Parkcare Homes (No.2) Limited

New Stead House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 22 November, 1, 6 and 14 December 2016. The first day of the inspection was unannounced which meant the registered provider and staff did not know we would be visiting. The following two days of inspection was announced.

At the last comprehensive inspection on 4 February 2015, we identified a breach regulation. The registered provider had failed to ensure people with capacity were not subject to Deprivation of Liberty Safeguards authorisations and that mental capacity assessments and Best Interests decisions were undertaken and recorded. A further inspection in August 2015showed that although we could see that improvements had been made, further improvements were needed. The registered provider wrote to us telling us what action they would be taking in relation to the breaches of regulation.

At this inspection we found the registered provider had followed their plan and legal requirements had been met.

New Stead House provides care and accommodation for up to 17 people who are on the autistic spectrum and may have an associated learning disability. Accommodation is provided via a main house and an annex with self-contained apartments. The home is close to shops, pubs and public transport. At the time of inspection, the service provided support to 15 people.

The service had a registered manager who has been registered with the Care Quality Commission since 23 February 2016. 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.

Where risks had been identified, individual risk assessments had been completed and care plans had been produced with written guidance to help reduce the risks. These were specific to the individual and person-centred. Staff understood the risks to people. Risk assessments were also in place associated with the day-to-day running of the service.

Good procedures were in place for the management of medicines, which staff understood and followed. We highlighted gaps in the recording of topical cream records and these were addressed on the day of inspection by the registered manager.

Safeguarding alerts, accidents and incidents had been recorded and were analysed to identify any patterns and trends. This information was also used to identify any triggers that may have caused an episode of behaviour that challenges. Staff understood the procedure that they needed to follow when reporting a safeguarding concern, accident or incident.

Emergency procedures were in place for staff to follow in the event of an emergency and emergency plans were in place for people who needed them.

There was sufficient staff on duty to support people and the rotas we looked at corresponded with staffing levels on the day of inspection. People were supported by a regular team of staff. Safe recruitment processes had been followed.

Staff told us they felt supported by the management team and received regular supervision, appraisal and training and we saw records to confirm this. Staff had received up to date mandatory training, as well as training in specialist areas.

People were supported to make independent decisions regarding food and fluid including meal options, shopping lists and menu choices. Staff understood the procedure they needed to follow if people became at risk of malnutrition or dehydration.

Referrals to other professionals had been made in a timely manner and people's cultural needs had been taken into account. People were supported by staff to make and attend routine appointments and when they experienced deterioration in their health, appropriate professionals were contacted.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The service had applied the MCA and best interest decisions were clearly recorded.

Staff understood the procedures for obtaining consent from people and were aware of any people who were subject to a DoLS authorisation. They had extensive knowledge of people's preferred communication methods. .

We could see people and staff had built good relationships together. People's privacy and dignity was respected and maintained. Relatives told us people received a good standard of care from staff and felt involved in any decision making.

We saw people participating in a range of activities they had shown an interest in with support from staff. Funding had been secured from a charity to help people with autism take part in activities in the community which had a positive impact on people and staff.

Care plans were person centred and contained a high level of detail around people specific likes, dislikes and preferences. Regular key worker meetings took place so care plans and risk assessments could be updated by staff who knew the person's needs well.

There was a positive behaviour support staff member who spent time at the service analysing episodes of anxiety and behaviour that appeared challenging. This had a positive impact on people who used the service and anxiety had been reduced in people as a result.

Complaints had been responded to in a timely manner, in line with the registered provider's complaints policy.

People responded well to the registered manager. Relatives and staff spoke positively about them and staff told us they felt able to discuss any concerns with them.

Effective quality assurance processes were in place. These were regularly carried out by the registered manager to improve the quality and safety of the service. Action plans were developed and remedial action had been taken in a timely manner.

Feedback was sought from people who used the service. The registered manager told us regular 'resident and relatives' meetings took place and we saw records to confirm this. Where suggestions for improvement had been made, swift action had been taken to address this.

The service worked with various health and social care agencies and sought professional advice to ensure individual needs of people were being met.

The registered manager understood their roles and responsibilities. Notifications had been submitted to CQC when required.

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

Risk assessments were in place for people who needed them. These were specific to the person and were person-centred.

Staff understood the procedure they needed to follow if they suspected abuse. Safeguarding alerts had been submitted to the local authority when required.

Medicines were managed appropriately. The registered provider had policies and procedures in place to ensure that medicines were managed safely.

A safe recruitment process was followed to reduce the risk of unsuitable people being employed.

Is the service effective?

Good

The service was effective

Staff performance was monitored through a regular system of supervision and appraisal.

Staff received training to support them to carry out their roles safely. Training had been refreshed when required and specialist training had also been completed.

Staff demonstrated a good knowledge and understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Documents were in place to support best interest decisions that were made.

People were supported to maintain their health. Referrals had been made to other professionals when required.

Is the service caring?

Good

The service was caring

We saw, through observations, that people were treated with dignity and respect and people were encouraged to be

independent with support from staff.

Staff were extremely knowledgeable about the likes, dislikes and preferences of people who used the service.

Care and support was individualised to meet people's needs. Action was taken to relieve people's anxiety.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and reflected how people wanted their care to be provided.

There was a wide range of activities on offer and people were encouraged to participate in activities of interest.

Communication needs were taken into account what people were asked to make decisions around the care that they received.

The registered provider had a clear process for handling complaints.

Is the service well-led?

Good

The service was well led.

Quality assurance processes were in place and regularly carried out to monitor the quality and safety of the service. Action was taken in a timely manner when required.

Feedback from people who used the service, relatives and staff was sought through regular discussions and meetings.

Robust records were in place and the registered manager had a clear presence at the service.

New Stead 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.

This inspection took place on 22 November 2016 and was unannounced. A further three days of inspection took place on 1, 6 and 14 December 2016 and these were announced. The inspection team consisted of one adult social care 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. Their area of expertise was in autism, dementia and learning disabilities.

Before the inspection, we reviewed all the information we held about the service which included notifications submitted to CQC by the registered provider. We spoke with the responsible commissioning officer from the local authority commissioning team about the service. We also contacted the safeguarding team at the local authority to gain their views.

We did not ask the registered provider to complete a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with one person who used the service and spent time observing staff interactions with people. We looked at all communal areas of the service, including the lounge, kitchen, dining area, bathrooms and people's bedrooms, with their permission. We spoke with four staff members on duty, the deputy manager, registered manager and the positive behaviour support staff member. We also spoke with three relatives.

We did not use the Short Observational Framework for Inspectors (SOFI) during this inspection as we felt it was not appropriate due to people's anxiety and such observations were likely to increase anxiety levels.

During the inspection, we looked at a range of records. This included four people's care records, including care planning documentation and medication records. We also looked at three staff files relating to

recruitment and a selection of staff files relating to training, supervision and appraisal. We reviewed records relating to the management of the service and a variety of policies and procedures.

Good

Is the service safe?

Our findings

People who used the service had communication and language difficulties and because of this we were unable to fully obtain each of their views about their experiences. We relied mainly on observations of care and our discussions with people's relatives and staff to form our judgements. We spoke with one person who used the service who was able to share their experiences of the service. The person told us, "I feel safe. I like it here. I go out and staff help me."

The staff we spoke with were all aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns. The registered manager told us abuse and safeguarding was discussed with staff at supervision session and during staff meetings. Staff we spoke with confirmed this to be the case. We looked at training records in relation to safeguarding and could see that staff had received training. We looked at records relating to safeguarding. We could see that referrals had been made by the registered manager to the local authority and recorded appropriately. Records showed that the registered manager often contacted the local safeguarding team for guidance when needed. Safeguarding incidents were also audited on an annual basis by the registered manager to look for any trends.

Staff told us they would not hesitate to whistle blow (tell someone) regarding any concerns they had. One staff member told us, "I would always report anything to my manager or senior. I know it would be dealt with in confidence. Everything is documented here and we all work hard to give the best possible care to people." Another staff member told us, "I would always report. The registered manager is always here and I am 100% confident she would deal with any issues raised."

Individual risk assessments were included in care plans for people where appropriate. These included all associated risks specific to the person and a risk management plan had then been produced to reduce the risk. For example, one person had a medical condition which meant they would put unsuitable objects into their mouths. A risk assessment had been produced which detailed when this was likely to happen and procedures that had been put in place to reduce the associated risks, such as distraction techniques that could be used by staff.

We looked at arrangements in place for managing accidents and incidents and what actions were taken to prevent the risk of reoccurrence. A robust system was in place. Details of all accidents and incidents were recorded by staff in paper format including any triggers which may have contributed to the incident and then added to a computer system. Graphs were then generated, using the computer system, which helped to indicate any 'peaks' or 'trends'. This information was then used in monthly team leader meetings conducted by the positive behaviour support staff member. Records were in place to show that accidents and incidents were reviewed on a monthly basis.

Personal emergency evacuation plans (PEEPs) were in place for each person who used the service. PEEPs provide staff and emergency services with information about how they can ensure an individual's safe

evacuation from the premises in the event of an emergency. The PEEPs contained information about what assistance would be required and other considerations, such as medical conditions and communication needs that would need to be considered to evacuate someone safely. We could see that PEEPs were reviewed and updated when needed.

Risk assessments were in place associated with the day to day running of the service. Regular checks were made by the maintenance staff in areas such as testing of the water temperatures and checking the emergency lighting and fire alarms were in working order. Required test certificates in areas such as electrical testing, gas, legionella and firefighting equipment were in place.

Records showed that regular fire drills were taking place for both day and night staff and people who used the service were included in these drills. A detailed record of fire drills was kept and we could see different scenarios had been used on each fire drill that had taken place. The document recorded any issues that had been raised during the fire drill and what could be done to improve the process in the future. The maintenance person described the difficulty with fire alarm and evacuation testing due to people's anxiety, dislikes of loud noises and being in close proximity to other people who used the service. We could see there had been an increased number of incidents when fire alarms testing had taken place. This had been managed by allowing people to assist with activating test fire alarms on a regular basis so they were familiar with the noise the alarm would make. Staff had also encouraged people to make wooden sign posts which were then displayed in the garden area. This help people navigate to their own specific location when the fire alarm sounded and as a result there had been a reduction in the number of altercations between people who used the service.

We reviewed five people's Medication Administration Records (MAR's) and saw there were no gaps in administration. All medication was administered by one staff member and witnessed by a second staff member. This was recorded on the MARs and the registered manager told us this process was used to reduce the risk of errors occurring. Where medicines had not been administered the reason for this had been recorded. A list of staff signatures for those staff administering medicines was stored in the front of the MARs. This helped create a clear record of who was administering medicines. We look at topical medicine administration records (TMARs) for two people. We identified that there were some gaps in recording when topical medicines had been administered. We spoke with the registered manager about this who told us they would address the issue immediately.

Medicines were stored securely in a locked medicines room. Within the room was allocated cupboards for each person who used the service and this was where there medicines were safely stored. Room and fridge temperatures were recorded each day to ensure medicines were stored at the correct temperature.

Stock checks of medicines were carried out every month to ensure people always had access to the medicines that they needed. Surplus medicines were securely stored until they could be returned to the pharmacist for safe disposal. At the time of inspection there were no people prescribed controlled drugs. These are governed by the Misuse of Drugs Legislation and have strict control over administration and storage. We could see that secure storage was available should controlled drugs be required.

We looked at staffing levels in the service. Most people were funded for one to one or two to one support and we could see that this was managed appropriately and the correct number of staff were on duty on the days of inspection. Due to the level of support and complex needs of people who used the service, people generally had a fixed staff team who were very knowledgeable about people's current needs.

Relatives we spoke to were happy with staffing levels and told us they felt there was enough staff on duty.

They told us, "I have never noticed a problem. There is always someone with [person]. If anything staff are sometimes sat around. I know this is because [person] has wanted some time alone and staff are just doing as they ask."

During the inspection we looked at four staff recruitment files and could see that safe recruitment procedures were followed. Applications were completed and then assessed to ensure people applying for positions had the relevant skills needed to work at the service. Interviews were then arranged and we saw records to confirm this. Two completed references and a Disclosure and Barring Service (DBS) check had been sought prior to staff starting employment at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with vulnerable adults.

Good

Is the service effective?

Our findings

At the last unannounced, comprehensive inspection on 4 February 2015, we identified a breach of regulation. The registered provider had failed to ensure people with capacity were not subject to Deprivation of Liberty Safeguards authorisations and that Mental Capacity Assessments and Best Interests decisions were undertaken and recorded. We inspected the service again in August 2015 to look at action the registered provider had taken. Although we could see that improvements had been made, further improvements were needed. Some care records needed clarification to ensure people with capacity were not subjected to the DoLS process and that where decisions had been made in people's best interests these were clearly recorded. The registered provider wrote to us telling us what action they would be taking in relation to the breaches of regulation.

At this inspection we found the registered provider had followed their plan and legal requirements had been met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We could see that improvements had been made and the care plans we looked at documented when decisions had been made in people's best interest and that other professionals, relatives, and in some cases an advocate, had been involved. When people were assessed as lacking capacity a MCA assessment was visible in the person's care records. Best interest decisions were then made, in areas including accessing the community, managing finances, administration of medicines, keypad access to restrict absconding and personal care.

People who were subject to a DoLS had all relevant documentation available in their care files. The registered manager told us, "It can sometimes take quite a while for the local authority to send us copies of the authorisations. When authorisations are granted I insist that the local authority provide me with an email which outlines that the authorisation has been granted and if there are any conditions attached. I do this so we can make sure we are adhering to any conditions." This meant the registered manager had effective systems in place to ensure DoLS authorisations were followed accordingly.

People who used the service had communication and language difficulties. When we spoke with staff about people's individual ways of communicating, they were able to clearly describe how people communicated

with them and what different sounds and gestures indicated. We saw staff communicated with people effectively and used different ways of enhancing communication. For example using symbols and signing in people's preferred way or offering people objects to choose from and confirming their choice with them. This approach enabled staff to create meaningful interactions with the people they were supporting. Details were documented in the care records which provided staff with information on how people would consent and the best approach to use when offering choice. For example, one person had a personalised dictionary which had been developed by staff. This informed staff of the different verbal commands a person would use, such as 'pudden' indicated the person wanted a yogurt and 'tort' indicated the person wished to use the toilet. Another person had pictures and objects available which they used to communicate with staff what their wishes were.

People were supported to maintain a balanced diet. They were assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). People's weights were recorded in accordance with the frequency determined by the MUST score, to determine if there was any incidence of weight loss or gain. This information was used to update risk assessments and make referrals to relevant health professionals when needed.

People enjoyed a variety of different foods and were able to choose meals that they wanted. All people who used the service were supported with one to one, or two to one care, so staff were able to prepare meals individually to suit people's preferences. Each person's care records contained a list of likes and dislikes with regards to food and staff were fully aware of their preferences. One staff member told us, "I only support [person] so I know [person] really well. I know their likes and dislikes. We have been working hard to encourage [person] to help prepare meals and we are making steady progress. [Person] is always offered choice. They are able to make simple decisions so we do this using picture cards." One relative had chosen to prepare meals for a person using the service. These were collected twice weekly by the registered provider.

People were able to eat at flexible times that best suited their routine and preferences. Communal kitchens had been designed so each person had an allocated cupboard space where food items could be stored. This was labelled and contained a picture of the person so they could easily navigate to their cupboard.

We asked staff to tell us about the induction, training and development opportunities they had been given at the service. Staff told us, "I have done all my training, but there is more added all the time. When I started I did an induction and then shadowed for a couple of weeks I think it was." Another staff member told us, "They [the registered provider] like you to make sure all your training is up to date. We [staff] all have an online account where we log on and see what training we need to complete. I have enrolled for my NVQ as well which is on-going at the moment."

During the inspection we looked at the training records of all staff. Staff had received training in areas such as medication, safeguarding, health and safety, food hygiene, MCA & DoLS, nutrition and first aid. Given the specialist nature of the service staff had also completed training in areas including autism, epilepsy and Positive Range of Options to Avoid Crisis and use Therapy – Strategies for Crisis Intervention (PROact SCiP). This training focuses on supporting staff to teach people who use the service how to maintain control and to engage in proactive methods of managing behaviour.

Relatives told us they thought staff were suitably trained. One relative said, "The staff are good. They do a good job and seem to know how to handle situations."

Staff were supported with regular supervision and appraisal. Supervision is a process, usually a meeting, by

which an organisation provides guidance and support for staff. From the records we looked at, we could see meetings were used to discuss any support needs the staff member had, as well as confirming their knowledge and performance over a certain period. Records confirmed that regular supervisions were taking place and staff told us they felt supported by management.

The registered provider had adapted the service to meet the needs of people. For example, one person who used the service would remove the 'fire exit' and 'fire zone' signs from the walls. As a result the registered manager and maintenance person had worked together to come up with a solution, which was to have the signs painted onto the walls. This eliminated the risk of signs not been visible in the event of an emergency. Adaptions were also being made to the first floor of the main building. Originally, the first floor was designed to offer bedrooms only. The registered manager told us, "We soon realised there was an increasing need for self-contained apartments. At the moment we only have four which are separate to the main building. We made a decision to have the first floor adapted to allow us to create a further two apartments."

We could see that work was on-going throughout the inspection and this was done in a way that did not have a negative impact on people who used the service. One of the new apartments was being adapted to suit a person's wishes. A mural had been purchased for the bedroom wall and pink splash backs were also being installed in the kitchen area.

Good

Is the service caring?

Our findings

Relatives we spoke with told us that people were treated with dignity and respect. One relative said, "I have never had a problem. [Person] has developed so much since moving here. They must be doing something right." Another relative told us, "They (staff) know [person] so well. They are caring, patient and understanding."

The positive rapport between residents and staff was clear. For example, one person was relaxing in the hall having their feet rubbed by staff, which they were enjoying. The staff member later told us this helped the person relax and keep calm. Another person enjoyed fictional characters and the staff and deputy manager were able to tell us which characters they preferred and that the person would often respond better to staff if they were 'in character'. We saw that staff responded to this need without hesitation.

People's cultural beliefs were respected and followed by staff. The registered manager had worked closely with people's relatives to ensure staff understood and followed a person's religious beliefs. For example, staff had begun to learn another language as a person using the service would often respond better to verbal communication in this way. Key words were recorded in the persons' care record for staff to refer to. The person's relative prepared specific meals, to meet cultural needs, and these were collected by the registered provider twice a week.

We saw staff followed the guidance from people's communication passports in their interactions with people who used the service and this was different for each person based on their individual need. When staff gave people instructions or asked questions such as, 'Are you ready for lunch?' or 'Would you like to go for a walk?' they did so in a calm and encouraging way. We noted that staff used their awareness of people's body language and vocal sounds to interpret people's wishes and needs and to identify any potential triggers in their behaviour before they escalated. A communication passport is a document that details a person's preferred and most effective communication methods.

Relatives told us they could visit the service whenever they wished and there was 'no restrictions'. One relative told us, "I usually come the same days each week, at the same time. This keeps to routine for [person], which is what [person] needs. I know I can visit any time though, no questions asked and staff contact me should they need to."

We looked at arrangements in place to ensure equality and diversity and if support was given to people to maintain relationships. The registered manager provided details of one person who had been supported to maintain relationships with their relatives and although this had been a slow process; they were able to work with the person and their relative to achieve a positive outcome. This meant the person had begun to visit their relative every week with support from staff. Another person was helped to arrange venues where they could go and meet with siblings. The registered manager told us, "We arrange for to hire a venue nearby so [person] could have a party with his siblings and close relatives for a birthday celebration. It went down really well and [person] thoroughly enjoyed." Photographs had been taken of the event and these were displayed in the person's care records.

Staff were extremely knowledgeable about people's preferences and personal history. They were aware of triggers that may increase the likelihood of behaviour that is challenging and also the best ways to reduce this. During the inspection, we saw positive relationships between people and staff who interacted well. Staff were keen for people to develop additional skills. The registered manager told us, "We want to help people develop and gain some independence. We know it is not going to be a short journey with these people but we know we can make a difference and get there in the end."

One person who used the service told us how they had just secured a tenancy for their property and would be leaving New Stead House. They told us, "I am so happy. I didn't think this day would ever come. I will miss it here but I think I will be ok." The deputy manager told us how they had supported the person to become independent and that they were now supporting the person to prepare them for the move. The registered manager had begun to purchase furniture and accessories for the person's new flat and had visited the property on a number of occasions with the person to ensure they were happy with arrangements. The registered manager told us, "This is our first success story. [Person] moved in when we opened, a few years ago. We have seen the person grow and this is what we are all about – getting people back into the community living independently, but only when they are ready and the time is right."

Staff continuously monitored people's wellbeing and reported any concerns or triggers to the positive behaviour support staff member who would take appropriate action. Monthly meetings were held by the positive behaviour support for each person who used the service, so discussion could take place around what was working and what was not and staff were actively involved in this process.

People who used the service had access to independent advocates. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them. One person who used the service was using an advocate at the time of our inspection. From the records we looked at we could see the advocate was actively involved in decision making and was kept updated by the registered manager.

Good

Is the service responsive?

Our findings

The registered manager assessed each person's needs before they came to live at the service. This involved visiting the person prior to admission and liaising with families and other involved professionals to ensure the service was able to meet people's needs before any decision was made. The registered manager and staff encouraged people and their families to be fully involved in their care. This was confirmed when we spoke with relatives.

During the inspection, we looked at four sets of care records. Care records were extremely person-centred and contained information such as people's likes, dislikes, preferences and social history. Care records contained care plans which were produced to meet individual support needs in areas such as communication, personal care, medication, finances, mobility and transport, nutrition, safety and safeguarding, behaviour support and capacity and consent. Care plans focused on the person's preferences. For example, one care plan detailed the specific times a person should be woken up and the routine that should be followed each morning.

Care plans were reviewed on a monthly basis and updated when required. Meetings took place between key workers and the positive behaviour support staff member. The purpose of the meeting was to discuss the person's progress towards their outcomes. Also to analyse daily visit reports to identify any triggers that may have contributed to an episode of behaviour that challenges. The positive behaviour support staff member produced graphs using data from the daily reports to identify 'peaks' of behaviour that challenged. When triggers were identified, action was taken to reduce or remove the trigger and this was then reviewed at the next monthly meeting. For example, staff identified that drinking cups of tea were contributing to a person's behaviour and this resulted in an increase in behaviour that was challenging. Measures were put in place to limit the amount of tea the person drank and this was monitored over a number of months by staff and other professionals. It was evident, that as a result of the action taken, the incidents and episodes of anxiety had reduced and this had been recorded as a best interest decision.

The positive behaviour support staff member also analysed accident and incidents. From the information recorded we could see that one person had an increase in incidents when returning from the day centre or outings. This had been identified by the use of generated graphs. As a result a charity had been contacted to ask for advice as to what the registered provider could put in place to reduce these incidents and the anxiety that was shown when the person returned to the service. As a result 'Tree Tops' provided objects that could be used and the incidents had since reduced.

Staff were extremely knowledgeable about the care that people received. One staff member told us, "It is important that we know the people because of their support needs. We know that [person] doesn't respond well to people with glasses. We know that [person] doesn't respond well to strangers. Although we generally support the same person we are fully aware of all people's needs at the service. This helps to keep everyone safe."

There were a number of activities on offer and many people who used the service participated in activities

in the community with support from staff. One person attended a 'dog walking' session which was held in the nearby park. This had been arranged by staff as the person was fond of dogs. Another person was supported to sing in a church choir. Other activities people enjoyed included arranging a local weekly disco, visits to wildlife reserves, drama classes and horse riding.

People were encouraged to participate in activities they showed an interest in. One person had an interest in horses and although initially they did not like to be in close proximity to a horse, staff worked to build the person's confidence and as a result they had recently participated in a horse riding lesson. One staff member told us, "We knew they liked horses but didn't really have the confidence to be close to them. We visited a stable a couple of times and they just watched, then they made progress and were able to touch a horse, then they helped to 'muck out' a stable and then finally had the confidence to ride the horse. You can see the delight in [person's] face on the pictures of them riding the horse."

The maintenance person had researched funding that was available for people with autism to be able to enjoy activities in the community. A charity had granted funding and activities had been arranged for people. People who used the service were involved in the decision around which activities they would like to use the funding for and different communication methods had been used to discuss this. One person was given picture cards and asked to choose which activity they would prefer to attend. Bell boating and canoeing had been chosen. Pictures were displayed in the person's care record of them enjoying the activity with support from staff. The maintenance person told us, "Staff thought I was mad at first when I was suggesting all these extreme activities but why shouldn't people with autism be able to participate. I asked [person] which he would like to do and whatever [person] chose we sorted for them. It was fantastic seeing the smile on their face."

To be granted the funding from the charity 'The Keys' staff had to put together a small presentation as to what the money would be used for and the relevance. Staff had worked together, with the person and relatives, to produce a presentation to the charity. One staff member told us, "I was dubious at first, but it's been brilliant. The enjoyment people are getting from the funding is fantastic."

Relatives told us they knew how to make a complaint. One relative said, "If I am not happy I speak up and they have no problem with that. I have never made an official complaint because there has never been any reason to but I know what to do if I need to."

We were given a copy of the registered provider's complaints procedure. The procedure gave people details about who to contact should they wish to make a complaint and timescales for actions. There had been one complaint in the last 12 months. Records confirmed this had been dealt with in line with the registered provider's complaint policy.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. The registered manager had been in post since November 2014.

All staff spoke highly of the registered manager and the improvements that had been made since they joined the service. One staff member told us, "[Registered manager] is great. She doesn't beat about the bush, she gets things done." Another staff member told us, "[Registered manager] is always available to approach. If something has gone wrong, she wants to know why and what can we do differently next time. She is certainly on the ball." The deputy manager told us, "[Registered manager] is really supportive. We work well together and it is a strong management team. All that we do is for the people who live here."

The registered manager carried out a number of quality assurance checks in areas including medication, care planning, health and safety, staff files, staff training, sickness, accidents and incidents and safeguarding to monitor and improve the standards of the service. Although any remedial action that was needed was taken, this was not always recorded on an action plan. The registered manager told us, "If anything needs actioning it is done straight away. I send emails to the senior staff with a date of when the action must be completed by, and a further email to check it has been done. Once they confirm they have actioned it, I check." We were shown emails to evidence that action was taken in a timely manner. For example, it was identified during an audit of staff training that some staff required PROact SCiP training. We were shown an email that had been submitted by the registered manager to the registered provider's head office. Training had been authorised and was completed by staff that required an update. This showed that the registered manager took appropriate action when required.

Staff told us they felt supported by the registered manager. Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views and discuss career development. Staff had been given the opportunity to develop their skills and knowledge by completing Nation Vocational Qualifications at various levels. The registered manager told us, "If staff want to progress we fully support them. I recently managed to get funding so a staff member could complete their level five qualification in leadership and a level four in safeguarding. We want staff to be the best they can be." Management used staff meetings to keep staff updated with any changes within the service and to provide feedback on recent inspections or compliance visits.

Feedback was sought from relatives and people who used the service through regular 'residents and relatives' meetings. Relatives confirmed they had been invited to these meetings. One relative told us, "We do have meetings, but I would like them to be more regular, although we do have additional meetings with [positive behaviour support staff member] and get updates via newsletters and things. The communication is good. The manager seems to know what they are doing." Where feedback was sought, remedial action was taken when required and this was recorded. For example, one relative had requested a weekly update of the things the person had done. The registered manager and staff had produced 'The [person] Gazette' which provided pictures and details of any achievements that week. This was then sent out weekly to relatives.

We looked at the culture of the service, to check if it was open, transparent and accountable. Throughout the inspection, the registered manager and staff were open and cooperative, answering questions and providing the information and documents that we asked for. The registered manager had a clear presence at the service and people responded well to the registered manager's interaction with them. The registered manager was fully aware of people's care needs and was passionate about the service and care that was provider. The registered manager and deputy manager were keen to act on any feedback provided at the end of the inspection.

The registered manager understood their roles and responsibilities and where able to describe the notifications they were required to make to CQC. Notification had been submitted when necessary. Safeguarding alerts had been submitted to the local authority when required.