

Voyage 1 Limited

Redcliffe 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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 23 March 2017.

Redcliffe House provides accommodation and personal care for up to eight people living with learning disabilities and an autistic spectrum disorder. On the day of our inspection eight people were living at the service.

A registered manager was in post and 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.

Staff were aware of their responsibilities to protect people from avoidable harm. Staff had received adult safeguarding training and had information available of the action required to respond to any safeguarding concerns. The management team had taken appropriate action when safeguarding incidents had occurred to reduce further risks.

Risks associated to people's needs had been assessed and planned for and were regularly reviewed. People were not unduly restricted and positive risk taking was planned and managed well. Accidents and incidents were recorded and monitored and action was taken to reduce further reoccurrence.

There were sufficient and experienced staff available to meet people's needs and safety and staffing levels were flexible to meet people's individual needs. Safe staff recruitment practices were in place and followed.

People received their prescribed medicines appropriately and these were managed and stored in line with best practice guidance.

Staff received an induction and ongoing training and support. The registered manager had a post graduate qualification in autism and had developed additional learning resources to support and develop staff's understanding and awareness.

The registered manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected. People were involved as fully as possible in decisions and asked for their consent before care and support was provided and this was respected.

People were involved in the development of a weekly menu. Their preferences and needs were known and choices and independence was promoted. Staff supported and encouraged people with health eating.

People's healthcare needs had been assessed and were regularly monitored. The staff worked with

healthcare professionals to ensure they provided an effective and responsive service.

Staff were kind, caring and respectful towards the people they supported. They had a person centred approach and a clear understanding of people's individual needs, routines and what was important to them.

People were involved as fully as possible in their care and support. Regular meetings were had with people to discuss their care and support and the activities they wanted to participate in. This included an annual holiday of their choice. People had information to inform them of independent advocacy services and had been supported to access these services where required.

People were supported to participate in activities, interests and hobbies of their choice. Staff had been creative and had used innovative approaches to support people with their dreams and aspirations. Staff promoted people's independence and people were active citizens of their local community. New opportunities had recently been introduced for people to develop their social and friendship circle.

The provider enabled people who used the service and their relatives to voice their views and opinions. The registered manager listened to what people had to say and took action to resolve any issues.

The provider had checks in place that monitored the quality and safety of the service. These included daily, weekly and monthly audits. In addition the provider had further systems in place that provided additional monitoring to ensure the service was continuously developing and improving. The service had been successful in achieving the National Autistic Society Autism Accreditation.

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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of avoidable harm. They had received appropriate adult safeguarding training.

Risks associated to people's needs had been assessed and planned for and were regularly reviewed.

Sufficient staff were on duty to meet people's individual needs and staff were recruited through safe recruitment practices.

People received their prescribed medicines appropriately and these were managed and stored safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had received an induction and ongoing training and support to meet their needs effectively.

People were involved in menu planning and staff understood people's dietary needs and promoted health eating. People's independence was encouraged and promoted.

People's healthcare needs were assessed and monitored and staff worked with external healthcare professionals to meet people's needs effectively.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and respectful and treated people with compassion.

Staff had a good understanding of people's needs.

People were provided with the information they needed that

enabled them to contribute to decisions about their care. Independent advocacy information was made available for people.

People's dignity and privacy were maintained by the staff and relatives were able to visit whenever they wanted to.

Is the service responsive?

Outstanding 

The service was very responsive.

People were supported with activities that reflected their interests and hobbies. Staff used creative and innovative, person centred approaches to support people with their dreams and aspirations.

People's individual needs, routines, preferences and what was important to them was recorded and understood by staff.

People received opportunities to raise any concerns or complaints.

Is the service well-led?

Good 

The service was well-led.

Staff were clear about the vision and values of the service and practiced this in their day to day work. Staff were positive and confident with the leadership of the service.

People and their relatives had opportunities to be involved in the development of the service.

A registered manager was in post with substantial experience, knowledge and skills. They used this effectively to manage and drive forward improvements and achieve good outcomes for people.

The registration and regulatory requirements were understood and met by the provider and registered manager. ☐

Redcliffe 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 23 March 2017 and was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the commissioners of the service, healthcare professionals and Healthwatch to obtain their views and feedback about the care provided at the service.

Due to people's communication needs and needs associated with their autism we were unable to gain people's feedback about the service they received. We used observations to help us understand their experience.

During the inspection we spoke with the registered manager, deputy manager and a team leader. We also spoke with a visiting relative and another relative on the telephone for their feedback about the service their family member received. We looked at the relevant parts of the care records of five people, three staff recruitment files and other records relating to the management of the service. Including medicines management, staff training and the systems in place to monitor quality and safety, meeting minutes and arrangements for managing complaints.

After the inspection we spoke with two support workers by telephone.

Is the service safe?

Our findings

Relatives were positive that their family member was protected appropriately. One relative told us, "Staff are really good at dealing with any incidents that happen between people, they contact me if anything has happened." They added that as a result of another person going into their family member's bedroom, staff provided a bedroom door key which the person was very pleased with. This person showed us their bedroom which was locked and they had their own key as described to us.

Staff demonstrated a good awareness of how to protect people from avoidable risk. A staff member told us staff had received adult safeguarding training and were clear about their role and responsibilities of responding to any incidents or concerns. This staff member was aware of the reporting procedures including external organisations that were required to be informed of any safeguarding concern and incident.

We observed staff were attentive to people's needs and were knowledgeable about any potential conflict people could get into with each other. Records confirmed staff had received appropriate safeguarding training and had information available to support them to respond to any safeguarding incidents. Where incidents had occurred the registered manager had taken correct action and followed the multi-agency safeguarding procedure. This included investigating and taking action to reduce further risks. This told us that people could be assured that staff knew how to protect their safety.

Safeguards were in place to support people against the risk of financial abuse or exploitation. We completed a sample check of how people's personal finances were managed. We found money was correct and accounted.

Risks to people's needs had been assessed and planned for. Relatives told us they felt their relative and themselves, were involved as fully as possible in discussions and decisions about how risks were managed. One relative gave an example of where their family member had been supported with positive risk taking. This was with regard to their love of motobikes; they were supported to be ride pillion. This relative said, "We had meetings to consider the risks and steps were taken to reduce anything going wrong, it was a great success."

Staff gave examples of how they supported people with known risks. This included reading people's support and risk plans. One staff member told us, "Whilst risks are assessed and planned for, we also consider the least restrictive ways of supporting people."

We observed staff supporting people appropriately without placing unnecessary restrictions on them. For example, people had access to the kitchen and whilst some locks were on cupboards, this was not to restrict people but in place to protect their safety. We also saw that a person who required support and supervision to access the community independently, had access to the front and rear of the property that they freely and frequently used.

We found from people's care records that any risks associated to their health or well-being had been

assessed. Risk plans were in place to support staff of the action required to manage known risks and these were regularly reviewed. Examples of risk plans included action required to support a person safely with their epilepsy and participating in community activities.

Accidents and incidents were recorded and reviewed by the management team to ensure staff had taken responsive and effective action. There was also a system in place whereby these were reported to senior managers within the organisation for review. This told us that the provider had ongoing oversight and people could be assured incidents were monitored and reviewed to reduce the risk of reoccurrence.

People had emergency evacuation plans in place that informed staff of people's support needs in the event of an emergency evacuation of the building. The provider also had a business continuity plan in place and available for staff that advised them of action to take in the event of an incident affecting the service. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

There were sufficient staff available to meet people's needs and safety. Relatives were confident there were sufficient and experienced staff available to meet their family member's needs. One relative said, "Whenever I visit there are always enough staff including at night." Another relative told us that their family member required additional staff support to keep them safe and said this was provided effectively.

Staff were positive about the staffing levels provided. One staff member said, "The staffing levels are really good, two people have one to one staff during the day and this is always provided. People are supported with daily activities of their choice because there is always enough staff available to support them. The staffing levels are better than anywhere else I've worked."

Staff told us that any shortfalls in the staffing levels due to leave or sickness were covered by other staff members or bank staff. These are staff employed by the provider to work as and when required. The registered manager told us that staffing levels were based on people's dependency needs which were regularly reviewed and any planned activities that required additional staff support. This told us that people were supported at all times by the deployment of sufficient staff and that staffing levels were flexible depending on people's needs.

The provider operated an effective recruitment process to ensure that staff employed were suitable to work at the service. Staff we spoke with confirmed they had undertaken appropriate checks before starting work. We looked at three staff files and we saw all the required checks had been carried out before staff had commenced their employment. This included checks on employment history, identity and criminal records. This process was to make sure, as far as possible, that new staff were safe to work with people using the service. This showed that the provider had appropriate recruitment processes in place to keep people safe as far as possible.

Relatives told us that they were confident their family member received their prescribed medicines safely. One relative said, "I have no concerns, [name of family member] knows the time they have their medicines and when they come to visit me they are signed out of the home and back in again."

Staff were confident that people's medicines were managed appropriately and safely. We observed a staff member administer a person's medicines and they did this safely.

We found that information available for staff about how people preferred to take their medicines including any allergies and other information individual to the person was detailed and informative. Protocols were in

place for medicines which had been prescribed to be given only as required (PRN) and these provided information for staff on the reasons the medicines should be administered. Body maps were used to support staff on the administration of topical creams.

Our checks on the ordering, management and storage of medicines including the medicine policy found they reflected current professional guidance. Records confirmed that staff responsible for administering medicines had received appropriate training and competency checks. Audit systems were in place to monitor medicines management and these were found to be up to date.

Is the service effective?

Our findings

Staff were supported effectively through regular ongoing training and support to enable them to carry out their role and responsibilities. Relatives were positive that staff were competent in meeting their family member's needs. One relative said, "Staff that have been here longer are more experienced but I have no concerns about staff competency. I often see staff training details on display so know they receive regular training."

Staff told us they received an induction before they started work to support them to understand what was expected of them and that this was supportive. A staff member told us, "The induction was good, I also did shadow shifts of experienced staff and I've had probationary meetings with the manager."

The induction included the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff were positive about the ongoing training opportunities they received that included online training and additional training the registered manager provided. One staff member said, "I've completed lots of training that I've found helpful and other staff have helped and supported me." Training records confirmed staff were up to date with their training which included training such as health and safety, first aid, infection control, food hygiene and epilepsy.

The registered manager had a post graduate qualification in autism and had developed additional learning resources to support and develop staff's understanding and awareness. This included an autism awareness information and workbook. Staff also told us that the registered manager arranged additional training for staff that included presentations such as team building. Records viewed confirmed what we were told. This meant that people could be assured that staff were well trained and knowledgeable, enabling staff to effectively work together to provide responsive care and support.

Staff received regular opportunities to meet with their line manager to discuss their work and review their training and development needs. They said that this was helpful and supportive. One staff member said, "We have regular one to one meetings and an annual appraisal of our work which are really useful, but we can speak with the manager at any time."

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.

Relatives told us that their family members were involved and supported as fully as possible in making decisions about the care and support they received. They also said that staff gave people choices and an

explanation before support was provided to enable the person to consent to or decline the support offered. Relatives told us that staff respected people's choices and decisions.

We observed staff interaction with people and saw that staff were courteous and respectful with regard to consent. People were given choices and explanation before support was provided. They were involved in discussions and decisions and staff were seen to respect and act upon people's wishes.

Where people lacked mental capacity to make specific decisions about their care and support we saw examples of MCA assessments and best interest decisions that had been completed. For example decisions about medicines and finances had been assessed. Relatives told us that they had been involved in best interest discussions and decisions. This told us that the register manager had a good understanding of how to apply the principles of MCA and that people's rights around consent had been appropriately protected.

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). Where people had been granted an authorisation this was documented to inform staff. Where conditions had been applied the registered manager told us of the action that had been taken to comply with these conditions and records confirmed what we were told.

Relatives told us that their family member had restrictions placed upon them for their protection and safety. They said they were aware of the DoLS and that they had been fully involved in this process.

Staff told us they had received MCA and DoLS training and records confirmed this. We found staff were aware of the principles of this legislation and they told us how they supported people to be involved as fully as possible in choice making decisions. One staff member said, "You always assume people have capacity to consent, you give choices and respect people's wishes. For some decisions that people can't make, best interest decisions have to be made on their behalf."

Some people experienced periods of high anxiety that affected their mood and behaviour. Staff were knowledgeable about people's individual needs and we saw examples of how staff supported people to manage their anxiety and behaviour. For example, we saw a person who was going out on a planned activity became anxious. Staff picked up on this change in mood and provided reassurance using a calm approach that relived the person's anxiety.

We found positive behavioural support plans provided staff with detailed information about people's fluctuating mental health needs and what people's coping strategies were. This told us that people could be assured that staff understood their needs and could provide effective support at times of anxiety.

Staff had received training in the management and intervention techniques to cope with escalating behaviour in a professional and safe manner. Staff gave examples of how they used different strategies to deescalate potential behaviours. One staff member said, "We have received specific training in restraint but only in low hold restraint and this is only used as a last resort, we always try distraction and this usually always works."

People received opportunities to develop the weekly menu, food and drink preferences were known and choices and independence promoted. Relatives were positive that their family member was supported with their food preferences and dietary needs appropriately. One relative said, "[Name of family member] loves their food and will eat anything, they are involved in saying what they want on the menu and go food shopping with staff."

Staff told us and records confirmed that people were involved in the weekly planning of meals. A visual weekly menu was available that reflected people's preferences and was well balanced. Food was found to be stored appropriately.

We observed people were offered and had access to snacks including fruit and drinks throughout the day and were given individual choice with their lunchtime menu. People's food intake was recorded and monitored as good practice, to enable staff to know that people had eaten and drank sufficient amounts. People were supported to have their weight regularly monitored to enable action to be taken should people's normal weight change requiring external healthcare professional support.

Relatives were positive that their family member was supported to access health care services appropriately and that their health needs were monitored and well met. One relative said, "Health needs are well met, and if I mention something they're [staff] on top of it, I have no concerns."

People's care records confirmed people's health needs had been assessed and planned for. Staff had the required information to know how to support people with their health. Records showed that people were appropriately supported to attend health appointments such as the dentist and optician to have their health monitored.

People had health action plans that recorded their health needs and appointments; these were found to be up to date and detailed. We found care records gave examples of the staff working with external healthcare professionals such as the GP, psychiatrist and specialist learning disability community team. This told us that staff worked with external healthcare professionals to provide effective care and support.

Is the service caring?

Our findings

People had developed positive and caring relationships with the staff that supported them. Relatives were positive about the approach of staff. One relative said, "I'm very happy with everything, the staff interaction is fantastic there is such a lovely family atmosphere."

Staff demonstrated they were knowledgeable about people's individual needs and preferences. People had a range of diverse needs and staff showed a good understanding of what these were and what was important to people. People's care records were detailed and informative; this ensured staff had the required information to provide an individualised service. This included information about their family, interests and preferred daily routines. This helped to ensure staff were able to develop meaningful and caring relationships with people who used the service.

Our observations found people were relaxed within the company of staff and friendly and jovial exchanges were had. On the day of our inspection carpets were being deep cleaned throughout the home and for this to happen, staff had arranged a trip to Skegness for the day. Seven people went with the support of six members of staff.

We observed people being supported by staff in the preparation and waiting time of the trip to happen. We saw for two people this was an anxious time. Staff said that for some people the build up to any external activity could cause them some anxiety but once they were out the building they relaxed and enjoyed themselves. We observed how staff provided support and comfort towards these people. Staff were patient and gave lots of reassurance and encouragement. We saw the registered manager talk with two people separately. They spoke softly, giving eye contact as they communicated and responded sensitively to what people said, their body language and signs of anxiety. The registered manager offered both people individually the opportunity to speak with them in private which both people accepted. This showed great kindness, compassion and respect.

People's preferred communication methods were known and understood by staff. Information available for people was appropriate with the use of pictures, signs and symbols to support them. An example of this was an activity board that provided people with pictorial information of their activities.

People's communication needs and preferences had been assessed and support plans developed to advise staff of how to effectively communicate with people. Some people who used the service were living with autism and experienced difficulties in verbally expressing their needs. Staff told us they used social stories as a method to support people. A social story are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. A relative told us that this had been used to support their family member to understand the sequence of an activity they wanted to participate in.

The registered manager told us about a person who was new to the service and had specific communication needs. They had arranged for a speech and language therapist to visit the day before our inspection where

they met with the person and staff to discuss this person's communication needs. Other people who used the service were also involved as it had been recognised that every person, staff and resident, needed to know how to effectively communicate with the person. Additional staff training and also been arranged. This told us that people could be assured that appropriate action and support was available to support them with their individual communication needs.

We saw that there was information available about an independent advocacy service. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. We saw examples of the involvement of advocates where people had restrictions placed upon them. These are called Independent Mental Capacity Advocate's (IMCA). This was to ensure people were appropriately protected and that any restrictions were carried out lawfully.

Staff told us how they involved people in ongoing discussions and decisions about the care and support provided. This involved monthly face to face meetings with people on an individual basis. We saw records that confirmed people were involved and consulted. Discussions covered a variety of topics including activities people wished to do. Where people had made requests, this was documented and included the action required to support the person, by whom and with a timescale. This was then reviewed at the next meeting. This told us that staff were accountable to people to ensure their wishes were acted upon.

Relatives told us that their family members were supported to maintain and develop their independence. One relative said, "Independence is very much promoted and is very good. They [name of family member] are encouraged to do as much as they can with cleaning and laundry."

Staff showed a commitment to promoting people's independence as much as possible. One staff member said, "We encourage people as fully as possible to do as much as they can for themselves. We have a person who will ask for their money and will sign to say they have received it and they spend it as they wish." We saw how staff supported people with their independence at every opportunity and regardless of how much people could do for themselves they were offered encouragement.

Relatives said they found staff to show dignity and respect to their family members. One relative said, "The staff are helpful and listen, they are sensitive and show great respect to [name of family member] and others."

Staff gave examples of how they respected people's dignity and privacy when providing personal care and support. Staff told us there were no restrictions about people receiving visitors and relatives confirmed they could visit their family member at any time. We found people's personal information was respected, for example it was managed and stored securely and appropriately.

Is the service responsive?

Our findings

Relatives were very positive of the outcomes and achievements their family member had experienced with the support of staff with activities, hopes and dreams that were important to them. A relative said, "Compatibility of people that live here is carefully considered." Another relative said, "I'm very happy and satisfied with the placement, it's proving to be a huge success, behaviours have reduced because staff understand [name of family member] needs much more here. There are so much happier and are involved in lots of activities and opportunities."

One relative told us how staff each year supported their family member with an annual charity walk that was hugely important to them. This relative told us, "It's a 40 mile walk, two staff have volunteered to support [name of family member], I think that shows great dedication." Staff confirmed this and said that they were planning a short walking break before the charity walk to help the person in the preparation. This was an example of great dedication and staff going above and beyond to support a person with an activity that was personally important to them.

Another example was given how a person had a real passion for motorbikes and how they fulfilled their dream of riding one. This person had developed a friendship with a neighbour who had a motorbike. Each day they would watch the person return home from work on their motorbike. To support the person with their wish staff approached the friend and enquired about the person having a pillion ride. This person's relative told us how meetings were arranged with the person, friend, themselves and staff. This relative said, "We had meetings to discuss what the risks were and what we could do to reduce these. Staff used social stories as a means to help prepare [name of family member]. Lots of work went into fulfilling this dream, it was a great success." This person lives with autism which means their sensory needs are heightened. For example they are particularly sensitive to loud sounds. This demonstrated that staff were not risk adverse and that they were responsive and person centred in their approach.

Another person experienced high anxieties and had developed a particularly good relationship with the registered manager who they responded to very well at times of distress. The registered manager told us how they had provided the person with a small hand held tape recorder of their voice. They said that they recorded words and phrases that they knew the person took comfort from. This was used as a method to support the person when the registered manager was not available. Staff told us that this was very successful and had a positive response from the person who immediately calmed on hearing the voice of the registered manager. This was an excellent example of how the registered manager had been creative and responsive to a person's individual needs.

A person showed us their bedroom. They had a passion and skill in doing cross stitch. Staff also told us they had a love of Christmas decorations and each year decorated their bedroom independently that they were very proud of and was hugely important to them.

We saw examples of completed cross stitch framed pictures on display that were very detailed and complex. This person's relative told us that staff had been in contact with the local newspaper and an article had been

written that featured their family member sharing their love of cross stitch and their Christmas decorations. This relative said, "[Name of family member] was fully involved and consulted. They were very proud to see the write up about themselves." We saw a copy of the local paper's article that confirmed what we were told. This showed how staff valued and recognised people's individual strengths and achievements.

A person had a great passion and interest of all memorabilia associated with a well known soft drink company and they displayed everything they had collected in their bedroom. The registered manager told us how they had approached the company as a means of supporting the person with their interest and hobby. The registered manager had written a letter to the international company on behalf of the person and with their consent. This told us how responsive and person centred staff were in supporting people with interest and hobbies that were important to them.

The registered manager told us how the staff team were exploring additional opportunities for people to develop their friendship groups. An example of this was joint social events and activities with another service within the organisation that was situated nearby. Activities that had been arranged so far included Zumba (dance and fitness) classes; the hire of a room in a local pub had been secured to host celebrations and events. Staff told us how one person loved to DJ and that they had their own sound deck which we saw. Arrangements were in place for this person to host their own disco.

Staff told us that people accessed and participated in a range of community activities. Some people accessed a community day service, people attended an evening social club and leisure activities included shopping and lunch trips, attending the theatre, cinema, a gym and local parks. Records confirmed people participated in activities as described to us.

Staff demonstrated they understood and supported people's diverse needs, this information was considered during the assessment and on-going review of people's needs. Staff had also received training in equality and diversity. This told us that people could be assured they received appropriate support and understanding of their individual needs and lifestyle choices.

We found people's care records also provided staff with detailed information about their interests, hobbies and what was important to them in terms of their routines. People's religious and cultural needs were assessed and supported. For example, staff told us how a person was supported to attend a place of religious faith. Records confirmed that staff had provided this support as described to us. Staff also told us how people were supported to have an annual holiday and how they supported people with choice making. A relative confirmed this to be correct, and that their family member had decided on their holiday choice that was in the process of being booked.

A relative told us about their family member's pre-assessment and transition plan. They said that this was very person centred and responsive to their family member's needs. This relative said, "I'm so very pleased with how the move went, it was very organised and there has been such a positive change within a short space of time. [Name of family member] is kept stimulated and busy and they have been supported to develop friendships, it's the best placement they've had, it's bringing the best out of them."

We looked at a person's pre-assessment. This information was very detailed, pre-assessments are important to ensure the service can meet people's individual needs. It's an opportunity to consider if additional resources or staff training is required. This information was then used to develop person centred support plans that informed staff of people's needs and wishes. Support plans were regularly reviewed and we saw examples when they had been amended due to a change in a person's needs.

A relative told us that they were invited to attend an annual meeting to discuss and review their family member's needs and the care and support provided. They told us the last meeting they attend was March 2017 and records confirmed this. People were involved as fully as possible in decisions about their care and support. A decision making profile was completed for each person. These advised staff of a number of factors to consider when supporting people with choice making and decisions. This included for example how information should be presented and at the best time. This told us that thought and consideration had been given to how best people could be supported to actively contribute to their care and support.

Relatives told us that they were aware of how to make a complaint, that they would not hesitate to do so if required and were confident appropriate and responsive action would be taken.

Staff were aware of the provider's complaint procedure and were clear about their role and responsibility with regard to responding to any concerns or complaints made to them. The complaints log showed that three complaints had been made. This had been responded to in a timely and appropriate manner.

Is the service well-led?

Our findings

The service had a positive person centred, inclusive and open approach. Relatives were very complimentary and positive about the service their family members received. One relative said, "The service is very good as soon as I walked in it felt right, the atmosphere and friendliness. Before [name of family member] moved here, we had visited services all over the country."

Relatives particularly felt impressed with the autism expertise of the registered manager. They described them as very experienced and knowledgeable and that they were approachable and supportive.

The service had been successful in achieving the National Autistic Society Autism Accreditation. Autism Accreditation is an internationally-recognised process of support and development for services that support people living with autism. This demonstrates and proves that the service was committed to understanding autism and that the standard for autism practice was being met.

Staff spoke very positively about working at the service and had a clear understanding of the vision and values that the registered manager and provider had and expected. One staff member said, "It doesn't feel like a job, I really enjoy coming to work. People get choices with absolutely everything." Another staff member told us, "People receive a person centred service where independence is promoted and people are supported and encouraged to lead active and fulfilling lives."

As part of the provider's internal quality and assurance procedures annual surveys were sent to people who used the service, relatives, friends, professionals and staff. Relatives confirmed they had received a survey in 2016 inviting them to share their feedback about the service. Records confirmed that annual surveys were sent to people in October 2016. Feedback was analysed and action taken by the registered manager where required. As a result of the feedback we saw a communication book had been implemented at the request of a relative that was used between the service and themselves. The registered manager told us that an annual BBQ was arranged where relatives and neighbours were invited to attend. This was used as an opportunity to share any information about the service such as achievements and future developments. We saw a presentation that had been provided at the last BBQ in 2016 that confirmed what we were told.

Staff were very positive about the registered manager who they described as very knowledgeable supportive and a good leader. One staff member said, "The manager is always willing to help and support staff no matter what it is. If they don't know the answer they will say and find out for you. They push staff to reach their full potential, they want staff to do well and want the best for people we care for." Another staff member told us, "The manager is very good, they listen to staff opinions but if they don't agree with something they explain why, they have a really good way of putting things."

The conditions of registration with CQC were met. The service had a registered manager in place who was very experienced in managing services. The registered manager was supported by the deputy manager, operations manager and quality team within the organisation. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received the required notifications

in a timely way.

There was a system of audits and processes in place that continually checked on quality and safety. We found these had been completed in areas such as health and safety, medicines, accidents and support plans to ensure that the service complied with legislative requirements and promoted best practice. The registered manager told us that the property department within the organisation had visited the service the day before our inspection to complete an audit of the environment. They told us that a refurbishment plan was discussed and an action plan was being developed.

The registered manager was required to submit regular audits to senior managers within the organisation, this was to enable them to have continued overview of how the service was managing and improving areas of quality and safety. This told us that the provider had systematic procedures in place that demonstrated the service was continually driving forward improvements to the service people received.

Staff told us that there were regular staff meetings that they found supportive and informative. Team meetings gave the management team an opportunity to deliver clear and consistent messages to staff, and for the team to discuss issues and be involved in the development of the service.

A whistleblowing policy was in place. A 'whistleblower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.