

Autism Care Wiltshire Limited

Ciderstone House

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?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Autism Care Wiltshire Limited is a specialist provider of residential care for adults who have autism, learning disabilities and other associated health needs. They are a small provider with two services providing specialist care and support. Ciderstone House provides accommodation and personal care for up to six people. At the time of our inspection there were five people living in the home. The home has five large double bedrooms, some with ensuite bathrooms and a separate self-contained flat where one person lives. The home is situated close to local amenities which people are supported to access as part of their daily activities.

The ethos of Autism Care Wiltshire Limited is to recognise people as individuals and to put together bespoke packages of care to ensure that each person has their needs met. This included learning about the way each person communicates, routines they follow that were important to them and looking at creative ways to support people to live their lives safely. Where required they worked in partnership with other health and social care professionals to provide additional guidance and advice to the staff team. This included psychologists, occupational therapists and specialist nurses.

This inspection took place on 9 May 2017 and was announced. The provider was given short notice because people living in the home can become unsettled by the presence of an unannounced visitor. This gave the provider an opportunity to plan our visit with the people using the service. The inspection was carried out by one inspector. The service registered in December 2015 and had not been previously inspected.

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

People were supported by kind and caring staff. We observed staff developed extremely positive caring and compassionate relationships with people. People were treated with dignity and respect and were encouraged to maintain their independence and make choices. Staff knew each person as an individual and were patient and caring in their approach when offering support. Throughout the day we observed staff supporting people in a kind and respectful manner, offering reassurance to people where required. Relatives spoke extremely highly of the care and support their family member received.

People received a personalised service which was responsive to their individual needs. Care plans contained extensive essential information on people's preferences and life experiences to help ensure people received person centred care in their preferred way.

There were safe administration systems in place and people received their medicines when required. Medicines were stored securely and disposed of safely. People's care records showed relevant health

professionals were involved with people's care. People's changing needs were monitored to make sure their health needs were responded to promptly.

Staff were aware of people's dietary requirements. Where required people had access to specialist diets and guidance was in place to ensure staff met these needs accordingly.

People were protected from the risk of harm and abuse. Staff had received safeguarding vulnerable adults training and were aware of their responsibility to report any concerns. Policies and procedures were in place to advise staff on what they should do if they had concerns. Risks were assessed and reviewed regularly and control measures were put in place to minimise the risks to people. There were effective pre-employment checks for the safe recruitment of staff, including criminal records checks and obtaining character references.

There were sufficient staff on duty to ensure people's needs were met. We observed throughout the inspection that staff were unhurried and spent time engaging with people. People received care from staff who had the skills, knowledge and understanding needed to carry out their roles. New staff members received a comprehensive induction. Training records confirmed staff received training in a range of core subjects required by the provider.

People received a high standard of care because the management team led by example and set high expectations of staff about the standards of care people should receive. There was an effective quality assurance system in place to ensure any improvements needed within the service were identified and the necessary action was taken to implement change.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Consent to care was sought in line with legislation and guidance. Mental capacity assessments had been completed and where people had been assessed as not having capacity, best interest decision meetings had taken place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual care and support needs. Safeguarding training had been completed and staff were aware of how to raise any concerns about people's wellbeing to ensure people were safe.

Risks were assessed and reviewed regularly and control measures were put in place to minimise the risks to people.

There were safe administration systems in place and people received their medicines when required. Medicines were stored securely and disposed of safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were skilled in meeting people's needs and received on-going training and support to enable them to deliver effective care.

People were supported to eat and drink enough. They were encouraged to make choices about food and drink.

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs.

Is the service caring?

Outstanding ☆

The service was caring.

People were cared for by staff who valued each person as an individual. Staff developed extremely positive, kind and compassionate relationships with the people they supported.

People's dignity, privacy and independence were promoted and people were treated with respect.

People received personalised care which was centred on their routines and preferences. □

Is the service responsive?

The service was responsive.

People received exceptional person centred care from staff who promoted each person's health, well-being and independence. Care plans were in place which extensively detailed how each person would like to receive their care and support.

People were occupied and encouraged to socialise through a programme of engagement and activities. People were supported to pursue their interests and could try new things.

Relatives told us they felt comfortable with raising suggestions and concerns because the staff and management team were approachable. Complaints were dealt with in a timely manner. □

Outstanding ☆

Is the service well-led?

The service was well-led.

The registered manager and nominated individual were passionate about providing a high standard of bespoke care for people. People were looked after by staff who shared the provider's commitment to running an excellent service.

Staff shared the provider's vision and values to ensure people benefitted from the best possible person centred care.

Staff and relatives spoke highly about the management team and the service being delivered to people.

There was an effective quality assurance system in place to ensure any improvements needed within the service were identified and the necessary action was taken to implement change. □

Outstanding ☆

Ciderstone 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 was an announced comprehensive inspection and took place on 9 May 2017. The inspection was carried out by one inspector.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the 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 used a number of different methods to help us understand the experiences of people who use the service. As the people using the service were unable to verbally tell us their views about all aspects of the care they received, we spoke with five relatives about their views on the quality of the care and support being provided to their family member. We received feedback from two healthcare professionals who supported the service to meet people's care needs. During our inspection we looked around the premises and observed the interactions between people using the service and staff.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included three care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

During the visit we met four of the people who use the service. One person can become unsettled with visitors they do not know and therefore it was agreed that we would not meet this person. We spoke with the registered manager, the nominated individual and three care staff.

Is the service safe?

Our findings

We looked at the arrangements in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. Safeguarding policies and procedures were in place which provided guidance and information to staff. The registered manager was able to tell us how they would report safeguarding concerns to the appropriate local authority and would work with them to ensure action was taken to keep people safe.

None of the relatives we spoke expressed any concerns about the safety of the service their family member was receiving. Their comments included "I am settled because he is settled. It's the best decision I've made for him for his future. I have no concerns about his safety", "I feel she is safe. There are plenty of competent and confident staff to support her", "I feel reassured by the care she gets" and "I cannot fault them. I trust them with my daughter and know she is happy".

People who used the service could not tell us their views about their care and support. We saw that people were relaxed with the staff that were supporting them and did not hesitate to seek support or assistance from any of the staff members present during our inspection. This indicated that people felt safe around the staff members.

People were protected from the potential risks of harm or abuse. Staff understood that people could be vulnerable because they could not easily tell anyone if they had any concerns. Staff understood how to recognise possible signs of abuse. They described what they would look for, such as a change in a person's mood or bruising. Staff knew who they should report any concerns to and what actions to take should they suspect abuse had taken place. They said they would report their concerns to the registered manager, nominated individual or senior staff. Staff were confident any concerns raised would be listened to and acted upon. One member of staff explained "As a senior part of my role is to observe practice and interactions. I would always discuss with staff anything I felt wasn't good practice and report it to (the registered manager)".

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. There was a range of risks assessments in people's care records and areas such as personal care, accessing the community and support to help the person manage behaviour that may be seen as challenging had been planned for. People had support plans in place which provided information for staff about what could trigger certain behaviour, what to do if behaviour occurred, how to respond when the behaviour first emerged and then advice on what to do subsequently. For example, one person could become anxious or distressed when going through cycles of preference, such as favoured clothes. Staff were aware of the impact of this and plans were in place to minimise the risk of this happening and how to support the person appropriately.

People's medicines were managed so they received them safely. Medicines were ordered, stored administered and disposed of in line with the provider's medicines management policy. Staff had been trained to administer medicines safely and training records confirmed this. Medication administration

record (MAR) sheets had been completed and signed by staff appropriately. Protocols were in place for people who required 'as and when' (PRN) medicines. We observed one person receiving their prescribed medicine. Staff explained that it was time for their medicine and supported the person to take them at a pace appropriate to them.

Staffing levels were assessed and monitored by the registered manager to ensure there were sufficient staff available to meet people's needs at all times. They told us the planning of staffing was flexible and that if additional staffing was required for such things as outings or appointments then this would be provided. We saw people received care when they needed it and routines were carried out in a timely manner. There were enough staff on duty to ensure people's needs were met and they were supported to take part in planned activities either within the home or the community. Staff we spoke with felt there was enough staff on duty to meet people's needs and could seek additional support if required. The service had access to an on-call service to ensure management support and advice could be accessed at any time.

People were protected from the risk of being cared for by unsuitable staff. Safe recruitment and selection processes were in place to protect people receiving a service. Appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. We looked at the files for four staff members. Records confirmed that appropriate checks had been undertaken.

One relative we spoke with told us "(The registered manager) is very selective with staff recruitment and getting the right staff to ensure standards are high".

The provider had a policy in place to promote good infection control and cleanliness within the home. There were processes in place to maintain standards of cleanliness and hygiene. For example, there was a cleaning schedule which all staff followed to ensure all areas of the home were appropriately cleaned. People living in the home were also encouraged to take part in household tasks. All staff told us they had access to personal protective equipment (PPE) such as disposable gloves and aprons.

The home was purpose built to support people who have complex needs. Appropriate guidance and research had been undertaken to ensure the premises and furnishings were safe for people to use. Checks were carried out on the premises to ensure the safety of people who lived in the home.

Is the service effective?

Our findings

The home had been designed and built to accommodate the people living there. Two people had moved from the sister service. The nominated individual explained that because they had prior knowledge of the people who would be living at Ciderstone House they had been able to plan and design the building to meet people's specific needs. This had included a self-contained flat for one person. For another person they had included their own front door to support them to be able to access and exit the building with minimum anxiety or distress. These two people also had their own garden areas which meant they could access outside safely. Communal areas were spacious to give people the space they needed to feel comfortable. Curtains and blinds had been designed to come away easily if they were pulled by people. They were attached with Velcro which meant it was easy for them to be pulled down and then put back up. There was a communal garden that people in the home could use. This ensured that people had access to safe outdoor spaces.

The needs of people using the service were met by staff who had the right knowledge, skills, experience and attitudes. New staff completed a thorough induction to ensure they had the skills and confidence to carry out their roles and responsibilities effectively. This included the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to. The induction period also included staff shadowing experienced staff members. Records we viewed showed staff had received the necessary training to meet the needs of the people using the service.

People who lived in the home could experience behaviour that challenged the service. Staff had completed training in how to support people to manage their behaviour in a way that protected the individual, other people living in the home and staff members.

Relatives told us they felt staff were knowledgeable and had the correct skills needed to support their family member. Their comments included "Staff have a very good understanding of his needs and I feel they are both competent and confident in supporting him. They never hesitate to ask my advice if there is something they are not sure about" and ""They know him very well. They make sure they take things slowly and look for signs to see if anything is different. They are on the ball with everything. This gives me confidence in the staff".

People were supported by staff who received regular supervision and support. Staff received regular supervisions (one to one meetings) with their line manager. These meetings enabled them to discuss progress in their work; their training needs and development opportunities. During these meetings there were opportunities to discuss any difficulties or concerns staff had and any other matters relating to the provision of care. Staff we spoke with said they received good support from the registered manager and nominated individual. There were senior support workers employed by the service. This meant staff had access to guidance and support from a range of experienced people. One staff member told us staff received a debrief after there had been any incident involving people using the service. They said this gave staff an opportunity to reflect on the situation and review if there were things that could have been done differently. They said this also ensured that staff received support to explore their feelings about the incident.

People received the support they needed to eat and drink and maintain a balanced diet. We saw that people were given a choice of snacks and drinks throughout the day. People were supported to assist with the preparation of meals where they chose to be involved. Staff told us that people were given a choice of meal and if someone was not enjoying the prepared meal then an alternative would be offered. People had access to specialist diets when required for example, gluten or dairy free.

People were supported to maintain good health and had access to healthcare services as required. This included GPs, dentists, specialist nurses and occupational therapists. People living at the home had a 'Health Action Plan', to plan and record any medical intervention required such as optician, dental and doctor's appointments. The service had arrangements in place to ensure people were able to attend appointments and check-ups for all health needs. Staff told us they supported people to see a health professional such as a doctor, dentist or optician as required. Some health professionals visited people in their home to reduce their anxieties. Contact with health professionals was recorded in people's records. This showed people's day-to-day health needs were met.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this.

DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. All necessary DoLS applications had been submitted by the provider. These applications were reviewed each year and the necessary reapplications submitted.

We found in care plans that necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them. The registered manager and staff had a good understanding of the Mental Capacity Act 2005. Training in this subject had been undertaken by staff. During our inspection we observed staff supporting people to make decisions about their daily living and care. For example, people were asked if they wanted a snack or drink or if they wanted to go out. Staff sought consent from the person before undertaking any care tasks. Staff said people were always offered choice, for example, when they wanted to go to bed, what they wanted to eat and drink and how they wanted to spend their day. Comments from staff included "People are able to choose what they want to do each day. We respect their decision if they do not want to do something and wait until they are ready" and "People can make decisions day to day. Sometimes to help them choose I will show them things like different breakfast cereals".

People used a wide range of ways to communicate their needs and wishes. We saw that staff were very knowledgeable about how people communicated. Each person was treated with respect and given time to make day to day choices. We observed that staff respected the decisions people made. A health professional told us "People are involved where possible, dependent on capacity to specific decisions, families, carers and other professionals. Mental capacity assessments are undertaken and appropriate referrals to DoLS and IMCAs have been made in the past, where needed".

Is the service caring?

Our findings

Relatives spoke extremely highly of the care and support their family member received and felt that the management and staff often went 'the extra mile' for people. For example, one relative told us about how during a recent hospital admission one carer had supported their family member during their stay even though they were not scheduled to be working at the service during this time. They said the support they and their family member received during this time was "Outstanding" with staff staying overnight in hospital to minimise the person's anxieties.

Relatives comments included "They are outstanding in their support of him. We worked well together during the transition period and they listened and took on board everything I said. The result is he is a very happy and relaxed young man. His behaviours have decreased and he is thriving on all of the care and attention he is receiving. I am very proud of where he lives and I feel lucky to have found Ciderstone House", "Staff are brilliant. They are caring, patient and kind. It is endearing to watch them support her. They treat her with such kindness. I am extremely happy with the care she receives" and "They manage her stresses amazingly well. They know her really well and the staff are amazing with her. They have planned for and covered everything. They do what is needed to suit her needs. I feel this has supported her to grow up and she has calmed down. They do so much research into how best they can support her. I know she is happy and I don't worry".

The service had a strong person centred culture with the staff supporting the person to 'teach' them on what support they were able to accept and how they wished to receive their care. For example, one person's care plan guided staff that in order for them to 'function' daily they liked to have a staff member close by whom they trusted and who knew them well. The guidance stated 'this has not been imposed by us. This is something that has been shown to us by (person's name). As a team we need to follow her lead'. Another person's care plan explained the importance of them not being rushed during personal care. It stated that staff needed to explain what was going to happen and that staff were to be led by the person who would indicate when they were ready. It detailed how staff needed to 'prepare everything' prior to the person receiving personal care to minimise the risk of them becoming distressed. The care plan had recorded that due to the person's levels of stress escalating whilst having a shower this had been stopped and the person was now supported to have a bath which had reduced their levels of distress.

The service was creative in ensuring people had accessible bespoke packages of care to ensure they were centred on the person. For example, one person experienced difficulties when leaving the home which meant they could sometimes block the door way. To support the person and other people living in the home a door way had been built into their bedroom so they had their own access to the building. This meant if they were experiencing any difficulties it did not impact on the other people living in the home and decreased the risk of people becoming distressed. The corridor had been widened which allowed staff then to be able to sit next to the person, offering any reassurance needed until they were ready to move on.

Staff demonstrated their awareness of people's likes, dislikes and their care needs. People's care plans extensively documented essential information on people's preferences and life experiences to help ensure

people received person centred care in their preferred way. One relative told us "They cover every eventuality. Nothing is left unplanned for which is great".

Relatives we spoke with felt the service was exceptionally person centred. One relative told us "The staff get him. They know him so well. They notice and pick up on things. For example, they noticed that he liked to wear a particular pair of pyjamas for bed. They made that connection which means he is settled".

We observed people were comfortable in the presence of staff. We saw that when people were approached by staff they responded to them with smiles or by touching them which showed people were comfortable and relaxed with staff. Staff took their time with people and did not rush or hurry them. Staff were aware of the importance of respecting people's rights to privacy and dignity. When people received personal care staff told us they made sure this was done behind closed doors and at a pace appropriate for the person. One staff member told us "People have their own rooms where they can go to if they want some space. Some people can let us know if we are not needed in the room and we respect this". A health professional told us "Dignity and respect is shown through person centred care. They manage behaviour that can be challenging at times in a sensitive way and always maintaining dignity whether at home or in the community".

Staff knew people and their needs extremely well and had developed caring relationships. We observed kind and respectful interactions where people were given time to express themselves fully. Staff were responsive to requests for support and reassurance. For example, one person returned home from their activity feeling distressed. Staff immediately responded to this person by offering them support and reassurance. They spent time with the person engaging them in an activity until they were no longer feeling distressed. We observed that this support had a positive impact on the person's emotional wellbeing.

We observed staff had a genuine interest in the wellbeing of residents, engaging them in conversation to check how they were feeling and if there was anything they needed. For example, we observed staff supporting one person who had some difficulties with moving from one activity to another. Staff offered the person reassurance, explaining what was happening. They did not rush the person and supported them to leave the house in their own time. Objects such as cuddly toys which the person found comforting were available during the transition.

The service was proactive in ensuring that people were able to express themselves and communicate their needs. Care plans contained detailed information on people's communication and any support they required to be able to express themselves. For example, it was recorded in one person's care plan they communicated by making noises, pointing or asking staff to follow them. Photographs and symbols were used to make information more meaningful and accessible to the person.

People were supported to maintain relationships with their family and friends. Relatives we spoke with said they were welcome to visit anytime and were always welcomed. One relative told us "They are very keen for (person's name) and the other young people to have a family life within the home and to also maintain contact with their family".

People's bedrooms were personalised. People were surrounded by items within their rooms that were important and meaningful to them. This included such items as books, ornaments and photographs. Supporting people to personalise their rooms created a comforting and homely feel.

Is the service responsive?

Our findings

People's care and support was planned proactively in partnership with them, their relatives and appropriate health professionals. People received exceptional person centred care from staff who promoted each person's health, well-being and independence. Care plans were in place which extensively detailed people's routines and preferences and how each person would like to receive their care and support.

People's care records had all been reviewed and the information within them was accurate and up to date. Staff told us they had access to people's care plans and understood the care and support people required. They confirmed people's needs were reviewed each day during handover meetings between staff to make sure they were aware of any changes that were required to people's care.

All relatives confirmed they were involved in planning and reviewing their family members care and support. One relative told us they felt the service "Embraced parents" and were "Exemplary" at involving them in the planning of their family member's care. They explained that they had felt involved through the whole process when their family member first moved to Ciderstone House. Another relative told us "His transition was amazing. I felt totally included and we worked together to get things right. This was so valuable in settling (person's name). Everything went according to plan".

Relatives and health and social care professionals spoke positively about staff and felt they had an excellent understanding of people's individual needs to ensure they received personalised care. Comments from relatives and health professionals included "They are extremely person centred in the care they provide", "They really understand him. The result of this is that his behaviours have decreased and he is now on an even keel. It's nice to see him happy and relaxed. I have never been surer about anything before. This was definitely the right decision for (person's name)", "They know her very well. I feel they know her better than I do now. They are meeting all of her needs. The setup is brilliant, it couldn't be any better" and "Staff understand her which means she is settled and happy. Staff relate to her on her level. Her quality of life has greatly improved and our relationship has improved too". One health professional told us "They are an exceptionally good home in my opinion. I think service users appear to have a very high quality of life and the service is very person centred".

People received care and support from a service that was flexible and responsive to their individual needs. Adjustments and adaptations were made to accommodate people's needs. Where the changing needs of people had become difficult to accommodate in the provider's other service the service had responded by changing their living environment. When purchasing Ciderstone House the provider had taken the opportunity to review people's living arrangements and in discussion with relatives, staff and health professionals had adapted the new building to suit the changing needs of people. For example, one person experienced difficulties living in a group setting. Within Ciderstone House the provider had built a self-contained flat for this person. This meant the person could choose when they wished to socialise with people and when they preferred to be on their own. This resulted in a significant improvement to the quality of life for this person.

Another person who lived in the provider's other service had experienced difficulties with their mobility which had increased their levels of distress and anxiety. Again this had been looked at during the renovation of Ciderstone House. The person had moved services to a ground floor bedroom. This had enabled them to maintain their independence and had supported their mobility. Again this resulted in a significant improvement in the person's quality of life.

Although people were moving between services within the same provider this was still properly planned with people, where they were able, and their relatives. There was an awareness of the potential difficulties people face when moving and this was thought through and planned to ensure people's preferences and choices were respected and that people received continuity of care.

The service was flexible and responsive to people's individual needs. They were committed to being creative and finding ways to enable people to live full lives and continue to be independent. There were arrangements in place for people to access social activities based on their preferences and interests. For example, one person enjoyed playing snooker but could be sensitive to noise. The service worked closely with a local snooker hall to arrange for the person to go when the establishment was quieter. Due to people's sensory needs a great deal of planning had gone into supporting people to access the local sailing club, swimming pool and horse riding facility to ensure people were able to access these opportunities without causing distress and anxiety. Risk assessments were in place to support people to access activities safely.

We saw staff responded to people's communication to assist them to support the person appropriately. Staff had been trained in the use of an approach called 'Intensive interaction'. This approach is used to teach the fundamentals of communication to children and adults who have severe learning disabilities and/or autism. This approach supports staff to create meaningful interactions with the people they are supporting. Some aspects of the approach involve staff using imitation and vocalisation to interact with the person. For example, we observed staff interacting with one person by imitating their physical moves. The person was observed laughing when staff did this and continuing to change position so that staff followed. The person looked happy and relaxed with this interaction. Care records contained guidance for staff on how to support people with their communication and to engage with this.

People were supported by one to one staffing and were able to be flexible with their choice of activities. During our inspection we saw people going out into the community which included visiting local shops or going for a walk. People moved freely around the home choosing where and how they wished to spend their time. One person chose to spend their time in the conservatory listening to their music. They had chosen to close the door to be on their own, which staff respected. Staff were still able to observe the person. Staff only entered the conservatory when the person opened the door and invited them in.

Relatives were happy with the activities and opportunities provided by the service for their family member. Comments included "He is accessing more than ever before. His confidence has grown and his tolerance has improved as a result of his new surroundings" and "Everyone is doing their best to help her access activities".

Relatives and staff were actively encouraged to share their views and raise concerns or complaints. Feedback was valued and the registered manager explained it was an important part of ensuring improvements were made where necessary. We saw a copy of the complaints policy. The registered manager told us that they had not received any formal complaints. She told us she had an open door policy and encouraged staff and relatives to speak with her if they had any suggestions or concerns. All of the relatives we spoke with told us they felt listened to and could approach the registered manager, nominated

individual or staff with any concerns they may have. Their comments included "They are very attentive to what I am saying and I always feel involved in all aspects of (person's name) care. Everyone is very approachable and I would feel comfortable raising any concerns I had" and "I am very happy with the care (person's name) receives. I have no concerns but would be happy to raise them if I had".

Relatives and staff were invited to share their views of the service. A survey had been sent out in the first year to gain feedback from people's relatives and staff about the service. We saw the summary of feedback from both relatives and staff which was all extremely positive. Comments from relatives included "He clearly loves living there and enjoys every aspect of his care. The standard of care continues to be of the highest standard", "We couldn't wish or expect better" and "Everyone works hard to ensure she is happy and healthy". Comments from staff included "The job gives me satisfaction. We are a good team", "Pleasant supportive staff. Great communication between us all" and "I feel I am doing something worthwhile. Everyone treats each other well and it's a lovely environment to work in".

Is the service well-led?

Our findings

In the provider information return (PIR) submitted in April 2017 the registered manager had stated 'Our ethos is that our service users show us the best way to support them. They do this by their behaviour responses to our interventions. The staff are trained to understand the needs of our young people and to respond to these correctly and consistently'.

The registered manager, nominated individual and staff demonstrated a commitment to continuously improving the service people received. We spoke with the registered manager and the nominated individual who explained the importance for them of recruiting staff who shared their ethos and values which included staff being caring and passionate about their job role. They said it was important that staff wanted to give people the best quality of life by "Finding out what makes a really good day and then by keep making this happen".

Staff we spoke with understood the vision and values promoted by the registered manager. One member of staff told us "(The registered manager) only hires people with a passion for wanting to do the best for people. We encourage people to develop their independence and take our lead from them".

Relatives spoke highly of the management of the service. Their comments included "(The registered manager) and (nominated individual) complement each other. They are both on the ball with what is happening. Their standards are very high and it shows in the care (person's name) receives. They are both so approachable and everything is well managed", "(The registered manager) is brilliant. She is a great manager. She is so passionate and dedicated. I cannot fault her. (Person's name) is lucky to be living there" and "The management are outstanding. Everything is 100% and they excel in everything. The care she receives is everything I wanted for her to be safe and happy".

Every staff member we spoke with told us they thought the service was well managed and they enjoyed working there. Staff said they were encouraged to raise any suggestions about how the service was run and the care people received. Suggestions were supported that had a positive impact on people's lives so the service developed further. For example, one staff member explained about one person who sometimes entered other people's bedrooms which could cause them distress. Through discussion it had been decided to fit bedroom doors with a handle which prevented people from entering bedrooms which were not theirs. If people were in their bedrooms they would be able to exit the room. As people were supported by one to one staffing they were able to access their bedrooms at anytime. This reduced the risk of people becoming upset by others entering their personal space. One member of staff told us "The staff are all very nice. We all want to provide good care to the people we are supporting".

People received a high standard of care because the management team led by example and set high expectations of staff about the standards of care people should receive. The registered manager had extensive background knowledge of working within care services for people who have Learning Disabilities and Autism and was committed to giving the staff team a clear focus and guidance on the care and support people required. The registered manager often supported people living at Ciderstone House and it was

evident they knew people and their needs extremely well. During our inspection we observed people were relaxed and comfortable in the presence of both the registered manager and nominated individual. People did not hesitate to approach them both for support and interaction. One member of staff told us "(The registered manager) is a very good manager. She loves her work and the people living here love and want to be with her".

One relative told us "I have total confidence in any suggestions (The registered manager) makes. She does so much research into any changes before they happen. Nothing is left unplanned for. She covers everything". Another relative told us "(The registered manager) put in a lot of time to gain information and do research on how best to support (person's name). They know her well and are continuing to build on developing relationships and her care".

To keep up with best practice the registered manager undertook research and along with staff attended specialist conferences which covered topics such as Excellence in Care and Autism Awareness. They had purchased a small library of books about Autism, sensory issues and Intensive Interaction approach. They continued to work alongside other health and social care professionals to promote their understanding of what was good practice. The registered manager also attended a local provider's forum where they could discuss common issues and share knowledge and best practice with other providers of care services.

The registered manager and staff worked in partnership with families and other health and social care professionals to ensure people received their care in the best way for them. One health professional told us "They supported the transition of a young gentleman from living at home to his current home (Ciderstone House), this was managed in a sensitive, timely manner. They were responsive to his needs, and also that of his mother's, both these approaches enabled the transition to go really well. They have established a great working relationship between mum and the staff team. They have increased his independence in the home, as well as reducing his weight significantly and reducing anxiety overall. Great work".

The registered manager explained they were continually learning about the care and support needs of the people they were supporting. As a result of this one of the aspects of the service was that they were not worried to re-evaluate their approaches to supporting people. They listened to the staff and monitored people using the service closely to determine when things needed to change. For example, they had reviewed the care provision for two people living in their sister service. As previously stated in the report they acknowledged that their previous living arrangements were not completely meeting their needs. Lessons had been learnt and extensive planning had been undertaken to ensure their move to Ciderstone House would meet their needs.

The registered manager gained relative's feedback on the care their family member received through informal discussions, review meetings and questionnaires. The service had registered in December 2015 and relatives had been asked via a questionnaire for their opinion on how to improve the service. Feedback from relatives was all positive. Comments included "The physical environment has been and continues to be of a very high standard", "From when he moved in he has been so happy with life and we can see this. As parents for the first time we find ourselves relaxed knowing he is in the right place for him" and "I am very happy with everything and I think everybody works very hard keeping her happy, which I know she is".

Relatives we spoke with felt there was excellent communication between the service and them. Comments included "The amount of feedback we receive is perfect", "Communication is important to us and we are well informed by everybody" and "Communication is excellent. They give me plenty of feedback. They message me each day when he has gone to sleep. When he's asleep I can sleep. This gives me peace of

mind".

With the recent expansion of the service the registered manager explained how they were developing the service to support this. This had included the development of senior roles who had specific areas of responsibility, which would enable the registered manager to focus more on monitoring working approaches, areas of risk and staff development. The recent expansion had presented some challenges with communication across the services. The registered manager had addressed this by implementing a memo system which kept staff up to date with both services. Staff we spoke with felt that communication was good from both the registered manager and nominated individual.

The provider had effective systems in place to monitor the quality of care and support that people received. The nominated individual conducted regular visits throughout the year to check on the quality of the service. The checks covered areas such as maintenance, infection control, staff training, care plans and observations of staff practices. Weekly audits carried out by the registered manager and staff included safe medicines and fire safety. Whenever necessary, action plans were put in place to address the improvements needed which had been signed off when actions were completed. For example, when flooring within the home had been deemed unsuitable in one person's room due to their physical activity, new flooring had been provided to ensure their safety.

Accidents and incidents were investigated and plans put in place to minimise the risks of re-occurrence. These were reviewed by the registered manager to identify if there were any trends or patterns. They recorded what actions they had taken to minimise the risk and also learned from mistakes by ensuring actions were put in place to prevent re-occurrence.