

## The Kent Autistic Trust

# Woodville Respite Centre

### Inspection report

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### Ratings

#### Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

The inspection took place on 5 December and was announced. We gave '48 hours' notice of the inspection to ensure staff were present at the service, as it operates during the evenings and weekends. At the previous inspection in April 2014 there were no breaches of regulation.

Woodville Respite Centre provides overnight respite accommodation and personal care for up to two people with an autistic spectrum condition. Each person has their own en-suite room on the ground floor. The accommodation is in the same building as day services, provided by The Kent Autistic Trust and uses some of their facilities. People using the service are already known to The Kent Autistic Trust through using one of their day services. The service provided respite care for six people and two people were using the service at the time of our inspection.

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

Staff were consistently kind, caring and compassionate, and treated people with the upmost dignity and respect. They supported people for a short period of time who, due to the nature of their disability, found it difficult to build relationships. However, staff had developed positive and trusting relationships with people and also supported people's family members. The service had gone the 'extra mile' to support one person's emotional needs. Staff had also supported another person to develop a friendship.

The service originally developed due to local need and had continuously adapted and responded in a creative ways to meet people's individual needs. This included responding to emergency situations in people's lives in a timely and compassionate way to ensure they received the essential support they needed. The service had successfully supported one person for an extended period of time. Their relative said, "The service have gone over and above a respite service and taken over responsibility for all his care and are developing a new service for him".

The views of people, their relatives and staffs views were regularly sought and when shortfalls in the service had been identified, plans for improvement were put in place. Information was available about how to follow the complaints process and relatives said their concerns had been addressed which negated the need for them to make a formal complaint.

Staff knew how to identify and report any safeguarding concerns in order to help people keep safe. Checks were carried out on all staff before they supported people, to ensure that they were suitable for their role.

There were enough staff who were sufficiently qualified and competent to support the people at the service. All staff knew people well and so helped to ensure consistency of care.

There were safe systems in place for the storage and disposal of medicines. Staff received training in how to administer medicines and had their competency in this area assessed.

Staff felt extremely well supported. They received informal support from the staff team and formal supervision with the registered manager. Staff undertook regular training to ensure they had the skills and specialist knowledge to care for people effectively.

People's health care needs were monitored and professional support and advice had been sought to promote people's well-being.

People chose their meals according to their likes and dislikes and were involved as much as they were able in its preparation.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The service had made an application and notified us of the outcome, to ensure that people were only deprived of their liberty, when it had been assessed as lawful to do so.

Consideration had been given to the specific sensory needs of people with autism in the design of the service.

People were involved in making decisions about how they wanted to spend their time when using the service. Their support needs had been assessed and they included people's wishes and preferences.

The registered manager was approachable and the atmosphere in the service was relaxed and informal. They were supported by a staff team who understood the aims of the service and were extremely motivated in supporting people according to their choices and preferences.

Effective systems were in place to review the quality of the service and the service actively sought specialist advice and guidance to further improve the service for the benefit of people.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise any potential abuse and this helped keep people safe.

Risks to people and their environments were assessed and action was taken to reduce any potential impact on people.

People were protected by the service's robust recruitment practices and there were enough staff available to meet people's needs.

The management of medicines ensured that people received their medicines as prescribed by their GP.

### Is the service effective?

Good ●

The service was effective.

The staff team had received support and specialist training to effectively support people receiving care.

People's health care and nutritional needs were assessed and they had access to healthcare professionals when needed.

The principles of the Mental Capacity Act had been applied to ensure decisions were made in people's best interests and any restrictions on their freedom and liberty were lawful.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People were at the centre of the service which had been adapted to meet their individual needs.

Staff knew people well, were kind, caring and compassionate and had developed genuine positive relationships with people and their family members.

The care provided was sensitive and staff understood the

importance of meeting people's emotional needs in addition to their physical care needs.

Staff communicated with people using a method that they understood.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

The service had developed due to local need and had immediately responded to emergency situations in people's home lives.

People were provided with personalised care as the service was based around their individual needs and preferences.

People were consulted about how they wanted to spend their time when using the service and were encouraged to develop their skills.

Any concerns raised had been dealt with immediately to people's satisfaction and therefore omitted the need for anyone to make a formal complaint.

### Is the service well-led?

Good ●

The service was well-led

Quality assurance and monitoring systems were effective.

Professional advice in providing support for people was sought to drive the service forward.

People benefitted from a service with an open culture, and from staff who understood their roles and responsibilities.

Staff, people and their visitors were regularly asked for their views about the service and they were acted on. Staff had a clear understanding of the service's aims and these were put into practice.

# Woodville Respite Centre

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 December 2016 and was announced. It was carried out by one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

Some people who used the service were not able to talk to us as they had limited verbal communication. We spoke to one person who used the service and three people's relatives. We also spoke to the registered manager, service quality compliance manager, two team leaders, one senior carer and the development and operational manager. We received feedback from a commissioning officer and two care managers from the local authority.

During the inspection we viewed a number of records including the care notes in relation to three people and tracked how their care was planned and delivered. We also looked at a number of other records including four recruitment records; the staff training programme; medicines management; complaints and compliments log; staff meetings; health and safety; menu; quality audits; and safeguarding, quality and medicines policies.

## Is the service safe?

### Our findings

Relatives had confidence the service knew how to keep people safe. Comments included, "I do not worry when my relative is here as I know they are safe"; "It is peace of mind when my relative is here"; and "There is a trusting relationship so I know my relative is safe here. If I did not trust the service, I would not let my relative stay here". One relative described a situation in which the service had acted in a professional manner to keep their relative safe. Another explained how staff were vigilant in keeping the environment at the service safe for their family member. They said the registered manager had visited their own home to give them advice about how to ensure their relative was safe, which reassured them.

A range of environmental assessments were in place which identified any hazards in the environment and the control measures in place to reduce them. Regular inspections were undertaken to ensure all equipment, such as fire fighting equipment and services, such as gas and electricity, were fit for purpose. Staff walked around the service to undertake a visual inspection of the premises and reported any faults with the fixtures and fittings to the maintenance person. The fire risk assessment had been reviewed in May 2016. This identified potential fire hazards and took action to reduce the risk of these hazards causing harm to as low as practically possible. Each person had a personal emergency evacuation plan (PEEP) which identified the individual support and guidance people needed to be evacuated in the event of a fire. There was a programme in place to make sure staff regularly took part in fire drills to ensure they were competent to evacuate people safely. These fire drills included people who used the service so they knew what to do if the fire alarms sounded. Emergency procedures were in place in the event of a fire, flood, power cut, adverse weather or local and national incident.

Individual risk assessments had been undertaken for each person who used the service which identified risks to their safety and how they could be minimised. This included potential risks when undertaking daily activities such as eating and cooking; and when going out and undertaking activities. Assessments of risk were individual to each person and some people had specific assessments of risk in place due to their vulnerability or potential to abscond. Guidance was in place for staff about what action they should take to minimise the possibility of the risk occurring. Staff were knowledgeable about these guidelines and they were reviewed to ensure they contained up to date information.

There were procedures in place for reporting accidents and incidents which included the details of what had occurred and the immediate action taken in response to the situation. For example, one person had not wanted to go to bed and had thrown an object at a staff member. Following this staff had offered the person a number of options of which the last one was successful in the person having a good night's sleep. Incidents were used as learning events as an effective procedure had been established to use this information with this person if the situation occurred again. Body charts were used to record marks or bruising to a person's body and were monitored. Accidents and incidents were reviewed by the registered manager and as part of the service's regular audit process to establish if there were any patterns or trends.

The service had a comprehensive safeguarding policy which set out preventative strategies such as robust recruitment and safeguarding training for staff. It set out the definition of different types of abuse, the

additional complexity of identifying abuse for people with autism, staff's responsibilities and how to report any concerns. The contact details of external organisations such as the local authority were provided, so there would be no delay in reporting any serious concerns. The policy also gave simple advice for staff on what to do if a person discloses to them they have been abused. Staff had received training in safeguarding and understood the need to be vigilant for any changes in a person's behaviour that could indicate that something was not right with a person. They felt confident any concerns they raised would be listened to and acted on by the registered manager. They also knew to contact the local authority or Care Quality Commission if the service did not act on their concerns. Staff knew how to "blow the whistle" which is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith.

Appropriate checks were carried out to ensure staff recruited to the service were suitable for their role. This included obtaining a person's work references, a full employment history, right to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff were made aware of the service's disciplinary procedures. These set out the expected standards of staff performance and behaviours, and what performance and behaviour may lead to disciplinary action. The service knew how to follow these procedures to make sure staff working at the service were of good character and had the necessary skills and knowledge to carry out their duties. Everyone who used the service was already known to the provider as they attended one of their day services. This information together with additional information gained from people's carer and the funding authority was used to assess the level of staffing each person required. People required a staffing ratio of one to one or two to one due to their behaviours and/or difficulty with mixing with other people due to the nature of their disability. Periods of respite that people required varied in length and frequency. The service employed four full time staff and could draw on other staff when required, in order to ensure there were sufficient staff available at all times. These additional staff were employed in the day service which people attended and so knew people well.

The service had a comprehensive medication policy which was regularly reviewed to ensure it contained up to date information and guidance for staff. It included all aspects of the management of medicines including its administration, storage, recording and what to do if there was a medicine error. Each person brought their prescribed medicines with them to the service. The name, dosage and frequency of each medicine was recorded on a medication administration sheet which staff signed each time they were given their medicines. There were no gaps in this record indicating that people's medicines had been given as prescribed by their doctor. There was a clear procedure when people attended day services to ensure there was an audit of all medicines leaving and coming into the service.

Secure boxes had been obtained so each person's medicines were safely stored in their own rooms, which minimises the risk of people being given other people's medicines. The temperature where medicines were stored was checked to ensure they were kept at a temperature where they would remain effective. Staff that administered medicines had received training in how to do so and received refresher training and competency checks every two years to ensure they had the necessary level of skills and knowledge. There was clear guidance in place for people who took medicines prescribed as 'when required' (PRN) so they were safely administered according to people's individual needs. For people who administered their own medicines or prescribed creams, an assessment of risk had been carried out to make sure the person was competent to do so.



## Is the service effective?

### Our findings

Relatives praised the service for its effectiveness in providing a stable and consistent service for their relative. One relative told us, "I know which staff will be supporting them and if there are any changes staff let me know. I am kept informed of what is going on and I get a full report of what they have done when they come back home". Another relative told us, "It is the stability of staff that has helped them. Staff have the right skills to look after him/her and they know him/her well. If I need to know anything I can ask the registered manager or a member of staff".

New staff completed an in-house induction at head office which included mandatory training such as manual handling, health and safety, first aid and specialized training in supporting people with autism, epilepsy and via positive behavioural support (PBS). PBS is used to support people who present behaviours that may challenge in the most appropriate way. Staff shadowed senior staff to gain practical experience and knowledge of supporting each person. Their competency was then assessed to demonstrate they understood the support needs of each person. In addition, new staff completed the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. Staff said their induction was effective as they worked alongside staff with each person to enable them to gain a clear understanding of their needs. All permanent staff had completed level two or above Diploma/Qualification and Credit Framework (QCF). To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

The service made sure the needs of people were consistently met by staff that had the right competencies, knowledge, skills and experience. All staff employed by the provider received the same induction and training, therefore non-permanent and permanent staff that provided support at the service had the necessary training for their role. Staff said they had received the training they needed to enable them to carry out their role. A training matrix was in place which showed when staff had completed training and when it was due to be refreshed. Some training was provided face to face and other on-line. Most staff had received training in administering an emergency medicine for people with epilepsy. When people who may require this medicine used the service, the registered manager ensured staff who had received this training were on duty.

The service provided effective support for people who exhibited behaviours that may challenge themselves or other people. The in-house PBS team developed guidelines for each person to help support them in a way that reduced their anxieties. For one person a positive incentive programme was in place whereby the person earned "additional" times out to a place of their choice for positive behaviour. The person never had any privileges taken away if they displayed negative behaviour. Staff said this service was invaluable in providing the support they needed to effectively support people. They said they had been particularly involved with one person who was experiencing a very difficult period in their life. Staff said the team gave advice, developed strategies and revised them if they were not working as well as they had hoped, and were on hand at the end of the phone when they needed them. Staff, relatives and professionals involved in this person's care all commented there had been a significant improvement in the person's behaviours.

Comments included, "They have come a long way and it is so nice. They are more settled and incidents take place less often"; "Staff understand their behaviour and when they are getting anxious. They are good at calming them down"; and "As a result of the service's ability and willingness to manage their behaviour, which at times can be very challenging, they have remained in the service".

People who used the service lived in their family home and therefore most of their health needs were met by their family members. However, the service kept essential information about people's specific health care needs. If a person required support with medical appointments during their stay at the service, staff supported the person to attend and made a record of any professional advice. Each person had a "Hospital Passport". This was a single document containing information to hospital staff should the person be admitted to hospital and included the person's communication needs, personal support, disability, medicines and medical history. The service had taken over the main role for one person's healthcare with the agreement of their relatives. They had been proactive in liaising with appropriate professionals such as the dentist, occupational therapist, speech and language therapist and psychologist in order to meet their complex needs.

People's needs in relation to food and drinks were assessed and detailed in their daily planner. For example, one person liked to have a hot drink in the evening and another person needed regular snacks. People chose what they wanted to eat and were involved as much as possible. One person told us, "I choose what to eat and go shopping in Morrison's. A member of staff cooked me a lovely breakfast last time I stayed here". Another person had used pictures of foods as a visual aid to choose what they wanted to eat and had written their choices on a weekly menu.

Staff felt extremely well supported by their colleagues and the registered manager. They said that each member of staff knew each person's routine and they all worked as a team which had benefitted people. Staff explained there had been positive changes with people, which may seem small, but to the person concerned were very big and important. They gave the example of one person who was not able to sleep much when they first used the service, but now were a lot more settled. There were regular handovers and communications to help ensure people were supported effectively and consistently. Staff received regular feedback about their performance so they could develop their practice to improve care for people. This was achieved through supervision sessions, an annual appraisal and informal discussions. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in the best interests and as least restrictive as possible. Staff had received training in mental capacity and there were policies and procedures in place which gave staff further guidance. Staff understood that a person's capacity should be assessed for each specific decision they were making and that their capacity may fluctuate depending on the person's state of mind. Staff demonstrated they knew people well and were able to make daily decisions for people in their best interests if they did not have the capacity to do so. When people had been assessed as not having the capacity to make an important decision in relation to their health or well-being, people involved in their care had met so a decision could be made in their best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The service had submitted applications to ensure it was

acting in people's best interests when restricting their liberty, in order to keep them safe and had notified us when they had been authorised by the local authority.

## Is the service caring?

### Our findings

Everyone spoke extremely highly about the individual and caring support they received from the staff team. One person told us, "I love coming here. The staff know me and I know them. The registered manager is nice as she is really fun and so is another member of staff who supports me". A relative told us, "The staff are caring, they are like family and they treat me as part of the family. The staff look after me and my relative. The staff are bubbly and enthusiastic and always positive. It is a very homely service". Another relative said, "The service gives them the space they need and they are reassured when staff think they are becoming anxious. Staff are very patient". This relative explained their family member was anxious, but had never taken any medicines to help manage their anxieties. They said that due to the trusting relationship that had developed between their family member and staff, staff had successfully supported them to take a medicine which had a direct beneficial impact on their well-being.

The service had been consistently complimented for its care of people and their family members. A professional complimented the service for, "The care and attention and positivity to 'get it right' for them (person who uses the service)". A relative commented, "It is a weight off my mind knowing that he is so well looked after. Thank you for everything you all do. He looks so much happier that he has done in a long time". Another relative wrote, "We just want you to know how grateful we continue to be to for the love and care given. He has managed far better than we could have hoped. This is, to a large degree because of the wonderful support that you have all given him and in turn us".

Ensuring that staff supported people in a kind and caring manner was embedded in the service. The values of consideration and compassion were demonstrated by the management team and staff, showing that they were part of the culture of the service. Staff talked about people with genuine care and affection and described how they had developed relationships with people who due to their disabilities, often found it difficult to build connections with people. Staff had gone the 'extra mile' to support a person whose home life had been disrupted due to bereavement. This person was under considerable stress and anxiety which they displayed through behaviours that challenged themselves and others. The staff team worked together to provide consistent and compassionate care for the person, through some very challenging times. At one point this person directed their challenging behaviours at a member of staff of whom they were particularly fond. It was assessed that it would benefit this member of staff and the person, if the staff member left the service for a period of time. This member of staff had returned to the service at the time of the inspection. The separation had benefitted the person as they had re-established a positive and caring relationship with the staff member, which was important to them. The staff member, despite their experience only had positive things to say about the person and how they enjoyed supporting them.

People were encouraged and supported to maintain and develop relationships with people that mattered to them. People were supported to keep in touch with their relatives during their stay if they wished. Relatives told us they were able to ring at any time to check on their loved one's well-being. One relative told us, "She is my number one priority and staff respect this". One person told us that whilst using the service they had been reacquainted with a girl they knew. They wanted to ask the girl out on a date, but were unsure how to go about this. They said staff had helped facilitate this and the two had met and stayed in

contact.

The service understood the importance of ensuring the well-being of the person and their family members. The registered manager and staff had regular contact with relatives to arrange the timing of respite and handover arrangements. Relatives said the service met their needs as well as the needs of their family member. As well as giving them a regular break from caring for their family member, relatives said staff also provided them with emotional support. Relatives said they would not be able to continue caring for their family member without the service. They said it was peace of mind to know their family member was being looked after by staff they trusted.

People were involved in making decisions that affected their daily lives. They planned their own menu and how they wanted to spend their time while staying at the service. The provider employed a communication specialist who supported staff with best practice and provided training in different types of communication. Staff used the appropriate method of communication to help people make these decisions, such as pictures and symbols. For example, one person sometimes typed or wrote in words the decision they wanted to make or what they wanted to say.

Staff were sensitive to people's emotional needs and were skilled in meeting these. Detailed information about people's communication needs were included in people's care notes. Communication passports helped staff to recognise people's emotions, such as when they were happy or anxious. They knew people extremely well and explained how they used people's body language as visual clues to understand what people feeling or were trying to say. Now and next boards and social stories were used to reduce people's anxieties. A now and next board uses symbols to let people know what they were doing now and then later. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. One person receiving respite care was not going back to their family home, but moving to a new home. Staff had developed a book with simple words, pictures and symbols that set out this information in a way they could understand. It included a symbol of their new home, which floor they would live on and pictures of their important possessions that would be going to their new home with them. In addition the person had been supported to take photographs of their new home as it was being built. Staff were also researching different types of electronic devices that could be used with people to communicate their needs.

The service's aim was to support people for a short period of respite care to give the person's main carer a break. The service had gone above and beyond this remit by providing an extended period of care and support for one person. In addition the service had recognised that this person would benefit from a break and had supported them to plan and go on a holiday abroad. Their relative told us this had been a great success and this was only possible due to the care and commitment of the staff team who had built such a positive relationship with them.

## Is the service responsive?

### Our findings

People and relatives said the service was extremely responsive to their needs. One person told us, "I want to be more independent. KAT (the provider Kent Autistic Trust) are building a one bedroom flat for me. I am looking forward to it. I can see the building work from here, but it is not going as fast as I would like". A relative told us, "They have gone over and above a respite service and taken over responsibility for all his care and are developing a new service for him. He looks out of the window every night and morning to see it being built. He has chosen the colours of the paint and staff have explained it to him". Another relative said, "It meets his/her and it meets my needs".

The respite service was initially developed in response to requests from families of people who attended KAT day services, to have a short break from caring for their relative. Due to the increase in demand from these families for their relatives to be accommodated on a permanent basis, KAT were building a new six bedroom service in the grounds of Woodville Close. One of the self-contained flats in this building had been designated to a person who was receiving an extended period of respite at the time of the inspection. People and their relatives had been given information about the new service, what support would be offered and how to make an application. Some people using the service had made an application and been assessed by the provider as to whether their needs could be met. People's care managers were also involved in this process.

The service's aim was to provide regular, planned respite care for people who had been assessed as requiring it. However, the service had immediately responded to provide care for two other people who used KAT services, when there had been changes in their home life. In these situations staff at their day service had initially provided their support as they knew them well. The service was therefore flexible in providing an emergency service that met people's needs, on the same day it had been requested.

Staff worked jointly and communicated with staff where the person attended for day care. For example, when one person stayed at the service staff noticed that there were changes in their health in relation to a specific medical condition. Staff then worked with the person's family and advocate to ensure a medical review took place to benefit their well-being. Another person found it difficult staying at the service and attending day services, which took place in the same building. A meeting was held with staff and external professionals and family and a decision was made to see if they would benefit from attending another of the providers day services. This service was considered as a suitable alternative as it was a specialist service for people with autism. The move was facilitated with the necessary transport and relatives and staff reported it had been a successful move. □

There were opportunities for people to develop and progress. A professional commented about one person, "I was struck to see the progress they had made since being at Woodville Respite Centre. They seem to be more confident and self-assured. They are obviously very comfortable at the service". A relative told us, "My family member has a good life at the service as there are more opportunities than at home for going out such as to the cinema and theatre. They have developed more skills and staff are helping them with this". People were also encouraged to undertake all aspects of daily living including shopping, cooking, and doing

their laundry. One person told us they choose to spend their time when staying at the service. "I can spend time in my room when I want. If I stay at the weekend I can have a lie in and go to lots of different places and walk into Canterbury". People were supported to follow their interests such as going shopping, visiting places of interest, meals out, walks and trips to the cinema, bowling and different towns. A vehicle was available to enable this.

Relatives and professionals told us that people received an exceptionally high standard of personalised care at the service. A relative told us, "He receives personalised care. Staff have devised a set routine as they get fixated on certain things and this works well". Another relative told us, "All staff know my family members likes and dislikes so they can care for them in the right way". A professional had complimented the service for, "Working in such a person centre way. They have been surrounded by people who have put them at the centre of all their plans and they have come such a long way".

Before each person used the service, staff liaised with the person and their family to discuss what they would like to do during their stay, what they would like to eat and what personal items they wanted to bring. A daily planner was developed which detailed the person's routine during their stay and included their needs, likes and dislikes. Staff used this as a guide to support people during their stay at the service. They signed each part of the person's routine when they had supported them to achieve it and added information about the person's mood and well-being.

This was to ensure important information was shared with the staff team so that people received consistency in how they were supported. In addition a handover took place between each shift of staff. Staff told us these were effective in communicating and discussing people's individual needs.

Each person had an annual review with staff from the respite and day service, their family members and care manager. Wherever possible, the person was facilitated to attend and lead the review, but if they were unable or did not wish to attend, their key worker provided a presentation of their achievements over the year. From the review the staff team formulated an action plan in order to continue to meet the person's needs.

Information about how to raise a complaint was displayed at the service. It was written in an easy read format using simple words and symbols to help people to understand the process. Photographs of people from the management team were included so people could identify who they were. The registered manager said staff maintained a regular dialogue with people's family members to help them feel comfortable in discussing their views about the service and giving feedback. They said if a problem was raised, staff endeavoured to resolve this as soon as possible and used the issues raised as an opportunity to improve the service. Relatives concurred that the service was open and inclusive. One relative told us, "There is good communication with staff so when I have had a concern I have contacted staff straight away and they have always responded", Another relative said, "There was an issue with the care of my family member, but it was dealt with straight away and I was kept informed throughout about how it was being dealt with. It was address to my satisfaction. As they dealt with the issue so effectively, I would have every confidence in them addressing any issues if I needed to raise them in the future".



## Is the service well-led?

### Our findings

Professionals and relatives said the service was well-led. One relative told us, "The registered manager and staff are very professional. I have recommended the service to other people as I don't know what we would have done without it". Another relative said, "The service is well-led. It works in partnership with us which is really important as how staff interact with my family member affects how they interact with us and vice versa". A professional complimented the management and the staff team saying, "It is a pleasure to work alongside you all".

The registered manager was a strong role model and knowledgeable about providing care for people with autism. They led by example, working alongside staff supporting people and staff described their experience of working at the service as being a positive one. Regular formal and informal staff meetings were held to share and discuss information in relation to the daily running of the service and people's welfare. Staff were extremely enthusiastic about their roles and responsibilities. They said that the service was a great place to work as they all worked as a team and supported one another and that people received a good quality of life. The aims of the service were to "Provide individualised packages of respite support based on an assessment of that person's needs" and to "Make a positive impact on people's lives". The provider, registered manager and staff team understood these aims and how to put them into practice for the benefit of people and their family members.

The service had sought specialist advice about delivering personalised care to people with autism and had used this knowledge to develop the service. The provider had gained National Autistic Society Autism accreditation for all their services, including Woodville Close. Autism Accreditation is an internationally recognised quality standard for which the service had to demonstrate they put the interests of autistic people at the heart of what they do. Specialist training and conferences were regularly held by the provider which benefitted staff. Two professors of psychology presented a conference on the 'Quality of Life and Wellbeing in Autism'. A professional trainer on autism and Asperger's, who themselves has Asperger's, gave a talk at the Annual General Meeting. The positive behaviour support team had started a consultancy with a senior lecturer at The Tizard Centre which has a track record of excellence in research and teaching in intellectual and development disability. This has given staff an opportunity to test theories, concepts, guidelines and interventions. The registered manager attended the Kent Challenging Behaviour Network (KCBN). KCMN enables professionals in learning disabilities and challenging behaviour to network through training, workshops and conferences.

The views of people who used the service were gained through daily conversations and annual reviews. Survey questionnaires were sent to people's family members annually. The views of all family members of a person who used the provider's services for 2016 had been analysed and were very positive. This included one survey of a family member of a person at Woodville Close. The relative stated that the service provided a consistently high standard of care, responded to people's individual needs, there was stability and consistency in staffing and everyone was treated with dignity and respect. Family members for all of the provider's services had been given feedback about the overall responses to their survey in 2015. They were informed that although the provider was encouraged by the positive feedback, further areas of



improvement had been identified such as sharing behavioural strategies at reviews, introducing new staff to carers and working on reducing staff turnover. The provider stated that it recognised that striving for excellent was an on-going process for which feedback from family members was essential.

The provider had gained the views of the staff at all their services in 2015, including those working at Woodville Close. The responses had been analysed and a report written which showed that the overwhelming majority of staff were happy with the support, induction and training they received. The responded they were able to discuss issues freely, that the service was well-led and they felt a valued member of the team. These results were feedback to staff who were praised for 'going the extra mile' to meet people's needs. Staff comments had resulted in reviewing shift patterns to allow a better work and home life balance, reviewing job titles and introducing staff representation and staff engagement meetings to discuss changes and share information.

There service's quality assurance policy set out a structured approach to monitoring the quality of service delivery. The board of trustees had responsibility for the overall quality of the service, for which aspects of this were delegated to the senior management team and the registered manager. The senior management team held regular health and safety meetings and an overview and scrutiny meeting where any themes from safeguarding's, behavioural incidents were discussed and themes were addressed such as recruitment, and developing new and existing services. The service quality compliance manager undertook regular visits to the service to specifically monitor the quality of Woodville Close which looked at whether the service was safe, effective, caring, responsive and well-led. This included looking at the safety of the environment, staff training, records, the range of activities available and medicines management. Their assessment included observing staff interaction with people. Any shortfalls were highlighted and checked at the next visit to ensure they had been addressed. The local authority contracts department had undertaken a quality review in April 2016. They assessed varied aspects of the service including people's health, access to the community, choices, staffing skills and levels. They found action was only required in one area and this had been addressed at the time of the inspection.