

Gateshead Council

Blaydon Lodge

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

At our last inspection in 2015 we rated the service Good. At this inspection we found evidence of improvements for the benefit of people using the service. There also was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. Following this inspection, to reflect the improvements the provider has made, we have rated the service as Outstanding.

Blaydon Lodge 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. Blaydon Lodge provides short break and respite care for up to two people at any one time. At the time of this inspection one person was staying at the service.

The care service had 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.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People, relatives and staff described the registered manager as supportive and approachable. They told us since the registered manager had started there had been significant improvements made to the service.

Relatives and staff enthusiastically described the exceptional care provided at the service. Relatives described the service as a "top quality service", "absolutely the best place we have ever been to" and "fantastic". They told us the staff team were "fantastic" and were extremely caring towards their family members. We heard about numerous occasions when staff went 'above and beyond' to ensure people's, sometimes with very complex needs, were supported to achieve their choices and aspirations. Empowering people to communicate and express their needs was an area of strength within the service, as staff had a deep understanding of people's preferred communication methods. This had developed over the years due to a stable and consistent staff team who had people's wellbeing at heart.

The registered manager led by example and offered a high level of support to staff and relatives, often supporting relatives with matters outside of their management role.

The registered manager and staff team were extremely committed and dedicated to providing excellent care in line with the service's values of meaningful and personalised care. People were central to how the service operated. The service was flexible to suit changes in people's needs and individual family circumstances.

The provider continually evaluated the service to drive through sustained improvement for the benefit of people using the service.

Relatives and staff told us the service was safe.

Medicines were administered safely with accurate records available to show which medicines people had received.

There were enough staff on duty to provide personalised care. The number of staff deployed was flexible and based on the needs of people staying at the service at the time.

There were effective recruitment systems to ensure new staff were recruited safely.

Staff had a very good understanding of the procedures to keep people safe. They also knew how to report concerns but had no concerns about safety. Previous safeguarding concerns had been dealt with effectively including making referrals to the local authority safeguarding team and investigating concerns thoroughly.

Staff told us they received extremely good support. The provider was proactive in ensuring staff completed training relevant to the needs of people staying at the service. This included specialist training to enable staff to care for people with particular needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff supported people to meet their nutritional and healthcare needs. This included people with specialist feeding requirements. Health professionals had been consulted to provide specialist advice and guidance to staff where needed.

People had personalised care plans which clearly described how they wanted to be cared for so that their individual needs and preferences were met.

Relatives only had extremely positive feedback and praise for the service. They felt able to speak to the registered manager or any of the staff team at any time if they needed help and assistance.

The provider had a formal approach for investigating complaints. There had been no complaints received about the service since we last inspected.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Medicines were administered appropriately within the service.

There were sufficient staff deployed to provide personalised care. Effective procedures were in place so that new staff were recruited safely.

Staff had an excellent understanding of safeguarding and the whistleblowing procedure. They knew how to report concerns.

Staff were skilled at supporting people when they were feeling anxious.

Is the service effective?

Good ●

The service remains Good.

Staff were very well supported and received training relevant to their role.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA).

Staff supported people to meet their nutritional and healthcare needs.

Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

People, relatives and staff were extremely well cared for within the service.

Staff were especially caring and had developed special relationships with the people they cared for. Relatives talked about staff as being like part of the family.

The registered manager and staff team regularly went above and beyond to ensure people's choices were met and their goals and aspirations achieved.

Staff were creative so that people's care was personalised and individual to each person.

Is the service responsive?

Good ●

The service remains Good.

People had bespoke care plans which described the personalised care they needed.

Relatives gave only very positive feedback about the care their family members received.

There had been no complaints made about the service since our last inspection.

Is the service well-led?

Outstanding ☆

The service has improved to Outstanding.

The registered manager and staff team were motivated to provide meaningful and personalised care.

People's needs were at the heart of how the service was delivered.

The service was particularly flexible and adaptable to reflect change and individual family circumstances.

The registered manager led by example and there was strong ethos of teamwork, openness and transparency.

The registered manager and staff team used reflection and evaluation to continually strive to identify improvements to the service.

Blaydon Lodge

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 19, 20 and 28 March 2018. The first day of inspection was unannounced and the second day announced. The provider also emailed additional evidence to us on 28 March 2018. One inspector carried out the inspection.

Prior to the inspection we contacted external commissioners of the service from the local authority and the Clinical Commissioning Group (CCG), as well as the local authority safeguarding team and the local Healthwatch. We used their feedback during the planning of this inspection.

During our inspection we spoke with seven relatives of people using the service. We spoke with the registered manager and two support workers. We reviewed a range of records including four care records, medicine records, training records and other records relating to the quality and safety of the service.

Is the service safe?

Our findings

Relatives told us the service was safe. One relative commented, "If [family member] didn't like it they wouldn't go." Another relative said, "[Family member] is always happy when they come home. They are very well looked after."

Staff also felt the service was a safe place. One staff member commented, "I have no concerns at all about people's safety." Another staff member said people were, "Totally safe due to the approach of staff and how we work with the clients." Staff were aware of the systems to raise concerns such as safeguarding and the whistle blowing procedure. They told us they would raise concerns if required. There had been two minor issues at the service which were dealt with following consultation with the local safeguarding team. These had been fully investigated and addressed appropriately.

There was sufficient staff deployed to meet people's needs. The registered manager monitored staffing levels which were flexible and based on the needs of people using the service at any one time. Staffing levels at the service were good. For example, the person staying at the service when we visited required two to one support and this was provided.

We found the service was clean, well decorated and in a good state of repair. Staff had completed specific infection control training and therefore had a good understanding in this area. The provider had policies and procedures to protect people and staff from the risk of infection. Staff were issued with personal protective equipment and checks were in place to help ensure staff followed procedures.

The provider had effective recruitment processes to ensure only suitable staff worked at the service. This included completing pre-employment checks such as requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

The provider managed medicines safely. Staff completed relevant training and medicines were stored securely. Medicines related records were accurate, such as medicines administration records (MARs) and records for the receipt and disposal of medicines. Medicines care plans had been written for each person. These described the support people needed from staff to ensure they had their medicines safely.

Regular health and safety checks and risk assessments were carried out to help maintain a safe environment. The provider had procedures to deal with emergency situations. Detailed records were kept of incidents and accidents in the home. These were analysed to ensure lessons were learnt and the appropriate actions taken to keep people safe.

Staff had an excellent understanding of people's needs. This meant they were able to proactively interpret behaviours that challenge in order to identify and respond when people were becoming anxious. This meant behaviours that challenge were infrequent and when needed managed sensitively. To support staff, detailed behaviour management plans were written which provided valuable information to help staff

identify triggers for behaviours that challenge and the appropriate supportive interventions for each person. Visual tools were used to help staff identify possible sources of stress and how to manage these situations. On those occasions where staff had to intervene detailed records were kept, these were reviewed to look for lessons learnt and how to prevent future occurrences.

Is the service effective?

Our findings

People's needs were assessed prior to them staying at Blaydon Lodge. This continued throughout people's transition to the service and following admission. Assessments were detailed, personalised and individual to each person. This helped ensure staff had an in-depth understanding of each person from day one. People's views, and where appropriate the views of relatives, were central to the assessment process and used to develop people's care plans.

The personalised nature of the service was clear from the outset. We noted people had bespoke transition plans pertinent to their individual needs. Transition varied depending on the person. This could include visits from relatives and professionals involved in the person's care and short stays until the person was settled into the service. Staff gathered detailed information from a range of health professionals to inform the plan for each person. One person had a particularly extended transition to the service due to their complex needs. During this period staff worked alongside staff in the person's regular service so that they became familiar with the staff at Blaydon Lodge. This helped ensure a seamless and successful transition to the service.

Staff were very much supported in their role and received the training they needed. One staff member told us, "I am very supported." Another staff member said, "I am very supported, we have chats (with the registered manager). He is constantly checking is everything alright. We get a lot of training. We never get behind on training." Essential training included moving and handling, emergency first aid, safeguarding and fire safety. Staff had also completed additional training to care for people with particular needs, such as autism and specialist feeding and medicines administration. Records showed staff training, supervision and appraisals were up to date for all staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were in place where required. We found evidence in people's care records of MCA assessments and best interests decisions. These included decisions relating to supporting people with eating and drink and personal care.

Many people using the service were unable to use verbal communication. Staff showed an excellent knowledge of the most effective communication strategies for each person. Some people had complex communication needs and were non-verbal. For example, one person communicated using gestures, touch, eye contact and single words. Staff had an excellent understanding of people's communication methods which had been developed over time into a comprehensive communication plan.

Staff supported people with nutrition in line with their individual needs. Some people using the service had complex needs around nutrition such as a Percutaneous Endoscopic Gastronomy (PEG) tube and altered textures like purees. Staff had completed training in these areas. Detailed care plans had been developed which included advice from external health professionals, such as speech and language therapists, to guide

staff as to the correct way to support people with nutrition. This included detailed instructions about food preparation and people's likes and dislikes. Care plans clearly identified potential risks to the person and the measures staff must follow to keep them safe.

Staff were proactive in ensuring people had input from external health professionals when appropriate. For example, staff observed one person was finding eating difficult. In order to ensure staff had the correct advice and guidance a speech and language therapy referral was made. The registered manager told us the person's relative appreciated the actions of the staff to keep their family member safe. The person received the therapy they needed and no longer has difficulty in this area.

The environment was especially well adapted to suit the particular needs of the people using the service. Promoting independence evident throughout the service. There was good signage to help people orientate around the home and symbols and pictures displayed on walls to encourage people to communicate. Corridors and bedrooms were spacious to allow wheel chair access and equipment was in place for people who required support to mobilise. The service had invested in specific technology and sensory equipment relevant to the needs of the client group using the service.

Is the service caring?

Our findings

When we last inspected Blaydon Lodge we concluded the service was caring and rated it Good. Following this inspection we found the service was especially caring and our rating has improved to Outstanding. We found Blaydon Lodge to be a service providing outstanding care that was tailored specifically to the individual needs of each person.

Without exception relatives gave the highest praise about the care provided to their family members. One relative commented, "It is a top-quality service. It is the only place I would send [family member]. It is [family member's] second home. We can relax as we know they are in safe hands." Another relative told us, "It is absolutely the best place we have ever been to and we have tried a few in the past. They have grown with [family member]. I am so happy with the service... we have found a jewel at last. [Family member] is very well looked after. [Family member] loves the interaction with the staff." A third relative said, "The staff are absolutely fantastic. It doesn't matter which staff are in, they always get well looked after." A fourth family member told us, "It is just fabulous. They are so good with [family member]. [Family member] gets on well with all the staff."

Relatives described the extremely positive impact staying at the service had on their family member's wellbeing, as well as their own. One relative said, "[Family member] loves going. When you tell [family member] they are going (to Blaydon Lodge), they brighten up. [Family member] sits at the window waiting (to go to the service)." Another relative commented, "[Family member] loves going. It is a good job it is there, for my sake and [family member's] sake. They know when they are going and they seem relaxed." A third relative told us, "[Family member] always has a really good time. They never want to come home. [Family member] enjoys it. I know they love going, giving us a valuable break." They went on to say, "[Family member] is always happy when they come home. They get a lot of benefits (from staying at Blaydon Lodge). [Family member] gets to interact with a lot of different people. A chance to chill out and be themselves." A fourth relative said, "When [family member] goes to the lodge, I can feel at ease and I can have a lovely few days with no worries."

The staff team genuinely cared for each other as well as the people using the service. One relative commented, "The staff are so friendly towards [family member]. It is not made up, it is genuine joy on their faces." Staff described having received excellent support from each other and the registered manager. Where required, management had supported staff to access various counselling and therapy services to promote their wellbeing.

Relatives described staff as having a deep understanding of people's needs. One relative told us, "They understand [family member's] needs. They are very aware of how he is. They are very good at understanding what he wants. For me they go above and beyond." Another relative said, "They engage with [family member] immediately (when they arrive at Blaydon Lodge). [Family member's] face lights up. They have special skills, they are really on the ball." A third relative commented, "The staff have been consistent over the years which speaks volumes. They have got to know [family member] over time. They all have got to form a relationship with [family member] and can interact with them."

We observed this first hand during our visits to the service. Staff were extremely proactive in interpreting and responding to one person's non-verbal communication. They clearly understood what the person was communicating, such as when they wanted a drink or something to eat. This meant the person's needs were anticipated effectively allowing them to remain happy, relaxed and content.

Effective communication continued when the person left the service after their short stay. People took home personalised hand-written summaries about their stay. This enabled relatives to have meaningful conversations with their family members. Personalised DVDs and photos had been produced as keepsakes for relatives showing them how much people had enjoyed their stay. Staff involved people in choosing the background music for the DVDs to reflect their own personal style. Relatives had given positive feedback following receipt of these DVDs and photos.

Supporting people to fulfil their aspirations, choices and preferences was at the heart of the service. Staff regularly went 'above and beyond' to ensure people had opportunities to enjoy many new experiences during their stay. Staff displayed a 'can do' attitude and a positive approach to managing risk. This meant people were able to benefit from many positive experiences. This also promoted people's self-esteem by showing them what they were able to achieve.

Relatives described how staff regularly went 'the extra mile' for people to ensure their quality of life was enhanced. Often this involved supporting people to achieve things that relatives would find difficult because of their family member's needs. "The staff are caring and go beyond what would be there normal duties to give [family member] a quality of life. All the staff are willing to help with anything." Another relative commented that staying at Blaydon Lodge was "special" for their family member. They said, "[Family member] gets to do different things. They have been all over (on outings). [Family member] gets to do things they normally wouldn't be able to do." A third relative told us, "They do these special treats for [family member] which is fabulous. They do things which I would not be able to do with [family member]."

We found numerous examples where staff had gone out of their way for a person. For example, in order to ease one person's transition to the service the registered manager purchased a CD of music they had a particular passion for. Staff ensured it was played at each visit, as well as ensuring their favourite food was on the menu each time they visited. This enabled the person to settle into respite for the first time after years of difficulty accessing services. For another person staff re-arranged their shifts to work a full day, specifically to take them to a zoo out of the area. The day was specifically planned in such a way to support the person's specific needs. Lots of photos were taken so the person had a memento to keep of their visit. Staff also arranged for the person to undertake some voluntary work helping to maintain the grounds at a local chapel, as they had a love of gardening.

Other examples included staff changing their shifts to support another person to attend a family wedding. This had a positive impact on the person and family that the person could be part of the occasion. Staff worked positively with another person, using desensitisation strategies, to overcome a fear of the beach. We saw photos of the person happily spending time with staff, enjoying being on the sand and experiencing this for the first time without anxiety.

Promoting and developing people's independence was a priority for staff. They supported one person with complex needs to experience a shopping trip for the first time to purchase their own clothes. Staff carefully considered the shop type, location, size and time of day to ensure they were safe for the person. They also carried out a pre-visit to agree the plan with the shop manager. This was a great success with the person choosing items of clothing, trying them on and paying for them at the till. This allowed the person to have an enjoyable experience whilst allowing to have control and choice about what clothes they wanted to wear.

The registered manager told us the person has repeated the experience since with equal success boosting the person's confidence.

Although the service was a short break service, this did not prevent them from supporting people to achieve long term goals, focusing on life experiences. Staff worked proactively with people to identify meaningful goals, usually new experiences based around people's individual interests. People have been supported to attend rock concerts, trips to the theatre and outings. Detailed planning, tailored to people's particular needs was evident prior to attending events to help ensure a successful outcome. As a result, one person has been supported to realise their ambition to attend a rock concert. In order to make the event special, staff arranged for the person to meet the artist, have their photo taken and receive a signed photo and poster. Staff described the person as being 'over the moon' following the experience. Subsequently, the person had successfully been to numerous concerts. One relative commented, "[Family member] has come on in the last couple of years since going to the lodge." In particular, they told us about how much their communication had improved and developed. Another relative commented, "[Family member] is thriving when he is there."

Positive risk taking was fully embedded into the way the service operated. Detailed assessments were carried out before any new experience focusing on what the person will achieve and potential lessons to be learnt. The emphasis was fully about people making a positive contribution to enhance their quality of life and be part of their local community. The registered manager commented, "Staff have the flexibility and creativity to seek the desired outcome. They all embrace the concept that there is more than one road to get to the destination and just because one road closes, it's not counted as a failure but something to learn from." This was evident from the many successful outcomes people had achieved when staying at the service.

Care records were very personalised to allow a greater insight into people's lives prior to them accessing the service. This provided staff with crucial information about people's life histories including their medical history, people's views of themselves, their personality, what makes them laugh and become upset. It also provided staff with information about people's religious or spiritual needs, as well hobbies and interests to enable staff to suggest appropriate activities and experiences for people. Care plans were written from the person's perspective so that they reflected people's views accurately.

It was clear from the most recent consultation with relatives, carried out in October 2017, that they held the service in extremely high regard. It was also evident relatives valued the care and support shown to their family members and themselves. Without exception, relatives rated as 'excellent' the support provided, dignity and respect and opportunities to share views and opinions. Relatives described how the service provided reassurance knowing that their family member was safe and well looked after. Words used to describe the service were 'godsend', 'our most important lifeline' and 'peace of mind'.

Is the service responsive?

Our findings

Relatives were involved in reviewing people's care periodically. Records detailed discussions had taken place about all aspects of people's care. They also showed relatives were happy with the care and support their family member was receiving. Relative's views were encouraged and valued when determining priorities and outcomes for each person.

People were fully engaged in meaningful ways when staying at Blaydon Lodge. During respite stays staff regularly organised pamper days, outings to places of interest to individuals, trips to the theatre and the beach. The activity programme was tailored to people's individual needs so that they were able to participate in things they were particularly interested in. Where people had established routines, they were supported to continue with these when staying at the service. For example, some people continued to attend day services during their stay.

The information gathered during the initial assessments was used to develop personalised and bespoke care plans. These clearly described the support each person needed from staff including details of people's likes, dislikes and care preferences. Care plans covered areas such as nutrition, communication, personal care and medicines administration. Care plans clearly identified the areas where people were independent as well as those requiring support. For example, one person was independent with eating, drinking and dressing but required support with crossing roads safely and managing their money. Care plans were reviewed regularly to ensure they remained up to date.

Where potential risks had been identified, staff carried out a comprehensive risk assessment to help keep people safe. These were reviewed on a regular basis to ensure they remained relevant to people's individual circumstances. Risk assessments had been completed for areas such as road safety, specific medical conditions, medicines and nutrition.

The provider had a formal approach to dealing with complaints. We noted there had been no recent complaints made about the service. Although we only received extremely positive feedback about the care provided at Blaydon Lodge, relatives knew how to raise concerns if required.

Is the service well-led?

Our findings

When we last inspected Blaydon Lodge we concluded the service was well-led and rated it Good. Following this inspection, we found the service was especially well-led and our rating has improved to Outstanding. We found Blaydon Lodge to be a service that places the needs of people at the heart of how the service was managed to ensure they received the best care possible and had a quality of life.

The service had a clear vision about people being unique individuals, keeping them safe and providing personalised care in a way that was meaningful to each person. An enthusiastic staff team, led by a strong and committed registered manager, was in place to drive this forward for every person using the service. The registered manager described to us how the whole staff team's approach was about promoting wellbeing and quality care over and above anything else. They said, "We feel the service presents itself as an excellent role model of how respite care should be provided and managed. The emphasis being on quality person centred support to guests and their carers. Staff feel so committed to this high standard that they have all registered as dignity champions."

Relative's feedback mirrored the values as, without exception, they described to us a service that prioritised their family member's needs and treated them with the utmost dignity and respect. In 2017 the service achieved recognition for the excellent care provided when they were a finalist for the North East care home team of the year.

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

Relatives and staff gave us especially positive feedback about the leadership the registered manager displayed. One relative commented, "[Registered manager] is always there to talk to (about family member's care). You can talk to him about other things as well." Another relative told us, "The service is definitely very well-led. I speak to the [registered manager] all the time. He is very polite, very approachable and very professional." The manager will help you all he can." A third relative told us, "I find [registered manager] excellent. I can't speak highly enough of him. If you have a problem he will sort it out for you, he always follows things through. I know from experience the importance of having a good team leader. He leads by example."

Staff gave us equally positive feedback. One staff member told us, "[Registered manager] is excellent, the best boss I have ever had. He is very, very approachable." Another staff member commented, "The office door is always open." One relative described how the registered manager went out of their way to support them through some personal circumstances. They said, "[Registered manager] has helped me, he is very helpful."

There was a strong team ethos at the service. Staff were committed, enthusiastic and dedicated to the people using the service. One staff member commented, "Staff morale is really good everyone pulls together. The staff help each other out. It's like a little family here. That is what we want people to feel like when they come here." Another staff member told us, "We have a good staff team, one of the best I have ever worked with. They are very supportive, nothing is too much trouble. They all pull their weight. It's a good bunch." Likewise, the registered manager was extremely complimentary about the support they received from their team. Relatives echoed these sentiments when they described the service as like being a big family. One relative told us, "The staff are like part of the family, they really care."

There was a strong bond between people, relatives, the registered manager and the wider staff team. The registered manager explained that this had developed due to "exceptional" staff retention, with the same core staff team still employed from when the service opened 10 years ago. Relatives were free to visit the service at any time and staff welcomed this. One staff member commented, "We have a good rapport with all the parents. We phone up regularly to speak to them. It is an open service, they can call in at any time. The door is always open."

The service had a homely, open and welcoming atmosphere. One relative commented, "It is a proper homely atmosphere." Another relative commented, "The door is always open to you. Any concerns at all they contact you." A third relative told us, "There is an open-door policy. The staff will come to me if I can't get to the service. A real personal service is what I get from them."

The service was particularly flexible and adaptable to people's changing needs. Relatives praised the service for how quickly they responded to changes and family circumstances. They told us staff went out of their way to ensure people received the care they wanted. For example, one person was recently admitted to the service as an emergency admission due to a family member's illness. The registered manager ensured arrangements were made to settle the person into the service and to ensure staff familiar to the person were available to offer the support they needed. This way staff ensured a successful admission and stay. The person was supported emotionally as they were upset and anxious. Staff were available to offer time for the person to talk to them one to one when needed. The person said this made them feel so much happier and reassured. We heard about numerous examples of staff giving up holidays and days off to ensure people continued to receive the best care. The registered manager told us that due to the commitment and dedication of staff they had never had to cancel a stay during the ten years the service had been open.

During a particularly stressful period for one family, the registered manager kept in touch with them throughout and staff offered support when they could. When the person was able to access the service once again, the registered manager ensured the specialist equipment, training for staff and risk assessments were in place to keep the person safe. The registered manager also took specialist health and safety advice from experts and health professionals to ensure staff followed best practice when the person stayed at Blaydon Lodge. This meant the person could continue to access the service and relatives could continue to benefit from having a much needed break.

There was a strong emphasis on learning within the service. The registered manager described an ethos of learning from experiences in order to achieve individual goals and to improve the service for the benefit of people. For example, when reviewing progress towards people's goals we saw that often plans were revised or adapted as staff learnt more about people and what worked for them. This meant goals were usually achieved successfully. The service was effective in sharing learning about people with other services, such as day services and residential homes. This helped ensure people received consistently good care across the services they were involved with. The provider operated a very effective quality assurance system. This ensured the service was continually improving and developing to benefit the people using the service.

The registered manager told us staff were motivated to continually develop their skills and knowledge. Staff within the service had lead roles in areas such as safeguarding, communication, health and safety and nutrition. Staff had developed good practice fact files so that the whole staff team had access to the latest information. This also helped to help embed good practice and learning.

The registered manager had an excellent knowledge and understanding of Autistic Spectrum Disorder, developed both professionally and from personal experience. They were an Autism Champion for provider's care services and used this role to share good practice. This knowledge had helped create innovative and creative ways of empowering people. For example, the registered manager excelled at creating an environment where people were empowered to communicate as independently as possible. The environment was very visual with large colourful pictures placed on walls around the home so people could instantly point out if they needed anything. These included picture symbols for tea, coffee, dinner, fruit and vegetables. Makaton signs, for frequently used words and phrases, were also on display as a quick reference for staff when communicating with people who used Makaton. Information was adapted into various formats to help people with their understanding of important information. A white board with photographs of the registered manager and the staff team was used to inform people of who was on duty. Important information such as the fire procedure and how to complain had been personalised to suit the needs of each person. Other strategies were regularly used such as music, video, photos and tactile objects to help engage with people.

The service was constantly evolving and developing to ensure that it remained focused on people accessing the service and their individual needs. We saw evidence the registered manager and staff team were reflective in their approach to ensure new initiatives were implemented to benefit the needs of people using the service. For example, following our last inspection a comprehensive review was undertaken to review the finding from the inspection and look at ways of improving. As a result, the registered manager acquired significantly upgraded the facilities available for people. This included sensory equipment, a touch screen PC with internet access and virtual reality equipment. The registered manager took time to review and streamline systems and paperwork to enable the priority focus for staff to be about spending time with people.

Further reflective evaluations of the service were carried out in 2015 and 2017 following the changes to CQC's inspection model. For example, the service had carried out its own 'mum's test' to look for ways of developing the service to improve people's lives. This involved staff consulting their own parents about what a quality respite service would look like to them and then reflecting on how to make this a reality for people using the service. Following this review a range of actions were implemented relating to training, making links with other agencies and providers, raising staff awareness of best practice and reviewing the activity programme. In addition, a person centred self-assessment of the service had also been completed for which the provider scored extremely highly in areas such as staff knowledge, skill and understanding, seeing people as individuals and having clear outcomes for the person's future. Following this review a detailed action plan was developed with actions identified as developing further links with the local community.