

Cygnnet Care Services Limited

Elston House

Inspection report

Top Street
Elston
Newark
Nottinghamshire
NG23 5NP

Tel: 01636525384
Website: www.cygnethealth.co.uk

Date of inspection visit:
14 May 2018

Date of publication:
24 July 2018

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on the 14 May 2018 and was unannounced. Elston House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Elston House is registered for eight people with learning difficulties and Autism in one adapted building, within the building two people lived in two flatlets to support them lived more independently, but accessed the main building on a regular basis. On the day of our inspection, eight people with learning difficulties and or autism were living at the service.

The care service has been 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.

On the day of our inspection there was a registered manager in post who was available throughout the inspection. 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 living at the service were protected from harm as the provider had robust processes in place to ensure their safety. Staff were aware of these processes and understood their responsibilities in relation to protecting people from abuse. They had received appropriate training to support their understanding of any safeguarding issues. The registered manager reported any issues of concern to both the CQC and the local safeguarding teams and worked in an open and transparent manner. There were clear processes in place to ensure lessons were learnt following any incidents or events.

The risks to people's safety were clearly identified and measures in place to reduce these risks. The environment was well maintained and essential equipment regularly maintained.

People were supported by well trained and competent staff in sufficient numbers to keep them safe. Their medicines were managed safely and people were protected from the risk of infection through good hygiene practices and staff knowledge on reducing the risks of cross infection.

People's needs were assessed using effective evidenced based assessment tools. These were then used to provide clear guidance for staff to assist them to gain a good understanding of an individual's needs and offer the most effective support to people. Staff were supported with appropriate training for their roles. This included mandatory training and specialist training to manage the different aspects of people's care.

People were supported to maintain a healthy diet, with all staff showing excellent knowledge of each

person's nutritional needs. There were a number of initiatives in place to support people achieve a healthy lifestyle.

People received excellent support to manage their health needs through well-developed links with internal and external health professionals. Staff used the guidance and support available to affect positive outcomes for people to manage their health needs.

People lived in a well maintained safe environment that supported their privacy and provided space to enjoy a number of social activities.

Staff sought consent from people before caring for them and they clearly understood and followed the principles of the Mental Capacity Act, 2005 (MCA). Staff took great care and time to ensure that the views of people with communication difficulties were captured and acted upon. The service was extremely person-centred and the staff were passionate about caring for people, without discrimination.

People at the service and relatives were treated universally with kindness, compassion and care by a group of staff who supported people with respect and dignity, and developed positive relationships with people based on empowerment, equality and trust.

People were able to maintain relationships with people who were important to them and relatives felt their views and opinions about their loved one's care were always listened to.

The care people received was tailored to meet their individual needs, people's views and preferences were embedded in the care they received. They were supported to communicate in ways individual to them. People were supported to lead fulfilling lives and staff worked continuously to support people achieve their full potential.

Information about people's care was provided in formats that people could understand. There was an easy read complaints procedure available for people to read and relatives told us they knew who to raise complaints or concerns to should they have any.

The service was extremely well led, with a clear focus on person centred care, empowering people and their relatives to be involved in their care planning, making their wishes known and supporting them to be as independent as possible. The quality assurance systems in place were used effectively to monitor performance and quality of care and the registered manager responded positively to changes and used information to improve the service and care people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The Service was safe.

People were protected from the risks of abuse as the provider had systems in place to support staff to report any concerns they had in relation to safeguarding. Staff were provided with appropriate training in safeguarding adults and were aware of their responsibilities.

The risks to people's safety were assessed and measures were in place to reduce these risks. The service provided sufficient numbers of staff to meet the needs of the people who lived at the service. Safe recruitment processes were in place.

People's medicines were managed safely and administered by appropriately trained staff.

Staff understood their role in reducing the risk of infection to people and there were clear processes in place to maintain cleanliness and support good hygiene practices.

There were processes in place to ensure learning from incidents and events to reduce reoccurrence.

Is the service effective?

Good 

The service was effective.

People's needs were assessed using evidenced based assessment tools and used to provide clear guidance for staff to assist them gain a good understanding of an individual's needs.

People were supported by staff who received training to guide them in all aspects of people's care.

People were supported to have a nutritionally balanced diet and they were encouraged to live a healthy lifestyle. Staff understood the different dietary needs of the people at the service.

People's health needs were extremely well managed by staff who worked to ensure there were well-developed links with external health professionals, which had a positive effect on outcomes for

people in their care.

Is the service caring?

Good 

The service was extremely caring.

People were supported by kind, caring and compassionate staff, their views were sought and they were supported to maintain relationships with people who were important to them.

Staff treated people with dignity and respect and supported their need for privacy.

People were encouraged to maintain and develop their independence.

Is the service responsive?

Outstanding 

The service was extremely responsive.

People received person centred care that was tailored to their needs without exception. They received effective help to support them to communicate in different ways. They were supplied with information in formats that supported their ability to communicate.

People were supported to lead fulfilling lives and staff continued to encourage people to reach their full potential.

People and their relatives were provided with accessible information on how to raise complaints should they need to.

Is the service well-led?

Outstanding 

The service was extremely well led.

There was exceptional, strong and clear leadership at the service. Staff felt very well supported by the management team. There was a clear vision on what the service wanted to achieve for the people who lived there.

There was an open and transparent culture with people, relatives and staff who felt they were listened to.

There were effective quality assurance systems in place were that monitored the performance and quality of care people received. The registered manager responded positively to changes and

used information to improve the service and care people received.

Elston House

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.

We inspected the service on 14 May 2018 and the inspection was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved with the service, and commissioners who fund the care for some people who use the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visit, we spoke with two people who used the service, three relatives, three care workers, the cook, a team leader the deputy manager and the registered manager. We looked at all or parts of the care records of two people who used the service, medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including maintenance records and quality audits carried out by staff at the service.

Is the service safe?

Our findings

People were protected from the risks of abuse as the provider had systems and processes in place to ensure any concerns raised would be dealt with appropriately. Relatives we spoke with told us they were happy with their relations safety. One relative said, "It's perfectly safe and secure (here) with entry gates, it's fantastic, I have no concern. They take every possible step to safeguard [name], their property and welfare."

Staff we spoke with were knowledgeable about the types of abuse people may be exposed to whilst living in a care home and told us they received safeguarding training with regular refreshers to support their knowledge. They told us they knew who to report concerns to and told us they would ensure any concerns would be reported swiftly. One staff member said, "I would report any concerns to my manager immediately." They went on to say they were confident the registered manager would deal with any safeguarding concerns thoroughly, but they were also aware of the local safeguarding team's telephone number should they require this. We saw there were safeguarding posters around the service displaying the appropriate telephone numbers.

The risks to people's safety were clearly assessed and appropriate measures were in place to protect them from harm. One relative we spoke with said, "Staff are involved in day to day risk assessment. They listen to me if I am concerned about anything."

Each person had risk assessments in place for the different aspects of their care; these risk assessments showed how to keep people safe but still allow them to undertake a whole range of activities. For example, a number of people enjoyed swimming and one person's behaviours were affected by having to wait for people to get changed, so the risk assessment gave guidance to staff on managing this behaviour. In addition, people required different levels of support when travelling in the service's mini bus. Where people may pose a risk to other people at the service when travelling, measures had been put in place so they did not travel with other people at the service and had the support of two staff.

Further risk assessments for different aspects of people's care gave staff comprehensive guidance in the behaviour patterns of individuals. Such as the management of one person who had a disorder that meant they ate non-edible items and another person who was attracted to sharp objects. Staff we spoke with were aware of these risks and the measures in place to protect people. During our inspection we saw staff following the guidance in the care plans. The cook undertook a twice daily check of the sharp cutlery in the kitchen, and the kitchen door from the main corridor was permanently locked with people and staff being able to get food and drinks from the hatch in the dining room. This showed staff had the guidance and knowledge to support people safely in different environments.

The premises at the service were well maintained and we saw evidence to show environmental assessments were also regularly carried out. Including the regular testing of fire safety equipment and servicing of gas installations. Equipment used to support people such as wheelchairs were regularly serviced to ensure they were safe. Plans to evacuate people safely in an emergency were also in place and reviewed. Staff we spoke with showed a good knowledge of how to support people should there be a fire at the service. This contributed to people living in a safe environment.

Relatives we spoke with told us they were happy with the levels of staff available to support their loved ones. One relative said, "Staff numbers are good." Another relative said, "Yes, I have no concerns about staffing levels."

Staff we spoke with supported these comments and told us they had a full compliment of staff employed at the present time. One member of staff told us although there were a number of staff who had worked at the service for a number of years, they had recently been short of staff. They said, "This job isn't for everyone you have to really like what you are doing to stay." However, they told us the registered manager always ensured the shifts were covered with safe numbers of staff. The registered manager told us they did not use agency staff at the service, as they wanted to provide a consistent group of staff for people, as this supported positive behaviours and reduced anxiety among the people at the service. We examined staff rotas and saw there had been consistent safe numbers of staff who were known to people providing support over the previous months. With staff working extra shifts to ensure there were safe numbers of staff to support people. The registered manager followed safe recruitment practice and all new staff completed an application form, attended an interview, provided references, and underwent a disclosure and barring service check. This was used to check on any criminal records potential employees may have. This showed the registered manager provided safe care for people at the service.

People received medicines from staff who had been provided with appropriate training in safe handling of medicines. People's medicine administration records (MAR) contained a photograph of each person to aid identification, a record of allergies and their preferred way of taking their medicines. We observed staff administer medicines in a safe way and in line with people's preferences recorded within their care records and the MAR. Medicines people received on an as required basis, had individual protocols in place so staff had sufficient guidance to ensure these were administered appropriately. We looked at the way medicines were stored and found they were stored safely, in line with the manufacturer's instructions. Regular monitoring of the temperature of the room and fridge medicines were kept and were undertaken to ensure the temperature stayed within safe limits. This ensured the effectiveness of people's medicines was not altered through too high or low temperatures.

The staff undertook daily audits of medicines which ensured any errors or missed signatures were highlighted immediately and the registered manager also undertook a monthly audit of medicines. These measures ensured medicines at the service were managed safely.

The environment people lived in was visibly clean and the staff we spoke with told us they had effective cleaning schedules so all areas of the service were regularly cleaned. Staff told us where practical, people who lived at the service were encouraged to help maintain the cleanliness of the home. People were encouraged to help clean and tidy their own rooms and assist with laundry. During our inspection we saw examples of people working with staff to complete housekeeping tasks. It was clear this was something they enjoyed taking part in.

Staff showed a good knowledge of their role in reducing the risks of cross infection by using appropriate personal protective equipment (PPE) when undertaking particular duties. We saw there were hand washing posters in toilets and bathrooms at the service. In areas where the people who lived at the service used the facilities, there were easy read and pictorial posters. This supported people to access the information in a format they could understand, and encourage them to undertake practices that would protect them from the risks of infection.

Staff we spoke with told us they were regularly debriefed following any incidents at the service to ensure they felt supported and had an understanding of how to learn from incidents to reduce the risk of re-

occurrence. They told us this could be undertaken directly after an event, during their supervisions, at handovers and during staff meetings. We saw evidence of discussions in staff meetings showing how strategies had been discussed to support staff learning from incidents. The registered manager told us due to the nature of their disability, people at the service did have some behavioural challenges. Any incidents involving people's behaviours were inputted into the company's electronic system to be audited by the risk assessment tool the company used called the Autism Global Assessment of Progress (AGAP) tool. All of the incidents were then discussed and analysed by the multidisciplinary team consisting of a psychologist, occupational therapist, speech and language therapy (SALT) team who supported people. This showed the service worked to learn from adverse events and reduce risks to people's care through improved knowledge of their behaviour patterns and using the knowledge of specialist professionals.

Is the service effective?

Our findings

People's needs were assessed using nationally recognised evidence based tools. These tools were used to assess the different aspects of people's care including nutritional needs, behaviour patterns and communication. The Disability Distress Assessment Tool (DisDAT) was used effectively to assess aspects of people's care. The tool is intended to help identify distress cues in people who because of cognitive impairment or physical illness have severely limited communication. The tool gave guidance for staff on people's appearance, habit and mannerisms, speech or verbal responses and body posture when they were both content or distressed. There was clear information and guidance for staff to assist them gain a good understanding of an individual's needs. This had led to staff anticipating possible anxieties through the cues described and as a result use the different distraction methods to calm people.

Relatives felt the information from the assessment tools helped staff gain knowledge of their relations. One relative we spoke with said, "They (staff) can read [name], and know them so well." One member of staff said, "The assessments are fit for purpose, and the health professionals always talk to us and use our knowledge to make sure the assessments are right." There was clear evidence to show the assessments were reviewed on a regular basis to ensure the information continued to be relevant for each person.

People were supported by staff who were well trained in their roles. Relatives we spoke with told us they felt staff had the correct knowledge to support their loved ones appropriately. Staff told us they were given training relevant to their roles with a number of staff undertaking further qualifications. Staff told us they were happy with the training they received which was a mixture of e-learning and face-to-face training. One member of staff told us as well as the mandatory training in areas such as health and safety, moving and handling and first aid. They also received training to help them manage people's specific needs. This included topics such as managing epilepsy and awareness training in managing specific conditions such as PICA, which is a disorder in which someone eats non-food substances that have no nutritional value, such as paper, soap, paint, chalk, or ice. All staff undertake the company's Autism/Learning Disability Training in house module when they join the company. The module provides staff with relevant information on the needs of people living with a learning disability and/or autism.

When staff began employment at the service they underwent a structured induction process and were supported with a two week shadowing period that could be extended dependant on the new staff members experience and needs. They received regular supervision during this time and throughout their probationary period. One member of staff told us they had felt supported during this time by the registered manager and their colleagues. Other staff we spoke with told us they received regular supervision to support them in their roles and found the supervision useful. One member of staff said, "We have supervision every three months and if we want we can request supervision in between." All the staff we spoke with felt they received very good support and training to help them in their role.

People had their nutritional needs met and their individual dietary needs were well supported. People's care plans contained detailed information on their needs and preferences and every effort was made to ensure people received the meals they enjoyed whilst providing a well-balanced diet. All the staff we spoke with

were able to explain people's dietary needs. The cook told us they had information on the way to support each person. They told us they also listened to feedback about the food and gave an example of how they changed things following feedback on a particular meal they served. During our inspection, we saw people were able to eat in a number of places at the home and staff, including the registered manager, ate with them making it a sociable occasion. Some people at the service were at risk of choking when eating. We saw there was guidance in their care plans to ensure staff had the right information to support them, and during our visit we saw the guidance was followed. When necessary people had been assessed by the Speech and Language Therapy (SALT) team who give advice on appropriate diets and strategies for people with swallowing difficulties. This meant people's nutritional needs were met by the service.

People's health needs were very well managed and relatives were happy with the way staff supported their loved ones when they needed to attend appointments. One relative said, "Yes, staff arrange and take [name]. They (staff) are confident with [name]." Another relative said, "They (staff) know when [name's] not well. They (staff) deal with it. When [name] got hay fever they took them straight to the GP and informed me by phone call." Staff we spoke with told us people's urgent health needs were responded to quickly by staff. As well as having the support of the local GP practice, they were able to use the NHS out of hours help line for support at a weekend or at night. People were also supported by a dentist who came to the service to support some people who would be too distressed to attend the surgery. Staff we spoke with told us this had been beneficial, as the visits had encouraged people to allow the dentist to examine them when in the past they had resisted the intervention.

People's health needs were regularly reviewed by the company's multidisciplinary team including the Occupational therapist, SALT team, clinical psychologist and psychiatrist. The psychiatrist reviewed people's medicines each month looking at any changes in the individual's behaviours to ensure the medicines were required and were appropriate for the person's needs. One relative said, "Staff are incredibly responsive." They went on to say when their relative was going through an unsettled period The relative told us, "[Name] had comprehensive tests and saw the Psychologist and Speech and Language therapist. (name is) much better now." They told us the registered manager came up with "an amazing plan." This had resulted in staff working together to support the person manage their behaviours with a positive outcome in that the person had become more settled and less anxious.

To ensure a smooth transition between health and social care services, people's care plans also contained information that could be taken with them to inform other professionals of their health and social care needs. These records explained clearly how people communicated, whether there were any known risks to their safety and whether they had any personal preferences that should be taken into account.

The environment people lived in supported their independence and allowed for people's social activities, people were encouraged to incorporate regular exercise to maintain and improve their physical health into their daily lives. For example, people had three wheeled bikes for them to undertake bike rides. Beyond the enclosed patio the service had a large enclosed grass and woodland area and people were able to undertake walks whenever they wished. This area also had two trampolines that were used by people. Staff told us a lot of the people at the service enjoyed long walks and this had helped one person in particular maintain a healthy weight. People's care plans demonstrated how the different physical activities were used to support people's wellbeing had a positive effect on their behaviour patterns.

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. We checked whether the service was working within the principles of the MCA.

Staff we spoke with showed an understanding of the MCA. One staff member said, "It was brought in to protect people who don't have the capacity to make their own decisions." They went on to say people should be assessed to establish if they lack the capacity to make their own decisions, and said, "Although some people may not be able to make all of their own decisions, they may be able to make some for themselves" The care plans we looked at had comprehensive mental capacity assessments in place that related to the different aspects of care for people such as personal care, finance or support for medical interventions or appointments. The assessments showed people's views had been sought at two different times on different days by different members of staff. Therefore, staff could be sure the assessments reflected the mental capacity of the person.

Before decisions were made on people's behalf, best interest meetings were held with relatives and staff supporting the person to ensure the decisions made were both in the person's best interest and the least restrictive option for that person.

For example, some people had purchased small wooden summerhouses that were erected on the large patio at the service. We saw evidence in one person's care record of a meeting both the person and their relatives had attended with staff to discuss the purchase of a summerhouse. While the person did not have the capacity to understand and approve the finances for the summerhouse, they did have the understanding to make a choice from the options available to them. So members of the person's family who had responsibility for managing their finances supported them with this aspect of the decision, but the person was able to make their own choice of which summerhouse they wanted. This example shows how the service was working within the principles of the MCA to support people make their own decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager made DoLS applications where necessary and authorisations were stored in each person's care records along with a care plan in relation to DoLS. There were no conditions stated in the DoLS that had been granted we reviewed. This meant no unnecessary restrictions were placed on people and their rights were protected.

Is the service caring?

Our findings

People received excellent support to express their views and make decisions about their care at the service. Every effort was made to obtain people's views, everyone was aware of how people liked to communicate. There were appropriate visual aids for people to use to help them express their views. Their relatives were consulted and included to support their loved ones in planning and making decisions about people's care. We saw there were regular reviews of people's care and there was evidence in people's care plans of both people's and their relatives input. One relative we spoke with said, "Reviews are so comprehensive. (We) receive a report beforehand and at the review there is a power point presentation. An incident chart showed an improvement in challenging behaviours." They went on to say their opinions and views were always listened to. They felt it was clear through their loved one's positive behaviours, that their views were always considered.

The registered manager and the staff showed a clear commitment to promoting people's independence and helping them to gain the confidence to achieving their goals. For example, one person had who required a lot of support to express their choices had been supported to make choices on the destination for a holiday. Staff used symbols and pictures to help the person make the choice. The same methods of symbols, pictures and leaflets were used to support the person chose the activities they wanted to take part in while on holiday. The support the person received to make these important decisions gave the person a sense of control over their life

People were treated with dignity and respect by the staff who supported them. Their privacy was maintained and they were encouraged as far as possible to retain their independence. Staff saw this as an ongoing initiative for people and feedback from one relative supported this assertion. The relative wrote, "Planning is in place to support [name] in developing independence and self-help skills." Our observations supported these comments. Throughout our visit we saw staff worked in an inclusive way with this person to undertake domestic activities encouraging their independence, the person's enjoyment of working with staff was clear to see.

The relatives we spoke with felt their relations were happy living at the home and felt the staff were committed, caring, compassionate and kind. One relative told us the staff knew their loved one well. They wrote on one of their reviews of the service, "[Name] is clearly a valued and well cared for resident and Elston is a very well led community with dedicated staff who will listen, respond and really care." Another relative said, "People are well cared for (here), they have everything." A further relative said, "I am very amazed how staff have the patience. They are attached to people." They went on to say, "Staff have affection for residents. (named staff member) looks after [named] I'm always impressed, (staff member) is very friendly and [name] isn't necessarily friendly back."

Staff we spoke with told us they felt there was a positive and kind attitude towards people and their relatives from staff. They told us this came from the registered manager and the management team. One member of staff said, "The manager is really caring towards people and wants the best for them." Staff we spoke with

told us they enjoyed working at the service and got to know the people they supported well and this gave them a great deal of job satisfaction.

Our observations supported what we had been told. The interactions between people and staff were undertaken to maintain a calm and relaxed environment for them. We saw staff knew how best to support people and people appeared comfortable with staff. A large number of people had very limited verbal skills and used a mixture of sign language and single words or sounds to communicate their needs. Staff showed excellent knowledge of individuals communication skills and how to support them in different situations. For example during our visit, we saw one person had become fixated on one particular activity they wanted to undertake. This was to attend the village shop which was closed, so it was not possible to undertake the activity at that time. The member of staff supporting the person worked patiently with them explaining simply and clearly why they could not undertake the activity at that time. They were required to do this a number of times throughout the morning and did so in a way that seemed to calm the person each time they were told.

Another example was given to us by a relative who told us their relation could at times be challenging, sometimes for no reason they would become anxious around different members of staff and become, "most difficult to deal with." They said, "I have observed how staff who are the focus of [name's] distress, quietly disappear and another member of staff takes over and tries a different technique, with an unbelievable positive response. Staff response was amazing." These examples along with staff's excellent knowledge of people's behaviours, showed how staff used their knowledge to reduce people's anxieties on a day-to-day basis and provide a calm and relaxed environment for people to live in.

The service engaged an advocacy service for people. An advocate is an independent person who supports people to ensure their views, wishes and beliefs are not only listened to but also taken into consideration when decisions are made about them. The advocate engaged by the service came every week and worked with people at the service producing a regular summary report of their interactions with people. This feedback was used to inform decisions about people's care and ensured their voices were heard.

For some relatives who through differing circumstances, were not able to visit regularly the staff at the service maintained regular contact through telephone calls or video calls so they were kept up to date with changes in their loved ones care needs. People who wished to, were supported to write a weekly letter to their relatives showing how they had spent their week. We saw feedback from relatives who had expressed how important this contact was for them and it showed the value the service planned on supporting people maintain relationships with their loved ones.

The registered manager told us there was no one at the service who had any diverse cultural needs. However, they told us should this change they understood their responsibilities in facilitating this aspect of care to ensure people were not discriminated against.

We saw people's bedrooms were locked so other residents were not able to enter uninvited. One relative we spoke with told us their loved one's privacy was respected they said, "[Name] has a key to their bedroom." Staff we spoke with were aware of their role in maintaining people's dignity when providing care. One member of staff told us they ensured that people were able to have private time when they needed to. They told us they felt it was important for people to have the opportunity to spend time alone and they monitored from a distance ensuring they knocked on doors before checking on people.

Is the service responsive?

Our findings

The majority of the people had lived at the service since it had been opened and throughout that time, they had been supported to live an enriching lifestyle. Staff worked continuously to support people achieve their full potential. This was an on-going process and during our visit, the registered manager was able to give many examples of the ongoing achievements all the people at the service had made. For example, when one person first came to live at the service their behaviour patterns were erratic and challenging. This included obsessive behaviours around certain foods; this had affected their weight and health. Their behaviours had affected their ability to safely undertake activities that they enjoyed. The multidisciplinary team at the service had guided staff, who consistently supported the person to manage their behaviour patterns. Triggers had been identified and strategies put in place and followed by staff that had resulted in an excellent outcome for the person. With this consistent support over the years, the person had been able to control their behaviours around food, maintain a healthy weight and achieved a significant reduction in their challenging and erratic behaviours. For example, we saw year on year how the recorded incidents of challenging behaviours had reduced from 77 to 11.

The registered manager told us there was further on going work with the person that was having a further positive effect on this. This had resulted in the person increased access to the community. They enjoyed going to the village shop, which was run by volunteers, to purchase the bread and milk for the service most days of the week. The person had also been able to work as a volunteer at the shop, which had been a significant achievement for them. The person's family at a review of their progress wrote, [Name's] development whilst at Elston House has surpassed all expectations, with support, encouragement and care from staff [name] has learnt to embrace many new experiences in a way that is remarkable." They went on to say, "The staff are forward thinking in the programme (e.g. emotions and friendship groups) they devise for [name] and it is clear that [name's] well-being and progress are central considerations."

People's preferences relating to the way they received care was placed at the heart of their care planning and people's relatives felt they led fulfilling lives. Relatives told us they had regular conversations with the registered manager, team leaders and support workers about their loved ones needs, preferences and what was important to them. These elements were incorporated throughout people's care plans and other supporting documents. The care plans and supporting documents we viewed contained excellent information on how the consistent strategies supported people through every aspect of their daily life. For example, one person had a condition that meant they were inclined to eat non-food objects. Their care plan showed when this behaviour was likely to occur and there were clear strategies in place to support the person. It had been established through clinical observations that the person was a "sensory seeker" in that they enjoyed the feel of different materials both to touch and feel in their mouth. As a result the person was encouraged to have a sensory diet. This meant they were offered foods they could handle. For example the use of fruit or foods they could pick up. Some of the activities they engaged in were blow bubbles and feather with straws; they had a sensory bag that contained items that could be used to support this need. The person's care plan noted the strategies were designed to meet the person's need for this stimulation and gave staff positive ways to divert the person from unsafe practices of ingesting items that would cause them harm. This showed how the staff at the service worked together with health professionals to

understand and support the person's particular condition to achieve a good outcome for them.

People at the service received individualised care from a staff group who showed an exceptional knowledge of their needs. People's care was centred on achieving the best life possible for them. The people who lived at the service had varying degrees of difficulty in expressing their needs. Staff worked with each person to support them express their views and choices in ways unique to them and to maximise their involvement.

For some people this was using their own forms of verbal expression or sign language. During our visit we saw a number of examples of excellent interactions between staff and people. We saw one member of staff who was supporting a person. They watched the person's body language and verbal cues to anticipate their needs and support them make choices when the person wanted to undertake an activity. We spoke with the member of staff later in the day and they were able to discuss in detail the ways they worked with the person to reduce any anxieties they had during each day. They told us the person responded well to routine and having a clear timeline of events simply explained a number of times so they were able to process the information. The staff member told us it was important not to overload the person with information and be consistent when talking to them. We saw this information was also clearly documented in detail the person's care plan. This showed staff at the service used the information gathered about the people they cared for to ensure they received a high standard of personalised care.

Staff we spoke with told us they found the communication about people's individual needs was exceptional. They told us there were regular opportunities to discuss people's support at handovers, staff meetings or one to ones. They received clear information about any changes in behaviour patterns and development of an individual's planned care to ensure they could continue to support them in the best way possible.

A number of people at the service also found attending hospitals, seeing medical staff and undergoing medical treatments extremely distressing. In the past, these people, because of their extreme anxiety, had struggled to cooperate and appointments had needed to be cancelled or postponed. The registered manager was able to give examples of how they had learnt from past events in people's lives to ensure positive outcomes in the present.

For example, we saw a person at the service had recently needed to undergo a surgical intervention. The registered manager had contacted the hospital and worked with the health professionals concerned, the person and their relatives. They had used all the information relating to the person's specific anxieties to manage the event so the person was exposed to the least amount of stress as possible. This involved consideration of every specific detail. The collaboration between the registered manager and the health professionals had resulted in a number of reasonable adjustments being made in the pre and post-operative processes that the person underwent throughout the hospital journey. Such as how the pre-operative assessment was managed, establishing the order of the theatre list to reduce the amount of time the person needed to wait prior to surgery. Looking carefully at how the person could get directly to theatre from the car park, arranging for a parking space next to the entrance they would use, and establishing who would be with them throughout the process.

This plan had taken a significant amount of organisation and had resulted in an excellent outcome for the person, whose behaviour patterns both before and following the intervention had been significantly more positive than when faced with similar events in the past. The person's relative felt this had been a notable achievement for the person and praised the support the person received from the staff at the service. We also saw the registered manager had used their contacts and knowledge to support another person at the service who needed to undergo similar surgical procedures, with very positive results for each person. This showed the registered manager worked well with health professionals who supported the people in their

care and used their knowledge to learn from the different events that affected people in their care.

Staff we spoke with told us the registered manager and the management team worked hard to ensure the people who lived at the service had a fantastic social life. People's differing needs were recognised and supported by the staff at the service and they were encouraged to undertake a wide range of social activities of their choosing. Each person had their own social activities calendar that included activities such as horse riding, shopping or attending a disco. The staff continually worked to introduce both activities that people specifically requested and make suggestions of different ventures people may not have thought doing themselves, such as visits to the Zoo. People's relatives told us the activities people took part in were designed to empower people to make the best of their lives.

The outside area of the service was also designed to support individual or group activities, events and parties. People's relatives were invited to join these events and we saw very positive feedback from relatives on their enjoyment of these events. The registered manager had held "show and tell" events that celebrated people's achievements and progress people had made during their time at Elston house. They had done this after asking people for their input and ensuring they were happy for relatives to come around their home. All the people at the service had certificates presented to them to mark their own achievements to show them how proud both their relatives and staff were of them. We saw feedback from one event from relatives that included comments such as, "Really enjoyed today, lovely to meet staff's family and resident's parents, got to get together." And "It was lovely to meet up with other families on a social occasion."

People's relatives told us they know who to talk to if they had any complaints about the service. However they told us any concerns they had they were able to discuss with the registered manager, or any of the staff at the service who were always responsive and dealt issues as they arose. Relatives told us the staff always contacted them if there were any concerns, and as a result they had not needed to make any complaints about the service. We saw there was a complaint procedure displayed and in formats people at the service could understand to ensure they could also feedback any concerns.

Staff we spoke with told they would deal with any concerns straight away and escalate anything they were unable to deal with. They told us they had confidence in the management team to address any concerns or complaints quickly. Whilst the registered manager had not had any complaints from people or relatives at the service, they had dealt with a complaint from a member of the public recently. We saw how they had followed the company policy and kept clear records to show their actions in relation to the complaint and worked professionally to resolve the issue to the person's satisfaction.

At the time of writing the report it was not appropriate for the registered manager to discuss end of life needs with any individuals at the service, however they had undertaken some discussion with relatives and knew who to contact should a person's situation warrant this. The registered manager told us they and their deputy manager had close relationships with people's families and would not hesitate to involve them in appropriate discussions at the necessary time.

Is the service well-led?

Our findings

The processes in place to monitor the quality of the service people received was exceptionally effective and used to drive improvements throughout people's care, and ensure the environment was maintained to a high and safe standard. There were regular audits in place to monitor the safe administration and storage of the medicines people received. We saw action plans had been produced following regular environmental audits to show how issues were addressed and who was responsible for completing the actions.

People's care records were audited to ensure the information was up to date. All incidents at the service were inputted on the company's computer system for analysis called AGAP (Autism Global Assessment of Progress) and every six weeks they were reviewed at a multidisciplinary meeting of the health professionals involved in people's care. The team analysed the information and used it to form plans and strategies to reduce reoccurrence. These strategies may be small changes such as discussing how to prepare people for events that may have been triggers for anxiety, or longer term changes to people's care such as managing people's relationship with food. We saw how the information had been used to provide clear guidance for staff in people's care plans and discussions at staff meetings. Staff we spoke with understood the value of regular clear recording of events, and how it contributed to the consistent high quality of care people received.

The ethos of the service was to continually find ways to support people rise to new challenges in their lives and learn from these experiences. This may be through small continuous changes for people that supported them to achieve some independence. For example, we saw how one person had been gradually encouraged to take greater responsibility for aspects of their personal care. Alternatively, through supporting people with more significant events such as working as a volunteer. However this was done, the registered manager placed the emphasis on working with people and their families to ensure the challenges were achievable and sustainable. The strong collaborative team working that involved people, their relatives and health professionals supporting people had produced some exceptionally positive outcomes for people shown in the different sections of this report.

The staff at Elston house shared a clear vision of how they wanted to support the people who lived there to enrich their lives. On the day of our inspection we saw how senior care workers and the deputy manager's knowledge and expertise supported the staff team to do this. Staff were confident and proud of the service they provided for the people in their care. This was led by the registered manager whose commitment to providing a high standard of care for people was evident in the outstanding outcomes that had been achieved for people in their care. They had worked to build a clear structure among the staff so there was a consistently high standard of care for people. Relatives we spoke with all talked about the registered manager with respect and admiration. One relative told the registered manager showed, "Outstanding leadership." They went on to say the registered manager listens and shows clear direction for staff. One member of staff told us, "The manager really wants the best for people." Everyone felt they went above and beyond to do this.

The registered manager led by example, and all staff we spoke with felt the registered manager was a strong,

visible, approachable, fair and honest manager. They told us she put the needs of the people who lived at the service first, and worked closely with staff to ensure they felt completely supported and confident in their roles. One member of staff said, "Yes (name, manager) is really good at her job." They went on to say the registered manager had an open door policy and they could discuss any concerns they had with her. Another member of staff said, "She (manager) is a really good boss." They went on to say they enjoyed working at the service and said, "everything is brilliant here."

Staff told us if there had been any mistakes or errors at the service the registered manager was always fair, dealing with issues openly with the individuals. They offered appropriate support to staff and worked with them to ensure they learned from any mistakes. The registered manager showed a good understanding of the duty of candour following any incidents. We saw examples of how the registered manager had followed the company's policy when feeding back information on incidents to relatives. This showed there was a fair, open and honest culture at the service.

Staff we spoke with told us there was also a whistle blowing policy and they could report any concerns they had via this service on a confidential basis. The staff we spoke with told us they would feel confident to use this service if the need arose. Staff felt supported by the company they worked for. One staff member told the company had a "company assist" scheme; this was a dedicated staff telephone line that staff could use to get advice and support on a whole range of issues. The staff member told us this was not just for work issues. It was a confidential service available to support staff with any problems. This showed staff were valued by both the registered manager and the senior management team.

We saw the registered manager worked hard to find ways to engage with people at the service overcoming barriers of communication. The information in people's care records showed the work that had gone into supplying staff with clear consistent information on how best to communicate with people. People at the service were encouraged to join in regular residents meetings and they were supported to contribute by using the particular communication methods best suited for them. We saw people's views and opinions had been sought on a range of subjects such as menus, activities and social events. This was then incorporated into all the decisions made.

Staff told us they felt communication at the service was excellent they were encouraged to read and re-read people's care plans, there was good information provided at handovers and regular staff meetings. Staff told us they felt able to discuss ideas and give feedback to the registered manager at these meetings both on the care of individuals and on the service as a whole.

The registered manager attended manager forums and regular meetings with other registered managers from the company to share positive practice. This was to ensure learning from experiences took place across the company. The registered manager kept themselves up to date with current practices, supported by the company, by attending external study days in their area of expertise. As a result, they were able to share their knowledge of supporting people with autism by leading the company's training in the region on the subject. The registered manager and deputy manager were also supported to regularly delivered training to staff across the region on subjects such as MCA, DoLS and Dignity and respect.

The service worked in a collaborative way with other agencies to provide positive experiences for people when they accessed external services. We saw positive feedback from the local hospital on the work the service undertaken with them to provide a seamless pathway of care when people at the service needed to access their services. This showed the service continually worked to build relationships with external agencies to provide an excellent service for the people who lived there.

