

Autism & Aspergers Care Services Ltd

# Autism and Aspergers Care Services Ltd

## Inspection report

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Date of inspection visit:  
30 December 2016

Date of publication:  
06 February 2017

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Autism and Aspergers Care Services Limited provides accommodation and support for up to three people who have autistic spectrum disorders and learning disabilities. At the time of our inspection there were two people living at the service.

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

We carried out a previous inspection of this service on 24 October 2013. The service met all the regulations we inspected.

Staff were trained in how to protect people from abuse. The registered manager and staff understood their responsibilities in relation to safeguarding vulnerable adults from abuse. Staff knew how to recognise signs of abuse and the procedures to follow should they need to report concerns.

People were protected from risks relating to their health, medicines, nutrition and hydration and behaviours. Staff assessed and managed individual risks to people whilst supporting them to be as independent as possible. The registered manager monitored and reviewed accidents and incidents and had put plans in place to minimise the risk of recurrence.

There were robust recruitment procedures in place to ensure only staff of good character were employed by the service. Staff underwent checks before they started working at the service to ensure they were suitable to work with people. There were enough staff to support people safely.

Staff supported people to take their medicines safely. Medicines were stored and managed appropriately. Staff were trained in the safe administration of medicines and maintained accurate records.

Staff had the skills and knowledge they required to undertake their role. Staff received relevant training as well as regular supervision and appraisal to support them in their role. Staff supported people through positive behavioural support which contributed to them experiencing fewer incidents of behaviour which challenged the service.

Staff understood their role in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard (DoLS) and ensured they put their knowledge into practice. People consented to care and treatment.

Staff treated people with respect and showed them kindness and compassion. Staff knew each person well and understood how to meet their support needs. The service had a welcoming, happy and friendly atmosphere. Staff and people interacted with humour which showed people felt comfortable in their

presence. Staff were positive about working with people who identified as gay, lesbian, bisexual or transgendered.

People were supported with their nutritional needs and encouraged to adopt healthy lifestyle choices. People were able to make choices about what they wanted to eat and encouraged to help prepare meals where they were able.

People, relatives, staff and healthcare professionals were asked for their views about the service. The registered manager used their feedback to improve the quality of care. People were provided with information about how to make a complaint.

Care plans contained assessments of people's individual needs and the support they required. Staff reviewed care plans on a regular basis and when changes to a person's needs were identified. People received care and support as planned and as they wished. People accessed health and social care professionals for support with their care and health needs.

People and staff described the registered manager as approachable and open to ideas and feedback. An open culture put people at the centre of care and support.

The registered manager carried out audits and checks to develop the quality and safety of the care and support people received. The service worked in partnership with healthcare professionals to ensure people received the support they needed.

## 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.

Risks to people's health and their safety were assessed and action taken to support them to be safe.

People were protected from the risk of abuse because staff understood their responsibilities to identify and report concerns.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People received support from suitable staff who were recruited through robust procedures.

People received support to take their medicines safely. The systems in place for the management of medicines were safe.

### Is the service effective?

Good ●

The service was effective.

Staff who had the necessary skills and knowledge to provide effective care supported people. Staff were supported and received training that enabled them to fulfil their role. Staff received regular supervision to review their performance and monitor their development needs.

People's rights were respected. Staff understood and supported people in line with the principles of the Mental Capacity Act 2005.

People's nutritional needs and preferences were met. People accessed the health care services they needed.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate. Staff knew people well and supported them in an individualised manner.

People were involved in making decisions about their care and staff listened to what they had to say. Staff knew people's histories, preferences, their likes and dislikes.

Staff treated people with respect and upheld their dignity.  
People were encouraged to be as independent as possible.

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

The service was responsive.

Staff were responsive to people's individual needs. People received care that met their needs and preferences.

Care records reflected people's risks, needs and preferences. Staff regularly reviewed people's needs and care records were updated when there were changes to their health.

People benefited from meaningful activities which reflected their interests and aspirations.

People were provided with information on how to make a complaint. There was a complaints policy and procedure in place.

**Good** ●

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

The service was well led.

People and relatives spoke positively of the registered manager and described them as approachable. Staff knew the registered manager and said they felt well supported by them. The registered manager understood their responsibilities.

There was a transparent culture where people and their relatives were involved in developing the service. The registered manager encouraged people to give feedback about the service and considered their views.

There were effective systems in place to assess and monitor the quality and safety of the care provided to people. Improvements were made when necessary.

The service worked in partnership with other healthcare professionals to improve the care for people.

**Good** ●

# Autism and Aspergers Care Services Ltd

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 30 December 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with one person using the service. We spoke with the registered manager and three members of staff.

We looked at two people's care records and their medicines administration records. We viewed four records relating to staff including recruitment, training, supervision, appraisals and duty rotas. We read management records of the service including incident reports, safeguarding concerns, complaints and audits to monitor quality of the service. We checked feedback the service had received from people and their relatives.

We undertook general observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

After the inspection, we received feedback from two health professionals and two relatives.

## Is the service safe?

### Our findings

People were safe and happy living at the service. One person said, "I do feel safe. I trust the staff and the manager. I know who I should contact if I need to. Staff always look after me." We observed people were comfortable around staff and interacted in a relaxed and positive manner.

People were protected by staff who knew how to recognise and report any potential abuse. Staff had received training on how to recognise abuse to safeguard people from harm. Staff had clear understanding of the provider's safeguarding policy and the reporting procedures to ensure they protected people in the event of any allegation or suspicion of abuse. A member of staff told us, "It is my duty to report any concerns I have. I am confident the manager would act on them." People and staff had access to safeguarding contact numbers should they wish to raise any concerns. The registered manager understood their role and had reported concerns to the local authority to safeguard people from the risk of abuse.

People were protected from the risk of financial abuse. Staff followed the provider's systems in place to record and manage people's finances appropriately. Staff kept receipts of income and expenditure for each person which the registered manager regularly audited to minimise the risk of financial abuse.

People benefited from staff who understood and were confident about whistleblowing to report concerns if necessary. One member of staff told us, "I can report any concerns to external organisations such as the police, the local authority safeguarding team or [the Care Quality Commission]." Staff were aware of the provider's whistleblowing procedure and information was displayed at the service with guidance for people and staff on how to whistle blow and who to contact.

Risks to people were well managed which made them secure. One person told us, "Before going anywhere in public, staff will do a risk assessment with me and remind me of how to keep safe." The registered manager identified and assessed risks to each person and had put plans in place for staff to minimise the known risks. Staff understood the importance of routine in a person's life and ensured they provided support in a consistent manner to minimise the risk of causing them anxiety and distress. Staff understood the risks to each person and how they worked effectively with them to identified risks. Risk assessments in place were in relation to people's health and well-being including behaviours, nutrition and going out. For example one person displayed behaviours which could pose risks to others and themselves when in public. Staff had sufficient guidance on how to manage the risks whilst supporting them to remain as independent as possible. Staff followed risk management plans such as coming back to the service and not using public transport if a person continued to display behaviour that challenged. This ensured people enjoyed their rights whilst staff supported them to keep safe. People's support plans were accurate and updated when their care needs changed.

There were arrangements in place to deal with foreseeable emergencies. Each person had a personal emergency evacuation plan which detailed how they needed to be supported in the event of an evacuation from the building. There was a fire evacuation plan in place to ensure staff understood what to do in the event of a fire. Records confirmed regular fire alarm tests and fire drills. Fire exits were clearly signposted to



assist people in the event of a fire.

There were sufficient staff available to meet people's needs. During our inspection we observed staff support people and meet their needs in an unhurried manner. Staff told us they had no concerns with staffing levels and felt there were always enough staff to support people safely. People were supported by staff who knew them well. There was a member of staff who provided regular relief to cover absences and emergencies at the service and another home owned by the provider. This ensured people received support from familiar faces which helped to reduce their anxieties. Staff rotas confirmed there were sufficient staff on duty at all times and staff absences were adequately covered. Staff told us there was an on-call manager and staff on standby in case of any emergency to provide support and guidance.

People were supported by staff who were recruited safely. The provider followed safe recruitment procedures to ensure people received support from staff with the appropriate skills and of good character. Records showed relevant checks on applicants were completed before they started to work at the service to ensure staff employed were suitable to work with people who are vulnerable. This included Disclosure and Barring Service (DBS) checks, proof of identity, eligibility to work in the UK and references. The DBS is a criminal records check which helps employers make safer recruitment decisions. Staff records showed completed application forms including applicant's full work histories and the interviews held with prospective candidates. People received care from staff regarded as appropriate for the role.

There were effective systems in place to ensure people were protected from the risk of avoidable injury. Where accidents and incidents had taken place, the registered manager had reviewed these to ensure the risks to people were minimised. Staff told us they knew what to do if someone had an accident or sustained an injury and there was information on how to support people safely. Accidents and incidents forms we viewed detailed the cause, any investigation carried out, outcome and any lessons learnt. Staff told us and team meeting minutes showed the registered manager discussed accidents and incidents as an opportunity to learn and to minimise further accidents.

People received the support they required to take their medicines safely. Medicine administration records (MAR) showed people had received medicines they had been prescribed. Staff carried out daily checks on people's medicines and MAR charts. The registered manager carried out weekly and monthly medicine audits. This was to ensure people had received their medicines and any potential errors were picked up without delay. We checked the balances of medicines stocks against the MAR charts and those records were up to date and accurate. There were no recorded omissions or errors confirming people were receiving their medicines. Staff had received training in medicines management and had their competencies checked regularly to ensure safe practice.

The premises and the equipment were well maintained to ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. There were systems in place to detect and control the spread of infections and to promote cleanliness at the service. Good infection control practices were in use and there were specific infection control measures used in the kitchen, the laundry room and in the delivery of personal care.

## Is the service effective?

### Our findings

People, their relatives and healthcare professionals were positive about the staff. They felt staff had the skills and experience to do their job. One person told us, "The staff are great. They understand my needs and how to support me." A relative told us, "They [staff] appear competent." A healthcare professional said, "Staff are skilled and knowledgeable. They flag up things just on time."

Staff were appropriately inducted to the service which enabled them to meet people's needs. New staff received a comprehensive induction when they started to work at the service. This included an introduction to the organisation's policies and procedures and getting to know people they would be supporting. Staff were also inducted in the values of the organisation and completed the provider's mandatory training. One new member of staff told us, "My induction was thorough. I shadowed experienced colleagues and got to know people well before working on my own." The registered manager carried out regular evaluations during and at the end of the induction to identify any areas for improvement or further learning.

Staff received training that enabled them to fulfil their roles effectively. One member of staff told us, "I have attended numerous in-house courses and external training." Another member of staff said, "I have had all the mandatory training and can request further training if necessary." People received support from trained and skilled staff. Records confirmed staff had received training in safeguarding, fire awareness, first aid, health and safety, infection control, moving and handling, equality and diversity and the Mental Capacity Act 2005 (MCA). Staff training was up to date and records were well maintained. Staff had undertaken specialised courses in autism training, Positive Behaviour Support (PBS) and diet and nutrition. One member of staff told us, "[PBS] training helps us to understand causes and triggers for behaviour changes and how to support people." The registered manager regularly reviewed and discussed training needs with staff during supervisions and appraisals.

People received care from staff who felt well supported by the registered manager in their role. All staff had received regular individual supervisions and an annual appraisal. One member of staff told us, "The support from the manager is brilliant. I wouldn't wait until the next supervision if I had a concern." Another member of staff said, "We discuss any support I need for my role." Staff supervisions records were comprehensive and showed the registered manager followed up on action plans from previous sessions to ensure they were implemented.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

Staff had an understanding of the MCA and put it into practice when they supported people. Staff were able to describe how people's capacity was assessed on specific decisions. For example, one member of staff described how a person had capacity to choose what they wanted to eat and what to wear. Staff knew how to support a person who did not have capacity and to do so in the least restrictive way. People or their relatives where appropriate were involved in care planning and people's consent was sought to confirm they agreed with the care and support provided. Records confirmed where a decision had to be made for a person staff had followed a 'best interests' process and involved healthcare professionals and relatives who knew them well and acted as their advocates. People, their relatives and staff had access to both a detailed and easy read of the MCA policy. Staff meetings and supervision records confirmed the registered manager discussed the MCA policy and procedure to inform their practice.

The registered manager understood their responsibilities under DoLS and knew when to make an application for authorisation if a person lacked mental capacity to make the decision to stay at the service and receive care. Each person had been assessed and restrictions to their freedom or choice were closely monitored. At the time of the inspection, there was no person subject to DoLS.

People had nutritious meals and were supported to have enough to eat and drink. People were involved in the planning and preparation of meals and encouraged to develop their cooking skills. Care records showed staff discussed and knew people's dietary needs and preferences. One person told us, "I enjoy the food we have here but also enjoy eating out which I do at least once a week. I have set days when I prepare my favourite dish but can cook any other days if I wish." People and staff met weekly and discussed and planned meals to ensure people received food that reflected their preferences and choices. We observed a person having breakfast. Staff sat with them taking time to check if the person needed support and interacting with them. People told us staff offered them choices from the menu available to them. People were able to eat independently and did not have any nutritional needs that required input from healthcare professionals. Staff understood health conditions such as swallowing difficulties and weight management issues when they would need to involve healthcare professionals. Staff supported people to manage their meal portion size to encourage them to maintain a healthy weight.

The service worked closely with social and healthcare professionals to ensure people received the care they needed. People were supported to see healthcare professionals such as a GP, specialist dentist and an optician and records confirmed this. One person had anxieties about receiving dental care and meeting healthcare professionals in general. The registered manager ensured the person received appropriate medical intervention. For example, staff visited a hospital on a number of occasions and sat at reception areas and waiting rooms to allow the person to get accustomed to the hospital environment. The registered manager arranged several meetings with a specialist dentist for people with a learning disability before the actual dental procedure so that the person could ask questions about their health. The person told us and staff confirmed this reduced the person's anxiety about visiting a dentist. This enabled the person to receive appropriate support in a timely manner. The person told us, "[Dentist] is wonderful. I have met her on a number of times just for a chat. She puts me at ease when I go for a dental check." Each person had a personalised health action plan which staff regularly reviewed to ensure people's needs were met. Staff maintained accurate information on the visits, treatment and advice people had received from healthcare professionals.

Staff told us and records confirmed they had regular communication with healthcare professionals for advice about a person's specific needs to enhance their knowledge on how to support them. People's care

records contained clear guidance for staff to follow on how to support people with their individual health needs. Records showed staff were knowledgeable in recognising signs and symptoms that a person's mental health may be in decline and had supported the person to get the help they needed.

## Is the service caring?

### Our findings

People told us staff were kind and caring. One person told us, "They [staff] are lovely and very caring." People were happy and relaxed during the inspection. Staff spent time with people and had developed caring relationships with them. People received care and support from staff who knew them well. Staff treated people with kindness and respect. Staff cared about people's wellbeing and supported them to make people feel happy and offered them choice. One person told us, "I had a pet here and was very fond of it." Staff had identified that one person enjoyed spending time with animals and had built a rabbit hutch at the back of the garden. The person told us they had found this relaxing and it had reduced their anxieties. People told us they enjoyed bike rides in the countryside, which enabled them to form friendships with each other.

Staff respected people's privacy and understood the importance of treating people with dignity and respect. People told us staff knocked on their bedroom doors and waited for a response before entering. Staff gave us examples of how they maintained and respected people's dignity such as closing bedroom and bathroom doors when they supported them with personal care. Staff said they treated each person as an individual and met their needs in a person centred way. Staff respected people's views and wishes about how they wanted to receive their care. Staff had information about times when people required their personal space respected, for example when they took a nap or wanted to be on their own in their rooms or lounge.

People had developed positive and meaningful relationships with staff at the service. One person told us, "I get on well with everyone here. I enjoy teasing staff and [people living at the service] and can be annoying to everyone in a nice way. We understand each other and I know what everyone here likes to do. It's a happy home I would say." One relative told us, "Staff are respectful and know [relative's] needs." We observed staff interactions and communication with people throughout our inspection. Staff put people at ease and they were relaxed in their presence. There was laughter and banter between people and staff. Staff spent time sitting in a lounge area with people talking about what they had done during the day. Staff knew people's individual communication skills, abilities and preferences. One person's care plan described how they might communicate their uneasiness with visitors by shutting their bedroom door. We saw the person became anxious when seeing us. Staff reassured them it was safe and gently led them out whilst holding their hand and closed their door.

People's needs relating to equality and diversity were recorded and acted upon. Staff respected people's different, background, cultural and spiritual needs. Staff told us they were comfortable to support all people whether they identified as gay, lesbian, bisexual or transgendered (LGBT and that this would not make any difference to how they treated them. One member of staff said, "I am not bothered about a person's sexuality. It wouldn't make a difference in the way I supported them." Staff told us their equality and diversity training enabled them to understand people's differences and to treat every person the same. The registered manager had attended training on LGBT and discussed with staff how to apply that knowledge to support people. People's care plans contained clear guidance for staff on how to support each person with their sexuality. Records showed staff had asked and recorded people's choices including their religion,

interests, sexuality, preferences including their preferred name, which enabled them to provide a service appropriate to each the person. This individualised approach about how staff delivered the care and support enabled people to respond positively and maintain their well-being.

Staff involved people, their relatives and healthcare professionals in setting of goals, planning and making decisions about people's care. One person told us, "I always have a say about my care and how I want this done." Staff provided people with the information they needed regarding their care and support including making decisions about where they live and about health treatment options. Records showed goals, intervention and support plans were in place of people's individual needs and what they wanted to achieve. Staff respected people's choice and allowed them to maintain control about their care and treatment. Staff understood when they would support a person to use an advocate for example where there was no one independent of services, such as a family member or friend, who is able to represent the person's wishes. People had completed an advocacy consent form informing staff who they wanted to act as their advocates. Care records confirmed this and showed staff involved the advocates as requested by each person.

People were involved in their day to day care. Each person was allocated a key worker from the staff team to provide them with one to one support. A key worker is a member of staff who spends additional dedicated time with a person to maintain communication and to support them with their needs and wishes. One person told us, "[Staff's name] is my keyworker. We plan my care together and feel that I can trust them with my thoughts without being told off." For example, if a person wished to go out, plan a holiday, pursue a hobby they would hold discussions with the keyworker about how they could do this safely. Staff engaged people in conversations about their interests and preferences. Staff told us and records confirmed keyworkers regularly discussed people's interests with them to ensure they wished to continue engaging in their preferred activities. People discussed with staff any further interests they wanted to pursue and what they needed to do to achieve that. People received one to one based support on activities of their choice and when they did not want to take part in group meetings. Staff encouraged people to interact with each other to reduce their risk of social isolation and boredom. Staff told us they explained to people the information they needed regarding their care and support in a way they understood. We saw staff respected people's decisions and they delivered care as planned.

People and their relatives were happy with the service. Compliments written to the registered manager by relatives included comments such as, "I do think that all you guys do an amazing job. Thank you." A healthcare professional said, "Very impressed by the suitability of the placement and by the professionalism and knowledge demonstrated by the manager. [Family] has been very impressed throughout his dealings with [the manager] and the organisation." This showed the service had contributed and made a positive impact on people's lives.

## Is the service responsive?

### Our findings

People, relatives and healthcare professionals were confident staff met people's care needs and preferences. One person told us they liked the house, their room and staff. A healthcare professional feedback read, "They have good relationships with us. The manager and staff are quick to communicate changes in [people's] health." One member of staff told us, "I think [people] get very good care and they are happy."

People received appropriate care to meet their individual needs. The registered manager carried out comprehensive assessment of people's needs before they started using the service. People, their relatives and healthcare professionals were involved in identifying people's individual needs and how these should be met. One person told us, "Staff listen to what I have to say about my care." A relative said, "Staff do discuss with us about [relative's] needs. They took into account what we said about the support we would like to see given."

People's plans were personalised and detailed daily routines specific to each person. Staff knew people's preferences which were recorded in the care plans. One relative said, "Staff really look after [person] well and respond to their needs. They understand how things ought to be done as any change(s) can be very disruptive." Each person's care plan contained a detailed 'pen picture' about their individual needs and what they wanted to achieve. This gave clear person-centred information and would be particularly useful to anyone new working with the individual. Care plans detailed people's histories, health, personality, likes, dislikes, preferences and specific routines. Care plans showed staff had used this information to consider and plan people's care. The registered manager ensured staff had guidance to enable them to understand people's needs and to provide appropriate care in a consistent manner. We observed a member of staff remind a person about their routine and the time they would be going out. Records showed this was important for the person, as any changes to their routine would affect them.

People's care was responsive to their needs. People and their relatives were involved in regular reviews of each person's care to ensure they were accurate and up to date. A relative said about the reviews, "Staff invite us to reviews of [relative's care]." Staff updated people's care and support plans to reflect their changing needs. This ensured they provided people with appropriate care. The service organised social care reviews with social workers, care coordinators and other healthcare professionals to ensure care to be delivered was appropriate and met people's needs. Staff supported people through positive behavioural support, which contributed to them experiencing fewer incidents of behaviour which challenged the service. During our inspection we observed staff tactfully engage with people in ways which reduced their anxiety and agitation.

People were encouraged and supported to make choices and retain their independence as far as possible. Staff told us they encouraged people to do as much for themselves as possible. This was to ensure that they did not become de-skilled. One member of staff said, "I try and make sure that [person's name] do as much as they can. We know what they can do and [person] will also tell us what they are happy and able to do." Staff measured people's progress in attaining their goals and regularly praised people for their



achievements. For example, each person had a goals and achievement plan which summarised what they set out to do and the progress made on attaining the goals. Records showed this motivated people to work on new skills. For example, one person's record showed they had made progress in writing up their shopping list and another had attained their goal of brushing their teeth with minimal prompting. Staff promoted people's independence by ensuring they completed tasks on their own where they could. People were supported to take part in daily domestic tasks to improve their independence and sense of ownership of their home.

People were offered opportunities to participate in activities which promoted their health and mental well-being. One person told us, "Going out to ride in the country is time well spent. There is so much to do. I never get bored with life." Staff told us they discussed future activity ideas with people at the beginning of each week and ran many themes. There was a choice of activities available to people each day. People were supported to attend specific activities they requested such as baking, shopping, going on bus rides and eating out. Records and people confirmed outings such as walks and visiting theme parks. There were regular in house activities which included discussion of topical issues, listening to music, watching a film, reading a book and playing video games. Staff provided one-to-one support to people with specific needs and included them in activity opportunities. Each person's care plan contained details about their interests and the activities they enjoyed. Staff spent time looking for ways to develop meaningful activities for people and develop their skills. People enjoyed a variety of activities organised for them by staff. During the day of our inspection two people went out to do some shopping and sight-seeing and they came back contented.

People received the support they required to maintain relationships with their relatives and friends. One person told us, "I visit my family. Staff help me arrange the trips and help me pack my bags if I am to spend a night away." Staff actively promoted these relationships were appropriate and ensured people could contact their relatives when they wanted to. Records confirmed staff supported people to have day outings or to go for overnight visits to a relative as they wished. Staff ensured people took any medicines which they required for their health. Staff had worked with a person over time to get confidence on how to use technology in communicating with their relatives. Records showed the person was happy as they could communicate with their family regularly without having to travel far to see them. Relatives felt welcome at the service. A relative told us, "Staff are always welcoming. They do offer a cup of tea and a chat." Records showed people received visitors at the service and enjoyed the time they spent together.

People and their relatives told us they knew how to make a complaint. They had received the information when they started using the service. One person told us, "Yes I would complain if I had to. Staff are good and would be able to resolve any concerns." A complaints policy was in place at the service. The registered manager explained to us the need to respond promptly to complaints and follow the provider's procedures to resolve and concerns fully. The service had not received any complaints in the last 12 months.



## Is the service well-led?

### Our findings

People, their relatives and staff spoke highly of the support they received from the registered manager. One person told us, "The manager and staff have always been there for me. I am happy about their support." One relative told us, "An efficiently run service, well managed and wanting the best for [person] at all times." One member of staff told us, "The manager is an excellent role model and manages the service very well." A member of staff said about the registered manager, "Very supportive and knowledgeable. She inspires and motivates us to bring the best out of people." Another said, "The manager teaches us well and explain why and how we should be doing things." Staff said the registered manager led by example to ensure they provided people with a consistent and high standard of care. The registered manager carried out routine observations on staff practice and commended them on their good performance.

The service promoted a positive culture. The registered manager told us she had an open door policy and encouraged people, relatives and staff to share their views and ideas about developing the service. During our inspection we saw people and staff relaxed around the registered manager and approached her to discuss issues at the service. The registered manager listened and took action to help people where this was required. Staff told us the registered manager regularly worked alongside them which provided her with the insight of the support provided to people. Staff said they were well supported by the registered manager and could ask for guidance and support when needed.

The registered manager promoted openness of communication. Staff were encouraged to share their views and provide feedback in order to improve the service. The registered manager held weekly meetings with staff to discuss the support people received and how to drive improvements at the service. One member of staff told us, "It's important we attend the meetings. I get all the updates on what's been happening and to keep in the loop." Records confirmed the meetings and showed staff had shared learning experiences from training courses attended. The registered manager and staff shared a clear set of values. They said, "We provide a home that is their own, a home for life, a home of quality offering freedom and opportunity." Staff confirmed they used team meetings and supervisions to discuss the values and to understand their roles and responsibilities in relation to the way they supported people and how to promote their dignity and independence.

People, their relatives and staff told us the registered manager actively encouraged them to express their views about the service and acted on their concerns. They completed a satisfaction questionnaire to provide feedback about the support provided at the service. People's surveys were presented in a way they could understand and people were supported to complete these where needed. We saw the latest results of the feedback which showed people had received high standards of care and were positive about the service and the staff. Staff told us they were happy to contribute to the surveys to help develop the service. We saw the registered manager recorded people's ideas and included them in the service's improvement plan.

People benefited from a good standard of care because the provider had robust systems in place to assess, monitor and improve the quality and safety of care at the service. The registered manager carried out regular audits and checks to monitor the safety of the building and equipment, accidents and incidents,

care plans, safeguarding, staffing and quality of care. Staff conducted daily checks on people's finances and medicines. The registered manager's weekly audits included a review of people's care records as well as checks on water temperature, fire drills and equipment. The registered manager developed an action plan where issues identified from the audits were monitored and addressed. For example, an audit of a person's care plan had identified that the service needed to make improvements to a rabbit hatch in the garden to make it safer for a person's pet from foxes and this was being organised at the time of the inspection.

The provider promoted continuous improvement at the service. The provider updated policies in line with changes to legislation. The registered manager kept up to date with current practices, legislation and national guidance. The registered manager was a positive behavioural support trainer and lead including at the provider's other service to encourage best practice in supporting people with a learning disability. They described how they regularly met with other managers from the local authority and other healthcare organisations to enhance their knowledge and skills. The registered manager attended seminars where national developments were shared about supporting people with a learning disability to ensure the management team and staff was aware of any new development in the care sector and to support best practice at the service.

The registered manager and provider understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The service had submitted notifications to CQC as required and in a timely manner.