

Autism & Aspergers Support Ltd

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Inspection report

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Tel: 01323720871

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

The provider Autism and Asperger's Support Ltd operate three care homes in Eastbourne. We inspected their Latimer Road location which provides accommodation and personal care for up to three people; however at the time of inspection, only two people were living there. The building is situated over three floors and which are accessed by a stair-case. There is a communal lounge, dining room and kitchen as well as a shower room and a bath room. There are also toilet facilities located close to people's bedrooms. One person's bedroom had been arranged as a flat with a separate lounge. There were also outside spaces that were accessed by people regularly.

At the previous inspection in 2016, the service was rated as 'Requires Improvement' overall. This was due to some insufficient recording regarding the administration of medicines, no registered manager at the premises and a lack of audit protocols. This meant that there was not clear oversight of the service and the people accessing it. It was evident from this inspection that drastic improvement had been made to areas identified previously.

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

People were safe. Staff had a thorough understanding of how to protect people against harm and there were suitable levels of staff available to ensure people's needs could be met at any time. The provider had listened to what made people feel anxious and found innovative ways to support them to feel safe at home and when using local amenities. People had a range of individualised risk assessments to support them to maintain their independence and safety. These were developed and regularly reviewed by people and staff who supported them.

Medicines were managed in such a way that people received them safely. Medicines documentation was clear and people had their own medicine cabinets in their bedrooms to encourage maximum independence and control. One person now managed their medicines independently as a result of support, with the encouragement of staff and involvement of the local pharmacy.

The registered manager and staff had a thorough understanding of the Mental Capacity Act 2005 and how to promote choice in decision making. People at Latimer Road were independent and able to make decisions about their care and safety. Regardless of this, the registered manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be deprived of their liberty for their own safety. Staff had sought support from health professionals to enable people to make decisions about their own health and wellbeing.

Staff felt well supported due to regular supervision, annual appraisals and a robust induction programme,

which developed their understanding of people and their routines. Staff also received a wide range of specialised training to ensure they could support people safely and carry out their roles effectively.

People were supported to maintain their health and were referred for specialist advice as required. Yearly Health Calendar's meant people could write down when they had appointments and manage their own health. There were clear guidelines in how to support people when accessing different health professionals such as the GP, Dentist or Chiropodist. People were also involved in writing their own emergency plans that could be taken to the hospital if they needed to be admitted.

People, relative's and health professionals considered the caring nature of the service to be of the highest standard. We saw this not only through observations of people and staff together but through the positive impact living at Latimer road had on people. Relative's told us how staff had "saved" their relative in times of crisis and that without them, life would be "bleak." People's independence was continually focused on; people managed their medicines, managed their own budget and used their locality independently which had increased their confidence and made them feel "very proud." We were also told how the service had supported a person to quit smoking and how this had made a huge impact on their health.

Each person had a clear and detailed care plan tailored to their individual needs. These highlighted specific support needs, particularly involving anxiety and how to support the person to manage these. The provider has introduced protocols such as 'Emotional support' sessions and Social stories; these allowed people to write down what made them anxious and what things could help them feel calmer. These protocols aided in reducing anxiety and people and staff told us how this had had a positive impact on their lives.

Each person developed and reviewed their own timetable of activities. These were reflective of people's hobbies and interest's but also incorporated goals that people had set for themselves. People developed their social skills by interacting with peers regularly and were also supported to plan trips to visit relative's that did not live locally.

The registered manager and owners were highly praised for their support and people, staff and relative's felt they were extremely open and approachable. Staff felt a part of an open and empowering culture where they were respected as individuals and as part of a team. Relative's had the utmost confidence in management and always felt welcomed and kept up to date with how people were.

The registered manager had developed robust systems to ensure that all documentation was reviewed regularly and only contained up to date and relevant information. Quality audits were completed monthly and included checks on the building, people and staff's welfare. People and staff had regular meetings where they were given updates on the service and the opportunity to voice any concerns. The registered manager looked for ways to continually improve the quality of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

There were suitable and regular staff available to ensure people's needs were met and continuity of care was achieved.

People were included in developing and reviewing risk assessments that were detailed and centred on them.

There were safe recruitment practises that involved people.

People were supported by staff who were knowledgeable of safeguarding procedures and who could recognise signs or indicators of abuse.

Is the service effective?

Good 

The service was effective.

Choice was a continued focus of the service and people were supported to make decisions that enabled them to have choice over their own lives.

Staff had suitable induction, training and supervision to ensure they had the skills and knowledge required to support people. Additional training had been sourced to support people's specific needs.

People were given maximum control over their choice of food and drink and encouraged to be independent in shopping and preparing their own meals.

Is the service caring?

Outstanding 

The service was outstanding in the way that it cared for people.

People, relatives and health professionals without exception praised the caring approach of staff at every level.

People were supported to be independent in all aspects of their lives. This had given them confidence and helped to develop social skills with links to the local community.

Staff took time to get to know people, their preferences, wishes and goals.

Is the service responsive?

The service was exceptionally responsive.

Each person had an in-depth care plan tailored to their individual needs. Emphasis was made to how to support with extreme anxiety and the provider had used innovative techniques in ensuring people felt happy.

People were encouraged to take part in activities of their own choosing but that also supported them to achieve personal goals. People's time-tables were varied and promoted independence and social stimulation.

The service supported people to maintain close links to health professionals. People and relatives praised the home for the positive impact these relationships had made to people's health.

People, relative's and staff were aware of the complaints procedure and actively encouraged to feedback any issues to improve the service. People felt listened to and that their complaints were taken seriously and responded to immediately.

Outstanding 

Is the service well-led?

The service was well-led.

Staff spoke highly of the support they received from the registered manager and owners of the service.

Regular feedback was sought in the form of staff and resident meetings, questionnaires and reviews of service provision.

There were robust quality monitoring processes to check the quality and safety of the service. As a result, the registered manager was able to have clear over-sight of patterns or trends and find ways to improve these.

Good 

Autism & Aspergers Support Ltd

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 checked 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.

The inspection took place on 6 December 2017 and was announced.

We gave the service 48 hours' notice of the inspection visit because it was small and the registered manager often supported staff or provided care. People living at Latimer Road often accessed the community with the support of staff or the registered manager. We needed to be sure that they would be in and that our visit would not disrupt the lives of people there more than necessary.

Autism and Asperger's (Latimer Road) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service was developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The service was small, homely and intimate and therefore allowed more personalised support. Its location also supported these principles by being close to shops, other amenities and public transport links that reduced risks of social isolation and strengthened links with the local community.

Two inspectors were present on the day of the inspection. Before the inspection, we checked the information held regarding the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important

events which the service is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

On the day of inspection we spoke with two people who used the service about their day to day experiences. We spoke with three staff and the registered manager. We spent time reviewing records, which included two care plans, two staff files, two medication administration records, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were viewed. We also 'pathway tracked' the care for people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care.

Following the inspection we spoke with two relatives and two health professionals who had continued involvement with people living at Latimer Road.

Is the service safe?

Our findings

People living at Latimer Road sometimes experienced severe anxiety. People were supported by staff to manage their own routines, which helped them to feel safe and secure. When we arrived, people were aware of our visit and preparation from staff had helped to alleviate any worries they may have had. People told us, "Yes I feel very safe here. The staff make me feel that way." Another person said, "Staff keep me safe and make me feel very happy." This was confirmed by a relative who said, "There is no doubt in my mind whatsoever that my relative is kept safe."

There were enough staff to support the needs of people living at Latimer Road. Any absences were covered by the registered manager or a staff member who worked across all three homes owned by the provider. This ensured that staff knew the people well and provided continuity of care. We observed staff being able to support both people efficiently; if a staff member was with one person, the other was able to receive support from the registered manager if they needed it. One staff on duty was not a permanent member of staff, but one that worked across all services. Despite this, we could see from interactions between them and people that they knew each other well and felt comfortable around one another.

The provider had completed thorough background checks as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings. References from previous employers were also sought with regard to their work conduct and character and these were evidenced in staff files. A new staff member confirmed that the recruitment process had been in-depth. One person had been on the interview panel and was involved with the decision of hiring staff. Following an offer for the job, the staff member had also been asked to come and work at the home for a day. This was to ensure that they met the other person living in the home, that the person was happy for the staff member to work there and that they were suitable for the job. This process ensured as far as possible staff had the right skills and values required to support the people who lived at Latimer Road.

People told us that they were involved with writing their own risk assessments and that they were reviewed every three months. Risk assessments were person and task specific and highlighted the views of the person involved. There was evidence to show person involvement and reflection of changes. If a risk was related to a particular behaviour, such as a person becoming angry or distressed, this was clearly described and included ways on how to support the person. The service used a pro-active approach when managing risk and considered the least restrictive option. An example of this was a person who could become angry or agitated when outside of the home independently. The provider had developed strategies to support the person to feel calmer and more prepared for events that could occur such as emotional support sessions and the use of social stories; These are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. This enabled the person to go out, even though they were initially unsettled. The person took a mobile phone out with them in case they wanted to ring staff for reassurance.

People's medicines were managed so that they received them safely. At the previous inspection in 2016, it was identified that improvements were required in people's medicine records. Prescribed medicines were

still included in documentation even if they had been discontinued or completed, which meant there was a risk that they could still be continued. From this inspection, we could see clearly which medicines were current and which were no longer required. Medicines Administration Records (MAR) for one person who required support were completed consistently, demonstrating that they had been given their medicines as prescribed. Another person took their medicines independently and MAR records clearly demonstrated this. They also had a risk assessment which included the person's routine in managing their own medicines. Staff did not support people with medicines unless they had received relevant training and individual staff records showed that this was up to date. People took medicines on an 'as and when required' basis (PRN). These records detailed why the medicine was prescribed and the dose to be given. People had regular reviews of their medicines with their GP and there were good arrangements for the storage, ordering and management of medicines. People had their own medicine cabinets in their bedrooms to encourage person specific care and independence.

People were supported by staff that knew how to keep them safe. Staff were able to demonstrate their knowledge of current practise and understanding of processes to follow if they suspected people were at risk of abuse or neglect. Accidents and incidents were clearly recorded with evidence to show that lessons were learned and measures put in place to prevent incidents from reoccurring. An example of this was one person experiencing several falls, particularly at the bottom of the stairs. An immediate referral was made to a professional to ensure their footwear was fitted correctly. It was also identified that the stair railing did not extend the entire way down the stairs. The registered manager had immediately sought for the railing to be extended and works were planned for that week.

People lived in a safe environment. There was evidence of building risk assessments that were reviewed regularly. Various health and safety checks were completed by the registered manager on a daily, weekly or monthly basis, such as equipment safety, water temperatures, legionella and carbon monoxide testing. Any issues identified were dealt with immediately to ensure the environment remained safe for people and staff.

The provider had robust measures in place in the event of a fire. One person told us, "I worry about fire and my belongings being destroyed but staff help reassure me that the house is safe." This was achieved with the use of a social story that explained what the person's worries were and how staff maintained the property. Fire safety checks were listed and the person told us they sometimes joined staff when these were occurring. People and staff were involved with regular fire drills and knew where in the building to evacuate in an emergency. One person also showed us a diagram of the house that was kept by the front door, with fire exits, fire equipment and assembly points highlighted. People were involved in completing personal evacuation plans which detailed what support they would need. Fire equipment was also regularly checked by the registered manager. Staff demonstrated a good understanding of fire safety procedures and the fire safety policy. One staff member told us, "There is a key at the front door to grab in an emergency. It has a laminated card attached to it with emergency numbers and manager's on call to contact."

The building was observed to be very clean and tidy. There was a domestic kitchen where cleaning rotas for staff and people were displayed. People were supported to do their own laundry and personal protective equipment (PPE) such as disposable gloves and aprons, were available for both people and staff to use. Any substances that could be hazardous to a person's health, such as washing and cleaning products, were stored safely.

We viewed policies and procedures for the building that included health and safety, medicines management, safeguarding, equality and diversity, food safety and mental capacity. There was evidence to show that these were updated by the registered manager and that staff were encouraged to read these on a regular basis so they understood their roles and responsibilities. One staff member told us, "Every staff

meeting we have one or two policies that we focus on and that helps us to keep up to date with everything." Copies of these were left in the staff office and staff signed and dated when they were read.

Is the service effective?

Our findings

People told us that they felt "staff knew what they were doing" and "they do lots of training." Relatives confirmed that they felt confident that staff had the skills and knowledge to support people living at Latimer Road. A relative told us, "In my opinion staff are amazing and know exactly how to support my relative."

The provider evidenced how they trained staff efficiently so that they were able to provide person centred care in line with 'Registering the right support' guidance. The registered manager advised that staff received an in-depth training programme which included health and safety, first aid, safeguarding of adults, medication, moving and handling, infection control, equality and diversity and mental capacity. Training plans showed that staff were up to date with all relevant training and gave the registered manager over-sight of when they were due for renewal. Staff informed us of additional training they had attended such as specialist Autism Awareness and Positive Behaviour Support. 'Depression' training had been sourced to support the needs of a person going through crisis. Staff had also attended 'Stress Management' training to ensure their own mental well-being. As a result of this on-going training, staff were confident that they had the skills and knowledge they needed to support people. Through observation, we could see that staff were confident supporting people and were able to recognise potential triggers or signs that they were feeling anxious.

The registered manager informed us of 'sleep training' they had received which had highlighted areas they had not considered before and this had benefitted one person in a positive way. The person was waking up early each day due to being hot and as a result was becoming anxious and agitated. As a result of the training, the provider fitted black out curtains and also replaced curtain poles with tracks in the person's bedroom. This ensured that the person stayed cooler at night; their hours of sleep increased and behaviours associated with their anxiety decreased.

Staff told us that they received a thorough induction programme where they learned about their roles and responsibilities and shadowed an experienced member of staff. A new staff member told us, "I am shadowing staff at the moment and have been told that I don't have to lone work until I am ready. Everything about the people and the home is being explained to me and I am given the opportunity to experience people's routines. I am also being given time to study for the Care Certificate which I was enrolled on before my first day." The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is comprised of 15 minimum standards that should be covered for staff who are new to care. The registered manager advised us that all staff were offered the opportunity to complete this and it was tailored to their previous experience and qualifications. There were also opportunities for staff to complete National Vocational Qualifications (NVQ) in Social Care for those who wished to develop personally. An NVQ is a work based award that is achieved through assessment and training. To achieve an NVQ, candidates had to prove that they had the ability (competence) to carry out their job to the required standard. The registered manager and another staff member were in the process of completing their NVQ Level 5 in Management and Leadership, which is designed to support staff either in, or aspiring to, a manager's role. Staff training records were attached to a notice board in the hallway so that people and relatives could see their

qualifications and be reassured they had the relevant skills to support.

Staff informed us that they received monthly supervisions where they could discuss how they were feeling, any issues they had and further training needs. They also had annual appraisals where they could set personal goals and discuss areas of improvement. A staff member told us, "Supervisions are really helpful but if I have concerns I don't have to wait for these. The registered manager will always make time to listen."

Staff demonstrated understanding of involving people in decisions and asking their consent before providing care and support. We saw this when staff talked to people and this was also reflected within people's care plans, which people regularly reviewed with their key workers and signed to agree their content.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Although DoLS documentation was not required as people in the service had capacity, staff demonstrated a thorough understanding of choice, consent and decision making. One staff member told us, "Sometimes they (people) need time to process information but this doesn't mean they don't have capacity. We give as much information as possible and also time to make decisions." One person told us, "Staff always offer me choice and I am involved (with decisions)." They explained to us that they were going to have their Tetanus jab and that staff had supported them to understand what to expect and what it was for. Staff had gone to the GP with the person where it had been explained why it was important and what would happen. The person said, "Staff checked that I understood. I understand that it is important if I want to keep doing my Conservation activity. I could get ill if I get cut. I don't like needles but I want to have it." Staff had recorded conversations about this decision with the person, their relatives and the GP and the person had signed their consent to have the procedure.

Another example was a person who declined to go out to a weekly pub trip. This was something that they usually enjoyed and staff told us how it was beneficial in developing social skills with people from other homes and the local community. However it was respected that the person had chosen not to go and this meant they were in control of their life and routine.

People's nutritional needs were met; they were supported to develop menus at weekly resident meetings and prepare their own meals to increase independence and confidence in the kitchen. Menus demonstrated how people were given choice but also encouraged to have a healthy, well-balanced diet. One person told us, "I don't really like vegetables but I know they are good for me so I don't mind having them really." Once the menu had been decided, people found recipes and followed these to prepare their meal. Some people were independent in buying their own food and others received support from staff. When asked what would happen if they changed their mind about a meal, a person told us, "I would tell staff and then go to the shop to get the food I wanted." This demonstrated that they had complete control over their diet and that this could be flexible. Another person said, "I like the food, it's very nice."

It had been identified that one person had difficulties swallowing and therefore could be at risk when eating and drinking. The provider sought advice from the Speech and Language Therapy Team (SALT) who had

provided guidance on foods that may be more suitable for the person. This information was clearly identified within the person's care plan and also available in the kitchen. A health professional involved with this process told us, "They (staff) followed up on advice and printed off some of the easy read resources to be used with the person and to be displayed in the kitchen. The manager was present at this assessment and was very helpful at giving background on the difficulties." They also told us that the service had managed the person's anxieties well, whilst still listening to their choice about the foods they wanted to eat. They said, "(The person) was particularly anxious about some of the foods we had suggested that they stop eating but with some support and guidance from staff they were able to discuss this with us and we were able to talk about reintroducing these."

The service supported people to maintain good health with input from health professionals on a regular basis. We saw a yearly health planner in people's files that people were supported to complete when they booked appointments. This included visits to the GP, Hospital, Chiropodist and dentist. The registered manager told us, "This is so people can see when their appointments are and have control over their health." One person said, "I tell staff if I am not feeling well – they help me go to the Doctor's – it's not very often I have infection." There was also specific information within people's support plans about how to support people when they accessed the GP, Dentist or other health professionals. This included previous appointment summaries and how to support people with overcoming anxieties. There were Accident and Emergency information plans. With people's permission, these were to be given to paramedics or hospital staff should the person need to go to hospital. These plans included details about the person such as allergies, contact details for the home and their families and any medical history. There was also a list of their current medication, their methods of communication and how to alleviate any anxiety. People told us that they reviewed these with their key-worker when they went through their paperwork.

Relatives spoke highly of how their relative's physical and mental wellbeing had drastically improved since residing at Latimer Road. An example of this was how staff responded to concerns regarding a person's health. Staff worked closely with the person, GP and other health professionals to support the person to give up smoking. The person very proudly told us, "I was smoking 80 (cigarettes) a day when I first came here but the doctor advised me to stop. I had less and less each day and now I only use a Vaporiser – I don't feel unwell anymore." This accomplishment was celebrated by the staff team, who regularly reminded the person and praised them for their achievement. Their relative spoke of how this support had had a momentous impact on their lives; "My relative has improved beyond all expectation since living at Latimer and I can truly say that before they went there they were in such distress that I truly believed there was no hope - but how wrong I was."

Is the service caring?

Our findings

People spoke highly of the caring nature of staff at Latimer Road. We were told, "Staff are lovely company, very kind", "they've given me a lovely flat and are very nice to me" and "Staff are very nice - they listen to me and talk about what's worrying me."

Relatives praised the high quality of care provided, one telling us, "The best thing about the home is the staff. If you don't have the right staff, people are unhappy. My relative is so happy and loves it there." Another relative said, "They all stood by my relative, not so long ago, when they (my relative) was desperately ill...to this day my relative never stops reminding me how kind they all were to them." The person had been experiencing a difficult time, due to a staff member dying, relatives moving and lots of changes made to their routine. As a result they became withdrawn and anxious. Lots of emotional support was given by staff, family and professionals to support the person through this time and they told us, "Staff were there and listened. They helped me be happy again."

We saw emails and comments in the visitors book that highlighted how caring relatives felt the home was. One wrote, 'I would trust my relative's life at any time with such lovely, caring and professional staff. It is so rewarding to have the back up of all staff at Latimer Road.' Another wrote, 'You are constantly in mine and my husband's thoughts as to how you support (person) during difficult times. We would be extremely bleak without you all.'

A health professional also gave highly positive feedback regarding the ways that staff supported people. They said, "The contact I had with the home was all positive. From the visit it felt like the person had been going through a difficult time and staff were supporting them very well through this. They (staff) had a really good relationship with the person. I could see that the person felt that they could talk to staff about their difficulties and what was making them anxious."

Staff had an extremely thorough understanding of people's likes, dislikes and preferences. A staff member said, "The best thing is that everything is always about the people and we know them inside and out." People confirmed this, saying "Yes, they know me very well." An example of this was an early identification of a possible threat to one person's wellbeing. Staff recognised that one person needed their vaporiser to keep them calm and happy. They were due to spend time with their family over Christmas which was very important to them but the person was worried that their relatives were unsure how to refill and maintain their vaporiser. To support with this, staff had purchased all necessary spare parts and E-Liquid to ensure that the person didn't run out. They also developed clear and detailed instructions on how to use the Vaporiser daily for the person and their relatives. This meant that the person was less anxious and reassured that they would have everything they needed when they went home. The registered manager told us, "We want the person to enjoy their stay at home as family is so important to them. The last thing we want is for them to get so anxious that they need to come home." A relative told us, "They (relative) often say to me, 'what would have happened to me if I had not come to Latimer Road where they understand me?'"

There were numerous examples of how people were supported to gain independence and the positive

impact this had for people. One person, with a beaming smile, proudly told us, "I manage my own medicines now. I can do it all by myself." They told us that their picture was on the front of their medicines so they knew it belonged to them. They also told us about their MAR sheets where staff had placed colourful dots next to each medicine to help them identify what time of day to take their medicines. They said, "I know that pink is for the morning and blue is for evening." The person kept their medicines in a locked cabinet in their room, which they held a key for. This helped to maintain their independence and control. The registered manager explained that medicines used to be delivered to the home but now people collected them. This not only built their confidence in understanding their own medicines but supported them to build links with the local pharmacy. A staff member told us that promoting independence was "what it is all about" and that they were working with the second person living at Latimer Road to achieve this independence with their medicines also.

Staff also told us that they were supporting another person to be independent when out shopping. The person used to have staff stay with them all the time, but now had increased their confidence so that they felt able to go off independently. The person was smiling as they told us how they shop on their own sometimes for food or clothes and then meet staff later. Staff reported how rewarding it is to see people becoming more independent. One told us, "Seeing (person) now shopping independently, understanding their budget and taking money out of the cash point themselves is so rewarding. It's why we do what we do." A relative agreed, telling us, "They have taught my relative many skills and to be proud of themselves."

Observations of people and staff together were warm and loving. Interactions demonstrated how people and staff considered each other as equals, with mutual respect for one another. Conversations were genuine and friendly, with continual laughing and joking from both parties. One staff member told us, "We generally care for people here. It's like being a part of a family" and "I love to see people smile." People told us, "I like being with staff" and "they make me laugh". We also saw a caring attitude from staff when supporting a person who became anxious. Staff spoke calmly and kindly to the person, listened to what they were feeling anxious about and offered suggestions to help them. The person smiled and touched the staff member's arm saying, "Thank you for listening".

People were given extensive choice and control in all aspects of their life. People had their own bedrooms which were decorated with their choice of furnishings and colours. One person told us, "I looked at a colour chart and picked the colour I like best. I also have my own photos and pictures on the wall." Another person had two rooms; a bedroom and lounge which they referred to as their flat. The person told us how they had chosen their own double bed because it was very comfortable. They also had a sofa and music system in their lounge where they could listen to their favourite music and relax. The person was very proud of their flat and told us, "It is lovely, my favourite place."

People's privacy and dignity was treated with utmost respect. Their rooms were considered their own personal space and we saw that staff always asked permission before entering and respected that people needed time by themselves. People's documentation was stored securely and conversations held by staff were discussed in private. Staff also had thorough knowledge of the home's Confidentiality policy and how it related to the people they supported.

People told us that staff made them aware of other services that they could access to support them. An example of this was documentation in care plans that explained to people about advocates, who can provide independent support and advice. There was clear information in how the provider had explained what an advocate was and how they could support the person. Beneath this was the response of the person in their decision making. One person told us, "I know what an advocate is but I don't think I need one because I'm happy for staff to support me." Leaflets about advocacy were displayed by the front door for

people and relatives to read.

The caring principles of the service included the well-being of their staff, who told us they felt well supported and valued as a team member and individual. Staff said, "It's a lovely company to work for – a caring and friendly environment where you get given 100% support" and "Such a caring company, they do a lot for you. It makes you feel respected and valued".

To summarise their opinion of the care provided at the home, a relative told us, "To conclude, and I reiterate, that Latimer Road, the Director's, the registered manager and all the other amazing staff have given my relative a quality of life that in my wildest dreams I never thought possible. Their life before then had been so bleak, sad, and frightening and the team have not only lifted my relatives' spirits, but mine as well."

Is the service responsive?

Our findings

People felt that staff responded extremely well to them and to any changing needs. We were told, "They help me if I need it. I was very sad once and they helped me." Another person said, "Yes, they respond to me. If I feel I am getting angry, staff talk to me about what is worrying me – that makes me feel better". Relatives agreed that they felt the service was responsive to changing needs and they were always updated with information. One relative said, "The staff respond brilliantly to my relative and I am always notified about every aspect of their life." Staff also felt that part of what made their home so special was the way they responded to people. "How we listen to them (people) and how we develop things for them, I think, makes us outstanding."

Staff responded to people in a way that was specific to their individual needs. This was particularly evident when supporting to cope with severe anxiety. An example of this was for a person who would become angry and display behaviours that challenged. This was particularly concerning when they went out independently. The registered manager explained, "We needed a way to support (the person) so that they maintained their independence, took control of their emotions and stayed safe when out on their own." Robust protocols were implemented to support the person when they felt like this. This included 'Emotional Support sessions' twice a day.

As part of Emotional Support sessions, the person chose a colour that best described how they felt; (e.g. pink for, 'I'm feeling calm' and red for, 'feeling very angry'). Emotional support documentation highlighted ways in which the person could be supported to feel calmer, such as topics they liked to talk about and activities they enjoyed. When the person felt more relaxed, they then decided whether they felt able to go out on their own. There had been a significant decrease in behaviours since the Emotional Support sessions had started and the person agreed, "I feel much better after." Staff also confirmed, "The support sessions have been brilliant for (person). We created it together and can reflect on what works and what doesn't." The person completed self-evaluation forms with staff, giving a score to how helpful they found the emotional support. There was a graph of the person's scores so that the registered manager had overview of trends and progress. Self-evaluation time was also used as an opportunity to prepare the person for what was happening the next day. They discussed their routine but also what would happen if something changed. For example, the person did gardening regularly and staff would ask them what their plan B would be if it was raining and they couldn't go. This all supported the person with stress reduction, if changes out of their control, were to occur.

Staff had developed additional strategies to support the person to cope with their anxieties when they were out of the house on their own. This was in the form of 'Social stories', written by the person and registered manager, about things that make them anxious. Examples of this were, 'Missing a bus or train' and 'Staff changes'. They looked at what made the person anxious, what they could do to feel calmer and who they could contact if things, 'get too much'. The person took laminated copies of these social stories out with them and referred to them when they started feeling anxious or frustrated. They also took their mobile phone and called staff if the social stories weren't enough to make them feel better. The person told us, "I used to use the social stories a lot but don't need to use them as much now." The registered manager

confirmed that they had also noticed a dramatic improvement in the way that the person coped with change. "They seem more able to manage changes now."

Another person became very anxious around Christmas time and this resulted in them 'feeling agitated'. To support with this, the provider had implemented a 'Christmas Activity List'. Every year, staff sat with the person and talked about the things they wanted to do, their important events with their families and the presents they wanted to buy. This was then added to the Christmas Activity List and the person ticked off when activities were completed. If the person became anxious, staff referred to the calendar, which was attached to their bedroom door, to reassure them. The registered manager said, "Planning in advance helps reassure them that everything will be done" and the person confirmed this, saying, "Christmas used to make me very anxious but now I'm calmer and I really enjoy it."

Health professionals gave positive feedback on the person centred nature of the staff and service. One professional, who sees a person regularly, told us, "It's not just how well they know them but how they talk to them, include them in all aspects of their care and support them to make decisions. They treat them like an adult and value what they say. The person knows them well and staff know them well too. I feel very lucky to be able to work with this team."

Documentation for people was extremely detailed and tailored to them as individuals. Each person's care plan was specifically designed around their needs, goals and aspirations and reviewed regularly by people and their key-workers. People had in-depth Positive Behaviour Support plans (PBSP's) that included how the person may present if they are feeling anxious, things that can trigger behaviours and what helps them to be calm, relaxed and happy. There was also consideration into autism specific sensory triggers, early warning signs and early intervention strategies as well as how to support the person when they were considered to be at a crisis stage. Staff were extremely knowledgeable of the PBSP's which meant they could respond effectively if people became anxious. We saw that people were involved regularly with the writing and reviewing of these documents as well as care plan's as a whole to ensure they were tailor made for them.

Activities were provided to ensure social stimulation and wellbeing. People had complete choice and control over what they wanted to do each day. Each person had an activities timetable; all activities were chosen by the person and reviewed with their key-worker monthly. People told us how they had specific routines as part of their timetable such as collecting their medicines, shopping for the house and going out for dinner once a week. One person loved walking and this was an integral part of their daily activity. They told us, "I go walking and catch the bus or train to places locally by myself. For trips further away, staff come along as well and we make a day of it. We have been to Leeds castle, Richmond and Surrey. We also went to London to meet my mum for lunch as she lives in Portsmouth and this was halfway." People were encouraged to join in with activities that improved their links to the community, for example one person was a part of a local 'Rambler's group'. They also joined people from the provider's other two homes, meeting once a week for a pub night or supporting with gardening. One person told us, "I enjoy doing things on my timetable. If I don't, we look at other things that I enjoy." Activities also considered people's personal goals and how these could be achieved. For example one person wanted to work towards getting a job but required support in building professional relationships with others. The person attended a Conservation activity at one of the other homes and this time was also utilised to support the person with managing relationships. Staff would seek feedback from staff at other homes and also the person in how they felt they interacted with others that day. This feedback was then reflected on by the person and their key-worker.

Although there was only one staff member on shift each day, the registered manager was available in the building to offer support if needed. One person felt confident being at home on their own if the other person

needed staff support to go out and the provider had addressed any concerns in a risk assessment. This meant that people had the flexibility to change their routines if they chose to.

Staff demonstrated a thorough understanding of the principles of equality and diversity and the provider had also sought to develop people's understanding of other's differences and how to be respectful of them. On the staff office notice board, there was information on 'Gender Dysphoria and Autism'; the registered manager advised that a peer living outside of Latimer road had Gender Dysphoria and that a person had asked questions about this. Staff went through the information leaflet with people to develop their understanding of gender. Staff had read and signed the document to indicate their reading and understanding of this document as well.

People's views were always listened to. People were actively encouraged to express their views about the service and were given clear information about how to make a complaint. This was available in an easy read format. We heard about a complaint that was raised by one person regarding another person going into their bedroom without permission. This had caused the person to become very agitated and anxious. The provider responded immediately to this, meeting with both people to explain what the issues were and decide together how to resolve the situation together. Locks were added to bedroom doors. As the person's bedroom was on the top floor, bright ribbon was tied to the bannister of the stairs leading up to their room. This was a visual cue to remind other people not to go into their bedroom. We were told by staff that this had worked brilliantly and no other incidents of this nature had occurred since. The person involved was also happy with the outcome.

People were supported to maintain relationships with those that were important to them. One person told us, "My family are very important to me" but could sometimes become anxious if they couldn't get hold of family over the telephone. To support with this, staff had worked with their family to devise a timetable of when the person would ring each family member. The person knew exactly which days and times they spoke to each relative and confirmed this made them happy. Another person had been supported to visit their relative's outside of the county. A relative told us, "When I call to see my relative I am always made to feel most welcome and when they come home staff support me with the journey which is a great help now".

Is the service well-led?

Our findings

People told us how much they liked the registered manager and that they were, "lovely" and "very kind". One person told us how the registered manager had supported them when they were "feeling unwell". Through observations, we could see that people had developed a great rapport with the registered manager and that there was mutual respect for one another. The registered manager worked with people and therefore knew them well. One person told us, "We go out and have a walk and a drink and a chat." This was a daily routine that the person and the registered manager had started together.

Relatives praised the support they and people had received from both the registered manager and owners. One relative told us, "The owners and registered manager are so experienced and my relative adores them. Furthermore, I would like to add how supportive they are to me." Another said, "I met the registered manager when they supported my relative to come and visit us. We thought the manager was smashing – a really lovely person. We're looking forward to seeing them again."

Staff informed us that they felt the home held an open and empowering culture. Staff had absolute confidence in the registered manager and praised them and the owners of the home. We were told, "The owner is my mentor and is fantastic. They have guided me into the support worker I am now and I've been able to tap into their great knowledge. The registered manager has not been here long but has made a huge difference to the home." Another staff member emphasised how approachable management were and that, "you can go to any one of them and they will listen."

There was a strong ethos of working together and ensuring that the team were made to feel part of the service. Staff were encouraged to communicate and ask questions. One staff member said, "I sometimes feel that questions I ask could make me sound silly but the registered manager always tells me not to feel that way and that no question is silly – this makes me feel that my opinions matter." We observed how effective communication was between management and staff, which ensured everyone working at Latimer road was aware of people's support needs. Staff told us, "Handover's are brilliant and staff meetings also ensure that I am fully aware what is happening." Other positive comments included, "Managers are extremely approachable – all I can do is sing the praises of the company" and "The atmosphere in the house is absolutely fantastic – we are a great team."

The registered manager had excellent oversight of the service and the people accessing it. They completed a monthly quality audit that considered people and staff's documentation, meetings, people's welfare, staff morale, incidents, complaints and compliments. As part of this process, the registered manager also completed health and safety, infection control and medicines audits. Care plans were audited monthly and actions identified were addressed by the registered manager or allocated to their key-worker. Staff files were also reviewed to ensure training and supervisions were up to date. At the end of each audit, the registered manager completed an 'Action and Improvement plan' which identified the action, highlighted how it would be achieved and by whom, what the outcome would be and the positive impact it would have on people. Staff and people signed and dated this plan once actions were completed.

This strong over-view of the service meant that the registered manager was able to recognise patterns or trends. An example of this was when they looked at patterns of behaviour with one person; it appeared that anxiety would occur at particular times of the day and resulted in the person shouting at others. Through speaking to the person, the registered manager identified that they were becoming anxious because they were worried about items they needed, not being available in the bathroom. In response to this, the registered manager bought a cupboard; the person became responsible for buying household shopping and managed the stock of bathroom items themselves. This put the person in control of what was worrying them and anxiety decreased. The registered manager explained, "the person would become anxious about asking staff for things but now they manage it independently, they don't have to."

Staff told us that they attended monthly staff meetings and minutes showed that in-depth reviews of people's support needs had taken place. This meant that staff were kept informed of and involved with any changes. Team meetings were also used as an opportunity to revisit policies and procedures or any training needs. A recent meeting held a mini learning set on Positive Behaviour support and how to record and collect data. Staff told us, "This keeps everything fresh and reminds us of what's important."

There was evidence to show that the registered manager had sought regular feedback from people, staff and relatives in the form of questionnaires. The registered manager explained that the purpose of this was to, "ensure we're doing everything in the best way and learn if there's anything we can do to improve." Relative's told us they received these at least twice a year and it "makes us feel a part of the service." A recent staff satisfaction survey rated the service as 'very good' or 'outstanding' in all areas. Similarly, people's questionnaires reflected that the service was 'excellent' overall.

The registered manager demonstrated that they were constantly seeking new ways to improve the service provided and the lives of people living there. An example of this was recognition that bereavement is an area for development. This was following one person experiencing the death of a friend and how difficult it was to access resources to support them through this time. The registered manager told us that they had started planning a 'Bereavement programme'; this would involve accessing training to increase knowledge, skills and resources. The registered manager was then planning to develop some easy read guidance and create a network of professionals that could work together to support people.

Staff and management also informed us that they were in the process of creating a newsletter for the whole company. This would include updates on what people had been doing and information on events they were holding, such as coffee mornings. The registered manager told us, "We want to implement this to achieve further communication between people across our homes. We also want people and staff's achievements to be recognised and celebrated by the whole company."

Records showed that the registered manager attended regular training to ensure they were up to date with current legislation and practise. This meant that they had the knowledge and skills to support staff in their own development. One staff member told us, "The registered manager is terrific and knows so much about Autism – she's more than worth the bottle of wine I'm going to get her for Christmas!"