for more specialist support and treatment from their psychiatrist, dietician, speech and language therapist and occupational therapists when needed.

Good

Is the service caring?

Our findings

People received care and support from staff that knew and understand their history, likes, preferences, needs, hopes and goals. We found that people were happy with the care and support they received. We observed that people were relaxed, laughing, smiling and having meals together and playing games which we saw people enjoyed. There was a homely atmosphere in the service and it was apparent that people felt at ease. They had the freedom to go where they liked and were relaxed, in the presence of staff. We saw people gained reassurance from being close to staff, who chatted to them about their daily routines and things they were anxious about. We saw that support was provided in a kind and calm way and people were open and trusting of staff.

Staff told us that working on a one to one basis with people helped them to build up relationships and get to know the person as an individual and not someone who was just part of the service. One staff member told us, "It's like family." Another staff member said, "We get to share so many experiences with the people we look after. You can't help but bond in some way."

We were informed about an example of how a staff member went the 'extra mile' to organise a surprise for a person's birthday and involved their family members. A keyworker for one person organised a surprise birthday trip to a place of particular interest. The staff member contacted the person's family and invited them along for the trip and also offered to provide them with transport. On the day of the trip the staff member got up at 4.00am to pick up the person's relatives and brought them back to the service as a surprise when they woke up. The staff member had also organised a private tour of the place of interest for the family. We saw that the person had enjoyed their birthday, with their family members and they had photographs of their day. We also saw positive feedback from the family who said the day had been a great success.

Staff had a thorough knowledge about the best ways to communicate with people who we observed made people laugh and enjoyed their daily life. One staff member told us, "It's all about being able to communicate properly. That's the key."

We saw that specific methods were used by staff to talk and communicate with people and these suited the needs of each person. For example, where people were unable to communicate verbally, pictorial choice boards, sign language and written instructions were used to ensure effective communication took place with each person. We observed staff taking time in a calm and reassuring manner to talk with people to find out what they wanted. We also saw that one person who used the service had their own special words which they used to describe things. The service had translated these so all staff were able to understand and communicate effectively with this person. This meant the person was able to make staff understand what they wanted and reduce any frustration resulting from ineffective communication. We also saw that the service had supported families with training about effective communication and had provided some families with communication tools that they could use at home with their relatives.

We found that people were supported to make their own choices about what they wanted to do on a day to basis and we observed, and were informed, how staff responded to people's requests in a positive and enthusiastic way. For example, we saw that at the start of each day each person organised their day with the staff member who would be working with them. For people who could not communicate verbally we saw this was carried out using pictorial prompts and a first and then system. This involved the use of pictures that showed the person what they were going to do next and also what they would be doing after that activity. We saw that this was an effective way to communicate with people. For example, we saw one person was displaying levels of anxiety. Staff effectively showed them, through pictures, what they had arranged next, and also what they would be doing after that activity had finished. We saw this helped to relieve their anxiety levels and they responded positively to this.

People's personal preferences were assessed and recorded in care plans. These included information about people's interests, leisure needs and their past history. This meant that staff could strike up meaningful conversations with people because care records contained information about their experiences and interests. For example, we saw staff talking with one person about music and this person's care records confirmed that they enjoyed music as a hobby.

We saw that people were given the opportunity and were supported to express their views about their care through regular reviews and records showed that families were

Good

Is the service caring?

invited to these. They were also available in pictorial form which was suitable for people using the service. Some people who used the service required support to express their views and preferences. There was an effective system in place to request the support of an advocate to represent their views and wishes. The registered manager confirmed that one person was using the services of an advocate.

We found that the staff promoted people's privacy and dignity on an everyday basis. For example, we saw that staff knocked on people's bedroom doors, announced themselves and waited before entering. Staff spoke with people in a polite way, listening to them and then responding so that people understood them.

People's care plans promoted their privacy. For example, there was information about the preferred term of address people wished to be known by. We also looked at information about the PROACT-SCIP training that staff completed, in relation to dealing with people's behaviours. This training focuses on positive approaches to behaviour management and encourages the use of proactive responses. We found that it was not only to promote behavioural change in individuals. It was also to achieve enhanced community presence, choice, respect, community participation and dignity. Records we looked at showed that people had entered the service with behaviours that had challenged others and had resulted in them being unable to take part in numerous activities or visit new places of interest. This was having a major impact on people's lives. We saw that staff had effectively worked with people to support them when managing their behaviours, using the techniques of the PROACT-SCIP training. We saw that this had been effective for each person using the service. For example, we saw how support had been provided to one person when they left the house because they became anxious. This had resulted in the person not wanting to go outdoors. With the correct support the person was now able to access the community and visit the shops, or go for a meal. This had helped to promote their self-esteem, dignity and self-worth.

The service kept any private and confidential information relating to the care and treatment of people secure. People had access to private and quiet places both at the service and at the day care activities centre. Each person had their own bedroom and most had its own en-suite bathroom, which also promoted people's privacy. We observed that staff treated people with dignity by talking to people in a polite way, listening to them and then responding so that people understood them.

Good

Is the service responsive?

Our findings

Before people moved to the service they and their families participated in an assessment to ensure their needs would be met. These were also available in a pictorial format.

Information from assessments was used to ensure people received the care and support they needed, to enhance their independence and to make them feel valued. One staff member told us, "We need as much information as we can get. The transition can take a very long time. So the more information we have the easier we can make it for people."

The registered manager told us, "When we assess people for admission we have to plan it at every stage until the person is ready for that change." We saw that involving people and their relatives in this assessment ensured care was planned around people's individual care preferences. For example, family members were able to provide detailed information about their relatives likes, dislikes and preferences. We saw that this information was used to develop transition, care and behavioural plans. In addition, family members often had detailed knowledge of what triggers may cause their relative to become anxious. Collating all this information before the person arrives at the service helps to make transition easier for them.

Care records demonstrated that a very detailed and comprehensive transition plan had been completed when people had moved into the service. This included visits to the service, activity participation, overnight stays and a full PROACT-SCIP assessment. The assessment identifies triggers that raise people's distress or anxiety levels early, and a behaviour plan provides guidance to allow staff to respond positively, in a non-restrictive way. Effective communication was also a key factor of how the service would be able to meet the person's needs. This would be completed by one the managers who had been specifically trained in the PROACT-SCIP behavioural management techniques.

We were informed the care and support provided by the service was underpinned by consistency, structure and clear communication endorsed by the National Autistic Society. We found several examples of people who, when they first moved into the service displayed behaviours that could challenge others and also affected their quality of life. We saw how the service had developed effective management plans and had worked with each individual to overcome their anxieties and reduce the behaviours that had challenged the service. This had had a positive effect on people and had made a difference to the quality of their lives. People were being empowered to visit new places and experience different activities they had not been able to before. For example, we saw that one person had been unable to visit home because their family had not been able to effectively support their relative with their anxieties. The service introduced PROACT-SCIP training for the family. They had also introduced effective communication tools for the family to use. The service has worked with the family and we saw that for the first time they were now able to take their relative out for a meal.

The manager told us that they provided people and their families with information about the service as part of the pre-admission assessment. This was in a format that met their communication needs and included a welcome pack with information about the home, the facilities and the support offered. We saw that when people could not communicate their care and support needs, information about their preferences was gained from relatives and friends so that best interest decisions relating to care delivery could be made. Advocates were also used when required to ensure people's wishes were gained and shared when they had no relatives or friends to support them with this.

Care plans had been updated to reflect changes to peoples care and support to ensure continuity. This had been completed when people's behaviour, medicines or health had changed. Staff knew about the changes straight away because the management verbally informed them as well as updated the records The staff then adapted how they supported people to make sure they provided the most appropriate care. Care plans included clear guidance about how people wanted to lead their lives and the support they needed. We saw that promoting choice and independence were key factors in how care and support was planned and delivered.

We found that each person was able to choose the activities they wanted to do. Staff organised trips and activities that were based around peoples preferences. Examples of activities undertaken by people who used the service included Go-Kart racing, swimming, bowling, walking and visiting the library. In addition, there was a dog walking scheme where people took on the responsibility of

Good

Is the service responsive?

walking the dog, clearing up after it and ensuring its safety. The service had several people carriers and a bus washing scheme had also been implemented. The manager told us it was important that people had access to regular activities because it allows people living with autism to experience new things, promotes a good quality of life and helps the person to feel a sense of belonging and accomplishment. One staff member told us there were also social benefits, they said, "Regular involvement in activities helps people to build friendships and provides an opportunity to practice socially appropriate skills. It can also help people to practice communication skills in meaningful every day environments." We saw people taking part in activities of their choice, and interacting with staff and each other in a way that promoted independence and individuality.

In addition to these activities, we saw an example of how the service provided person-centred activities for people. The service had found a warehouse which they had set up as their own day centre. All the people who used the service were consulted about what they would like to see in place at the day centre. People were also invited to name the day centre and it was now known to all who use the service as the Fun Zone. We visited the Fun Zone on the day of our visit. We found this had been organised to try and meet the needs of all the people who used the service. For example, some people wanted to try and make it more like a youth club and wanted to see table football, a pool table, table tennis, computers and consoles to play games on. We saw this had been included. Another person liked a bit of quiet time, so a special area had been built for them to go and listen to music and sit at a table where they could play cards and dominos with their carer without being distracted by other activities taking place. We were told that two people had aspirations to be a Disk Jockey (DJ). In response to this the service set up a DJ area for them to practice and then once a month or on someone's birthday they hold a disco and provide the music for it. We were provided with many more examples of how people were able to choose how they led their lives and what activities they wished to take part in.

The provider was responsive to feedback from people and their relatives. There were pictorial 'Having your say forms' available for people to use if they wanted to express their views or concerns. We saw an example of when this had happened in practice. One of the families of a person using the service had expressed concerns that they were not able to communicate effectively with their relative. The service worked with the family and set up schedules, so that when the person went home they knew what they were doing now and then what they would be doing after, and how long they would be doing an activity for. The family now feel confident to take their [relative] out to different places. Feedback from people's relatives was very positive and one comment read, "Very good service. Excellent."

The registered manager told us there had been no formal complaints made to the service. We saw there was a system for recording and dealing with any complaints. This entailed regular monitoring and if required analysis of complaints to identify any trends. One staff member told us, "We don't really get any complaints. If anyone is worried or concerned about something we sort it out straight away."

Good

Is the service well-led?

Our findings

The provider's values and philosophy were clearly explained to staff through their induction programme and training. There was a positive culture at the service and among the staff team where people and staff felt valued, included and consulted. One staff member said about the provider's values, "We just do it as part of our everyday work. We don't think about it, it just comes naturally." This demonstrated that the values and philosophy of the service were well embedded in the staff team and encouraged staff and people to raise issues of concern which the service always acted upon.

The management and running of the home was 'person centred' with people being consulted and involved in decision making. People were empowered by being actively involved in decisions about their care and support, so the service was run to reflect their needs and preferences. Families were also supported by the service to ensure the care and support people received remained consistent when people visited their family members. People and their relatives were encouraged to comment and make suggestions about the service, through satisfaction surveys, reviews and on a one to one basis with staff. There were pictorial booklets and leaflets in a suitable format that made the process easier for people to express their views or concerns. We also saw that information about the service, and peoples care and support needs, were available in a format that met the needs of the people who used the service. We found that improvements to care had been made as a result of feedback from people and relatives. Audits of surveys showed that 100% of the people who gave their feedback were happy about the overall quality of the service, and rated the service as excellent. One comment we received read, "Excellent service."

There was effective communication between people who used the service, relatives, staff and the home's management. Innovative and inventive communication methods had been introduced and used effectively, both with people who used the service, and with their family members. In addition we found that families had been supported with training so they were able to consistently provide care and support for their relative at home. Staff were able to contribute to decision making and were kept informed of people's changing needs. Staff had opportunities to raise any issues about the home, which was encouraged at supervision and staff meetings. One staff member said, "This is the best service I have worked in. The support is brilliant."

The provider was able to demonstrate good management and leadership and there was a system of management support to staff at all levels. The service had a registered manager in post. There was a deputy manager (who was also one of the behaviour support managers) and a second behavioural support manager. They were extra to staffing numbers so if any staff member required support with the person they were caring for, one of the managers could respond promptly. Staff we spoke with said they were well supported and communication was very good. The registered manager and the management team were accessible to staff. If staff felt they needed extra personal support or extra supervision then this was facilitated. One staff member told us, "There is an open door policy. We get so much support. If you need extra help you wouldn't feel uncomfortable asking for it." Staff were aware they could use the service's whistleblowing policy to report any concerns to the organisation and we saw this had worked in practice.

The registered manager implemented innovative ideas to improve people's care experiences. For example, we saw and experienced the day centre which people who used the service had called the Fun Zone. This catered for the needs of all the people using the service, and each person had been consulted about what they wanted to see at the Fun Zone. We also saw that people had been supported with their diverse needs in a caring and non-judgemental way. In addition, we saw examples of how people had been supported to become more independent and improve their self-worth.

We saw that well managed systems were in place to monitor the quality of the care provided. Frequent quality audits were completed. These included checks of; medicines management, care records, incidents, accidents, weights, the environment, nutrition and risk assessments. These checks were regularly completed and monitored to ensure and maintain the effectiveness and quality of the care. For example, we saw that people's behavioural plans were regularly monitored by the registered manager,

Good

Is the service well-led?

especially if something had occurred to raise the person's anxiety levels. We saw that this would then be analysed and reviewed, with changes implemented to the person's behaviour management plan if it was required.

The registered manager and staff investigated and reviewed incidents and accidents at the service. This included incidents regarding people's behaviour which challenged others. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager completed a monthly report about any incidents or accidents and this included positive handling reports that demonstrated how incidents had been dealt with, plus details about staff training and any issues regarding the environment. There were corresponding action plans of how any improvements were to be made. Follow up checks were made to monitor the effectiveness of the changes.

The organisation's management monitored that the service was operating effectively and that people's needs were safely met. We found that the provider conducted monthly health and safety checks of the service. In addition, they conducted an inspection of care plans, risk assessments, policies and procedures, behaviour guidelines, complaints, medication, supervision and menus. An action plan is produced for the registered manager to complete after each visit and we saw these had been actioned.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.