

# National Autistic Society (The) Clayton Brook House

## Inspection report

90 Atlas Street  
Clayton-le-Moors  
Accrington  
Lancashire  
BB5 5LT

Tel: 01254875340  
Website: [www.autism.org.uk](http://www.autism.org.uk)

Date of inspection visit:  
30 May 2018  
31 May 2018

Date of publication:  
02 August 2018

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Clayton Brook House on 30 and 31 May 2018.

Clayton Brook House is a 'care home' which is registered to provide care and accommodation for up to seven adults with autism. The care service had been developed and designed in line with the values that underpin the CQC policy 'Registering the Right Support' and other best practice guidance. People in care homes receive accommodation and nursing care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Nursing care is not provided at Clayton Brook House. At the time of our inspection 6 people were using the service.

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

At our last inspection in May 2017 the service was rated Requires Improvement. This was because the provider had failed to ensure refresher training and supervision for staff and there were insufficient complaints processes. Recommendations were also made on improving medicine management processes. At this inspection we found sufficient action had been completed to make improvements.

During this inspection we found there were no breaches of the regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found the evidence to support the overall rating of Good. However, we have made recommendations about infection prevention and induction training for managers.

We found there were management and leadership arrangements in place to support the effective day to day running of the service. The registered manager had made a number of improvements and the provider was monitoring the service.

Staff recruitment procedures had improved. Robust processes were in place to make sure all appropriate checks were carried out before staff started working at the service.

There were enough staff available to provide care and support; we found staffing arrangements were kept under review.

Relatives told us they felt people were safe at the service. Staff had received training on supporting people safely and on abuse and protection matters. They had also received training on positively responding to people's behaviours. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns.

Risks to people's well-being were being assessed and managed. We did find a lack individual risk assessments in responses to specific needs; however the registered manager took action to rectify this matter. Systems were in place to maintain a safe environment for people who used the service and others.

Arrangements were in place to gather information on people's backgrounds, their needs, abilities and preferences before they used the service.

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

We found people were effectively and sensitively supported with their healthcare needs and medical appointments. Changes in people's health and well-being were monitored and responded to. People had been supported to increase their awareness of their wellbeing and health care needs.

We observed positive and respectful interactions between people using the service and staff. Relatives made positive comments about the staff team, describing them as compassionate, tolerant and friendly.

Staff expressed a practical awareness of promoting people's dignity, rights and choices. People were supported to engage in meaningful activities at the service and in the community. Beneficial relationships with relatives and other people were supported.

People's individual dietary needs, likes and dislikes were known and catered for. Arrangements were in place to help make sure people were offered a balanced diet and healthy eating was encouraged.

Each person had detailed care records, describing their individual needs, preferences and routines. This provided clear guidance for staff on how to provide support. People's needs and choices were kept under review and changes responded to.

People had communication profiles with plans in place, to highlight ways of sharing their feelings, needs and preferences.

There were processes in place for dealing with complaints. There were procedures to manage, investigate and respond to people's complaints and concerns.

There were systems in place to consult with people who used the service and staff, to assess and monitor the quality of their experiences. Various checks on quality and safety were completed regularly.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

There were some safe processes in place to support people with their medicines. Some medicine management processes needed improvement; however they were put right during the inspection.

Processes were in place to maintain a safe environment for people who used the service. However, we found some progress was needed with managing odours and infection prevention.

Processes for staff recruitment would include the completion of relevant character checks. There were enough staff available to provide people with safe care and support. Staff were aware of safeguarding and protection matters.

### Is the service effective?

**Good** 

The service was effective.

Processes were in place to find out about people's individual needs, abilities and preferences. People's health and wellbeing was supported and they had access healthcare services when necessary.

People were supported to eat healthily; their preferred meal choices were known and catered for.

People were encouraged and supported to make their own choices and decisions. The service was meeting the requirements of the Mental Capacity Act 2005.

Arrangements were in place to develop and supervise staff in carrying out their roles and responsibilities.

### Is the service caring?

**Good** 

The service was caring.

Relatives made positive comments about the supportive and caring attitude of staff. We observed positive, respectful and

sensitive interactions between people using the service and staff.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised support.

People were supported in a way which promoted their dignity, privacy and independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care and support. Processes were in place to monitor, review and respond to people's changing needs and preferences.

People had opportunity to maintain and develop their skills. They had access community resources, to pursue their chosen interests and lifestyle choices.

There were processes in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a management team providing effective leadership and direction.

Staff were knowledgeable and positive about their work. They indicated team work and staff morale was good and the managers were supportive and approachable.

There were processes in place to monitor and check the quality of people's experience of the service.

# Clayton Brook 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.

We visited Clayton Brook House 30 and 31 May 2018 to carry out an unannounced comprehensive inspection. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We contacted the local authority contract monitoring team, the local authority safeguarding team, commissioners of care and care coordinators. The provider sent us a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection visit, we spent some time talking with people, observing interactions and the support provided by staff. People living at Clayton Brook House could not readily describe their experiences; therefore, we spoke with two visiting relatives. We spoke with three support workers, a team leader, the registered manager deputy manager and the quality manager.

We looked at a sample of records, including three care plans and other related care documentation, two staff recruitment records, training records, menus, complaints records, meeting records, policies and procedures, quality assurance records and audits.

# Is the service safe?

## Our findings

We looked at the way people were supported with the proper and safe use of medicines. At our last inspection we made a recommendation on medicines checking systems, at this inspection we found improvements had been made. Processes had been introduced for repeat prescriptions to be checked for accuracy prior to them being sent to the pharmacists. Secure storage had been provided for controlled drugs, which are medicines which may be at risk of misuse. Medicine audits had been completed on a regular basis.

Each person had a 'medication file' which included, prescribed medicines, known allergies, risk assessments and person-centred care plan instructions for staff to follow on supporting people safely with their medicines. We found there were individual protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. These were to ensure staff were aware of the individual circumstances when this type of medicine needed to be administered or offered. We noted some of the information in the 'medication files' had not been appropriately reviewed in line with expected timescales; however, during the inspection the registered manager proactively reviewed and up-dated the medication files and took action to include reviews in the audit process.

At the time of the inspection the service had just started a new medicines cycle and had recently changed pharmacists. We found some processes, including minor discrepancies on Medicines Administration Records (MAR) required further attention to ensure people were safely supported with their medicines. Following the inspection we received written confirmation from the registered manager that action had been taken to make improvements. We will check for progress at our next inspection.

The service had medicine management policies and procedures which were accessible to staff. Records and discussion showed staff providing support with medicines had completed training. There were processes in place to assess, monitor and review staff competence in providing safe effective support with medicines.

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. We found health and safety checks had been carried out. Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas safety and fire extinguishers. Arrangements were in place for the safe storage of records to promote confidentiality of information data protection. Fire drills and fire equipment tests had been carried out. There were contingency plans to be followed in the event of emergencies and failures of utility services and equipment. People had personal emergency evacuation plans. This meant their specific support needs in the event of fire had been identified and planned for.

We reviewed how people were protected by the prevention and control of infection. We found the home to be clean in the areas we looked at. However we noted there were some unpleasant odours in parts of the building and we noted one floor covering was stained in places. The registered manager described the action being taken to address this this matter and there was evidence to show progress was being made to

make improvements.

There were cleaning schedules and recording systems to maintain hygiene standards. Records and discussion indicated staff had completed training on infection control. Staff were provided with protective aprons and gloves and hand sanitizer was available. The registered manager had proactively arranged for an infection prevention and control audit to be undertaken by an outside agency. This had resulted in action being taken to make several improvements. However, we noted the provider did not have a specific audit tool for monitoring and managing infection prevention and control. This meant effective processes were not in place to ensure this was consistently managed.

We recommend that the service seek guidance on infection prevention and control and take action to update their practice accordingly.

We checked how the service protected people from abuse, neglect and discrimination. Relatives spoken with said, "No problems [name of person] is safe here," "No problems around safety and well-being" and "[name of person] is safe here I have no worries." Prior to the inspection, we reviewed the information we held about the service relating to safeguarding incidents and allegations of abuse. We discussed and reviewed some of the concerns with the registered manager. We found action had been taken to liaise with local the authority in relation to all allegations and incidents. Systems were in place to record and manage safeguarding matters. We discussed with the registered manager their responsibilities to monitor any safeguarding incidents and accidents at the service, to ensure there was a proactive 'lessons learned' approach. Staff spoken with expressed an understanding of safeguarding. They were aware of the various signs and indicators of abuse, they were clear about what action they would take if they witnessed or suspected any abusive practice. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. Staff spoken with were aware of the service's 'whistle blowing' (reporting poor practice) policy.

Each person had a 'keeping me safe' assessment and a 'positive behaviour' support plan in line with their needs. There were person centred risk assessments and risk management strategies in place, to guide staff on minimising risks to people's wellbeing and safety. The risk assessments included safely supporting people with activities in the community, personal care, anxieties and their individual routines. One relative explained, "They are good with road safety. They have got the measure of [name of person] here. They react to their sense of responsibility." The underpinning support plans were sensitively written and reflected people's specific needs, behaviours and preferences. Processes were in place to review risk assessments six monthly or more often if needed. Staff spoken with had an awareness of the risk assessments and told us how they were shared with the staff team and kept up to date. On reviewing care records, we found whilst there was a protocol for managing specific risks, the underpinning risk assessment was unable to be located. Following the inspection we received a copy of the completed assessments, which indicated all the risks had been identified and assessed in order to mitigate the risks and provide safe support.

Staff recruitment procedures protected people who used the service. We reviewed the recruitment records of two newest recruits. The recruitment process included candidates completing a written application form and attending a face to face interview. Character checks including, identification, references and qualifications and employment histories had been appropriately carried out. A DBS (Disclosure and Barring Service) check had been completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. All new employees completed a probationary period to monitor their work conduct and competence. The service had disciplinary procedures in place to manage unsafe and ineffective staff conduct.



We reviewed how the service managed staffing levels and the deployment of staff to support people to stay safe and meet their needs. One relative commented, "I think there are enough staff around. I visit weekly at different times. There always seems to be more now." We observed there were sufficient staff on duty to make sure people were safely supported. Staff spoken with considered there were enough staff available at the service. We were told staffing levels had recently been reviewed and were flexible in response to people's needs, lifestyles, appointments and activities. The registered manager described the action taken to reduce the use of agency staff and explained that if agency staff were necessary, the same person was requested to promote continuity of support.

## Is the service effective?

### Our findings

We looked at how the service made sure that staff had the skills, knowledge and experience to deliver effective care and support. At our last inspection we found the provider had failed to ensure all staff had received appropriate training and supervision. This was because appropriate arrangements were not in place to ensure staff received regular training updates and individual staff supervision meetings were not consistently carried out. This had resulted in a breach of the regulation. At this inspection we found improvements had been made.

Progress had been made with ensuring staff were up to date with refresher training. On relative said, "They seem to do a lot of training." Staff spoken with described the training they had received and said that learning and development was ongoing at the service. We saw records confirming that individual staff learning and development needs had been identified, planned for and achieved. Staff were enabled to attain recognised qualifications in health and social care. Most staff at the service had either attained an NVQ (National Vocational Qualification) in care or were to complete a QCF (Quality and Credit Framework) diploma in health and social care.

Staff spoken said they received one to one supervisions with a member of the management team. We saw records of the supervisions held and noted plans were in place to schedule supervision meetings. Processes were in place for staff to receive an annual appraisal of their work performance; this included a self-evaluation of their skills, abilities and development needs.

Processes were in place to support an initial induction training programme which incorporated the Care Certificate learning modules. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. The induction also included an introduction to the framework known as SPELL, which had been developed by the National Autistic Society (NAS) to understand and respond to the needs of people on the autistic spectrum. SPELL stands for Structure; Positive (approaches and expectations); Empathy, Low Arousal and Links (links with other health and social care agencies and families).

The induction training included 'shadowing' existing staff and there was a 'systems orientation' file for new starters, bank and agency staff to work through. This helped ensure staff were familiar with basic health and safety and other operational matters. Staff spoken with said they had completed the induction programme and there were to confirm this training had been completed.

It was mandatory for all new employees to enrol in the NAS Academy, as part of their induction and ongoing development. The Academy provided a value based staff development framework underpinned by SPELL and ongoing reflective practice. The Academy's aim was to develop, embed and maintain excellent autism practice organisation wide. We noted there were no structured induction programmes in place to support the everyday management roles and responsibilities, for example of a deputy manager.

We recommend that the service considers an induction programme to support and train new managers.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions or authorisations to deprive a person of their liberty were being met. The 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at how consent to care and treatment was sought in line with legislation and guidance. During the inspection we observed staff engaging with people on their individual needs and lifestyle choices. One relative commented, "They involve [name of person], any changes are done very precisely with a consistent pattern." Staff spoken with described how people made their wishes and preferences known and gave examples how they involved people in making decisions. One staff member said, "We wouldn't do anything without their consent." Staff expressed an awareness of their role to uphold people's rights and provide care and support in the aware of the least restrictive way possible.

Processes were in place to assess people's capacity to make specific decisions and the support to be provided, this was kept under review. For people who were unable to consent to their individual care arrangements in the home, there was information to show appropriate action had been taken to apply for DoLS authorisations by local authorities in accordance with the MCA code of practice. There were applications which had been assessed and authorised by the relevant local authority and records had been kept to monitor and review the progress of pending applications. Policies and procedures were available to provide guidance and direction on meeting the requirements of the MCA. Staff spoken with said they had received training on the MCA, they indicated an awareness of DoLS and the legal status of the interventions and agreements in place.

We reviewed how people's needs and choices were assessed and their care and support delivered to achieve effective outcomes. There had not been any new people at Clayton Brook House for several years. However, the registered manager described the process of assessing people's needs and abilities before they used the service. This would involve the completion of a comprehensive 'support design plan' assessment tool. Transitional arrangements would be made and people would be encouraged to visit, for meals, activities and short breaks. This would support the ongoing assessment process and provide people with opportunity to experience and become familiar with the service before moving in. Consideration would be given to the person's compatibility with people already using the service.

We looked at how people were supported to live healthier lives, had access to healthcare services and received ongoing healthcare support. People were offered the opportunity for and encouragement with physical exercise, including walking and swimming. A relative said, "He's out every day on lots of long walks" and "He is getting the health care attention as needed." People had 'anticipatory health calendars' to promote the daily observation of their health and wellbeing and any changes. There were health action plans on past and present medical conditions. Records were kept of healthcare appointments, the outcomes and any actions needed. The service liaised with a number of health care professionals, including GPs, dentists, chiropodists' mental health professionals and speech and language therapists.

We checked how people were supported to eat and drink enough to maintain a balanced diet. Records were kept of people's specific dietary needs, their food likes and dislikes. The menu was planned to help provide a balanced diet and included people's known preferences. Relatives said, "The meals always smell good" and

"They do think about diet and encourage healthy eating." People had access to drinks and snacks throughout the day and we observed people making their own drinks. The deputy manager had introduced an incentive to encourage people with their daily hydration needs. Staff had an awareness of nutrition and healthy eating. They described the support they provided people with in relation to food, diet, meal preparation and cooking. People's general dietary intake was monitored and their weight was checked at regular intervals as appropriate. This was to help monitor risks and support people with their diet and food intake.

We reviewed how people's individual needs were met by the adaptation, design and decoration of the premises. We looked around and noted some improvements had been made to the service, including new furniture, furnishings and decoration. The communal rooms were decorated with subdued natural colours. There were soft furnishings, artwork and photographs to help provide a 'homely' feel to the environment. People had been involved with choosing colour schemes, decorations and ornaments. People had access to a 'sensory room,' 'mood room' and the garden for outdoor leisure activities. We found people had been supported to personalise their bedrooms and keep them as they preferred. The care planning process took into consideration each person's specific needs and preferences relating to their personal space, including their sensory needs, behaviours and lifestyle choices. We had some concerns around the floor covering and ventilation in one room; however the registered manager provided evidence to confirm these matters were being addressed.

## Is the service caring?

### Our findings

We reviewed how the service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. Relatives spoken with made positive comments about the staff team and the care and support they provided at the service. Their comments included, "They are compassionate staff who really care" and "The staff are here are respectful and very friendly" and "I have no concerns about the care." We also found the staff team was more stable and staff turnover had reduced, one relative commented, "I know all the staff by name, there's better continuation."

We observed positive and meaningful interactions between people using the service and staff. They were respectful and kind, when supporting and encouraging people with their daily living activities and lifestyle choices. Staff showed sensitivity and tact when responding to people's emotional needs and behaviours. Relatives said, "They are very tolerant people," "Their attitude is superb" and "[name of person] seems to get on very well with the carers, they cherish him."

People were enabled to maintain meaningful relationships. They were actively supported to have contact their family and friends. The service had a 'keyworker system' to promote trusting and beneficial working relationships. Consideration was given to the desired characteristics of staff people needed to provide their support. The system linked people using the service to a named staff member who worked more closely with them, their families and others involved in their care. There were also daily 'shift planners' which identified which staff member was working with each person, to help support preferred routines and continuity of support.

People had support plans which identified their individual needs and preferences and how they wished to be supported. The information was written in a sensitive and person centred way. There were 'one page profiles' and 'life histories' which provided an overview of people's routines and expectations and how they wished to be supported. The information included their background histories, personal relationships, family contact, cultural heritage and spiritual needs. There was also in-depth information on how each person's autism influenced them. The information was very detailed and personalised; therefore a concise overview of the person's 'essential support' guide had been produced for staff to refer to.

Staff spoken with knew people well and understood their role in providing people with person centred care and support. They were aware of people's individual needs, specific routines, preferences, backgrounds and personalities. They described how they provided support in response to their needs preferences and behaviours. Staff had received equality and diversity training. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity related to accepting, respecting and valuing people's individual differences.

We reviewed how the service empowered and enabled people to be as independent and be actively involved in making decisions about their care and support. We found the service was working towards further involving people with day to day matters, with the aim of developing their independence skills and promoting their well-being. We noted specific examples where people had been sensitively enabled to do

things for themselves and make their own decisions and choices. Staff gave us practical examples of how they supported and promoted people's individual life skills, independence and choices. The SPELL learning programme, had given staff the underpinning knowledge and skills around supporting people with consistency and in response to their specific needs, choices and routines. This and reflective supervision, aimed to embed staff knowledge and understanding of autism within their everyday working role.

We looked at how people's privacy was respected and promoted. People had free movement within the service's communal areas and the rear garden; they could choose where to spend their time. Some rooms, for example the sensory room, kitchen and laundry were accessed with staff support to keep people safe. All the bedrooms were single occupancy and had en-suite bathrooms. This promoted privacy of individual space and dignified support with personal care. People could spend time in their rooms whenever they chose. Bedroom doors were fitted with suitable locks to promote privacy of private space. We observed examples where staff respected people's private space and ensured confidentiality of verbal discussions. Staff described practical examples of how they upheld people's privacy.

There were notice boards at the service which provided information for people and their relatives, which included previous inspection reports, the complaints procedures and details of local advocacy services. Advocates are independent from the service and can provide people with support to enable them to make informed decisions. There was a display board with staff photographs so people knew who would be supporting them.

## Is the service responsive?

### Our findings

We reviewed how people's concerns and complaints were listened and responded to and used to improve the quality of care. At our last inspection we found the provider had failed to have suitable arrangements in place for receiving and acting on complaints. This had resulted in a breach of the regulation. There had been complaints raised about imposed changes at Clayton Brook House which had been unsettling and detrimental to people who used the service. We found appropriate processes had not been followed to investigate and respond to the complaints and make improvements. At this inspection we found sufficient action had been taken to make improvements. Senior managers had reflected on the outcomes and impact upon people as part of a 'lessons learned' process and there was evidence to demonstrate the provider had apologised to people who used the service, relatives and staff. This had included a 'fun day' for people who used the service to help make amends.

Relatives spoken with expressed an appreciation of the ongoing progress at the service, their comments included, "They seem to have recovered from the drastic changes" and "Things are so much better." They were aware of the complaints procedures and expressed confidence that their concerns would be dealt with. They made the following comments, "I would know how to complain" and "I haven't got anything to complain about. But I would know if [name of person] was not happy and I would not hesitate in raising a concern."

The complaints procedure was available in different formats, including an 'easy read' version and a personalised procedure had been produced for one person. The procedure was included in the guide to the service and was on display in the hallway, for people their relatives, visitors and others to refer to. This information provided a summary on making a complaint and how it would be dealt with. The registered manager told us that a copy of the complaints procedures had been sent out to all family members and they had been given the contact details of the area manager. The service had a policy providing guidance on managing complaints; this made reference to proactively supporting people who used the service to make their views known. Staff spoken with expressed an understanding of their role in supporting people to make complaints and described how they would respond should anyone raise concerns.

There had not been any formal complaints in the last 12 months, however structured processes were in place to record, investigate and respond to complaints and concerns. We noted the complaints recording forms were not readily available, however the registered manager rectified this matter during the inspection. We discussed with the registered manager and quality manager, ways of responding to people's non verbal expression of dissatisfaction using the complaints process. This would further empower people and show their complaints were being taken seriously and effectively responded to.

Clayton Brook House is registered to provide care and accommodation for up to seven adults with autism. This meant the service did not comply with the principles of the CQC policy 'Registering the Right Support' in respect of accommodating no more than six people. However, we found the service had been developed and designed in line with the values that underpin 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion, with the aim that people

with autism using the service can live as ordinary a life as any citizen.

We looked at how people received personalised care that was responsive to their needs. We discussed with relatives, managers and staff, examples of the progress people had made, resulting from the service being responsive and developing ways of working with them. Relatives told us, "They are fantastic [name of person] has really come on in the last 12 months," "I am very satisfied with the care" and "He is thriving."

The care and support plans and other related records we reviewed, included people's needs and choices. The plans contained person centred details on how people's care and support was to be provided. This information identified people's needs and provided in-depth and detailed guidance for staff on how to respond to them. The care plans were written in a person centred way and included pictures and symbols to help make them more understandable to the person. There were 'essential support' care plan summaries, providing more accessible information for the staff team.

We noted a specific example of responsive support around managing changes to a person's environment, which had been carefully planned and implemented. A detailed 'transition plan' had been devised by the deputy manager, to help ensure the person was supported in a safe and sensitive way. A relative said, "They managed things extremely well there were extra staff on duty and I could tell he was fully involved and I was kept informed."

People's support needs, lifestyles and circumstances were regularly monitored. Records were kept of people's daily living activities, their general well-being and the care and support provided to them. There were also additional monitoring records as appropriate, for example relating to behaviours and other identified needs. There were 'hand over' discussion meetings between staff to communicate and share relevant information. These processes were to enable staff to monitor and respond to any changes in a person's needs and well-being. Records and discussion showed processes were in place to review people's care and support.

Since our last inspection, the provision of meaningful activities had been further developed. Managers and staff explained the incentives introduced to offer people opportunities for participation and engagement. Relatives said, "They are always visiting various places, [name of person] has a very varied life" and "[name of person] is getting out and about." We observed people accessing the community and taking part in activities during our visit. Two people also showed us some of the things they liked to do in- house. Staff described the range of meaningful activities on offer, to support people in experiencing new ventures and encourage their involvement. We saw agreed activity planners which confirmed each person had a varied programme of daily activities. Each activity had a learning objective to focus upon the person's individual life-skill development and recognise their achievement.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We found personalised methods were used to communicate and engage with people, using ways which were best suited to their individual preferences and abilities. This included the use of pictures and object references, signing, gestures and computer tablets. There were individual 'communication profiles' with support plans to highlight people's ways of sharing their feelings, needs and preferences.

There was a guide for people about service and facilities available at Clayton Brook House. This information was produced in an easy read format, with symbols and pictures to help explain the content. The guide



described the accommodation available; staff support arrangements and the provision of individual activities. Reference was also made to safeguarding, complaints and concerns, mutual values and expectations.

The service did not usually provide end of life care. However we discussed with managers ways of sensitively planning for people's needs and preferences, also the processes in place to support people who may experience family bereavement.

## Is the service well-led?

### Our findings

At our last inspection we found there had been an unsettled period at the service. Changes introduced by senior managers, had affected the provision of people's day time activities and the arrangements for consistent staff support. Action was being taken to reintroduce the previous arrangements and progress was being made to provide support in response to people's preferred routines and choices. There had also been a succession of different managers. We therefore considered the leadership arrangements at Clayton Brook House were in need of sustained improvement, to promote a consistent management of the service. At this inspection we found sufficient improvements had been made and were ongoing. Relatives spoken with said, "Management has been better than it has for ages. I think since the debacle things are more settled" and "It all seems very positive at the moment."

Since our last inspection there had been some developments in the management team. The acting manager had become the permanent manager and had achieved registration with the Commission. A new deputy manager had been appointed there had also been changes in senior management arrangements. The NAS had also introduced a quality manager role to lead on governance and auditing processes. One relative commented, "The registered manager is making things better and the deputy manager has got their finger on the pulse. The area manager is very nice and approachable."

The staff rota had been arranged to ensure there was always a senior member of staff on duty to provide leadership and direction. Additionally, a member of the management team within the NAS was also on call at weekends and during the night. This meant a member of management was always available for support, direction and advice.

The registered manager had attained recognised qualifications in health and social care. She had updated her skills and knowledge by completing the provider's mandatory training programme and through attending conferences and meetings. Throughout the inspection, the registered manager expressed commitment to the ongoing developments at the service and demonstrated a proactive response to the inspection process.

Staff expressed a good working knowledge of their role and responsibilities. They had been provided with job descriptions and contracts of employment which outlined their roles, responsibilities and duty of care. They had access to the service's policies, procedures and any updates. The service's vision and philosophy of care was reflected within their written material including, the statement of purpose and policies and procedures. The service's vision and mission statement was on display at the service.

Staff were enthusiastic about their work they said, "Things have definitely improved," "I think it's well managed" and "Team work and staff morale is good." They indicated the managers were approachable and confirmed there were daily communication 'handover meetings' and regular staff meetings. We reviewed records of the most recent staff meetings and noted various work practice topics had been raised and discussed. One member of staff told us, "They listen to staff and take things on board." Relatives told us, "The staff are much happier they give over and above the time they are paid for. I am very impressed with

them" and "There is a good rapport amongst the staff team, they seem to get on well with each other."

There were processes to consult with people on their experience of the service. This included gaining feedback from people who used the service and staff. People's experience of the service was considered within their support reviews. The registered manager was also working towards introducing an individualised consultation process for each person. Consultation 'inclusion events' had also been held. These were informal gatherings in various settings, which were structured to enable people to share their views and experiences on the service and make suggestions for improvements. The relatives spoken with confirmed they had previously completed consultation surveys about the service.

Staff had opportunity to share their views annually via a national computer based staff survey within the NAS organisation. We had sight of the results of the last staff survey carried out for the north services. There were management strategies and action plans which aimed to make progress and respond to the issues staff had raised. Staff spoken with were aware of the service's 'whistle blowing' (reporting poor practice) policy. An online 'whistle blowing' portal was available for staff to access.

There were systems in place to monitor the quality of the service, included various daily, weekly and monthly checks. The NAS had a quality monitoring audit tool kit. This was to monitor and achieve adherence to the regulations. 'Peer' quality monitoring visits were carried out at the service by other managers within the NAS organisation every six months. Reports following visits included any recommendations and follows up on previous reports. We noted there were examples where matters had been identified, addressed and kept under review as part of an action plan.

There were strategic development plans available to provide direction and oversight of the service and the wider organisation. Staff recognition schemes had been introduced and further scope for staff consultation, training and development. There were specific development plans for Clayton Brook House which were steered by the framework of safe, effective, caring, responsive and well-lead. Information within the Provider Information Return (PIR) showed us the registered manager had identified several matters for development within the next 12 months.

Clayton Brook House along with the other NAS services in the region had achieved Autism Accreditation status in February 2017. Autism Accreditation is an internationally-recognised process of support and development for all those providing services to autistic people.

There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams. Our records showed that notifications had been appropriately submitted to the CQC. We noted the service's CQC rating and the previous inspection report were also on display at the service, the rating was displayed on the provider's internet website. This was to inform people of the outcome of the last inspection.