

Homes Caring for Autism Limited

Durlston House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Durlston House provide accommodation and personal care for 5 people. The service is set across three storeys. The ground floor had a communal lounge, conservatory, dining room and kitchen. There was a self-contained flat with adapted facilities and a garden area for one person "nested" within the house, accessible from the main corridor. There were three outdoor spaces, including a sensory garden.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

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

People received person-centred, dignified and respectful care. People enjoyed the company of staff and there was lots of laughter and friendly conversation. People chose and were supported to spend their time how they wished. The activities plans were varied and reflected the individual interests of people.

Each aspect of the care and support people received was personalised to meet their needs. Including, choosing the exact décor and furnishings for their bedrooms.

People were supported by well trained, knowledgeable and enthusiastic staff. People appeared to feel comfortable and confident in the company of staff and staff understood the individual needs of people. Staff understood their role as a key-worker meant they could advocate for the person, representing the person's voice in reviews and in making choices.

The registered manager had been in post since January 2017 and had greatly improved the culture and ethos of the service. The registered manager had built a strong and efficient staff team, and had plans for on-going development of the service. This registered manager had a clear oversight of the service and understood the needs of each person, any actions that were required following on from audits. The registered manager also understood how any changes made to the service had to be with the person at the centre, with their rights, feelings, and support required being considered.

Relatives, staff, and professionals without exception praised the support that the service provides. Staff were proud of the quality of the support they offer and of the manager's strength in leading the team.

The staff supported people to achieve great outcomes and make positive changes to their lifestyle and well-

being. The outcomes achieved included a vast reduction in incidents of challenging behaviours.

Medicines were managed safely and people received timely medicine reviews. The service had not had any medicine increases for people, only reductions, or changes in types of medicine to ensure people had healthier and happier lives.

Staff understood and worked within the principles of legislation in place to support and protect people, including the Mental Capacity Act 2005 (MCA).

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.

Medicines were managed and administered safely.

People were involved in the creation of risk assessments and risks were managed in a person centred manner.

Staff understood their responsibilities regarding recognising and reporting safeguarding concerns.

Safe recruitment processes were in place.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Opportunities with technology were maximised to support people to be as independent as possible with making choices and communicating their wishes.

The staff supported people to achieve new life skills.

People were supported to live healthier lives.

People were supported to be as involved as possible with decisions regarding their care.

Is the service caring?

Good ●

The service was caring.

There was a good rapport between people and staff.

People chose how they wanted to spend their time.

Staff were creative in finding new ways to explore people's interests and expand their experiences.

Is the service responsive?

Good ●

The service was responsive.

There was a creative approach to meeting people's sensory and physical needs.

People's care and support plans were person centred.

The service was adapted to meet the needs of the people.

Is the service well-led?

Good ●

The service was well-led.

The registered manager has made great changes since being in post and has long term plans for development.

People's relatives and staff consistently expressed positive feedback about the impact the registered manager has had.

The registered manager encouraged staff to share ideas around ways in which support could be adapted and continually improved.

The registered manager and staff worked efficiently as a team.

Durlston House

Detailed findings

Background to this inspection

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

This inspection took place 6 and 7 March 2018 and was announced. This was the first inspection at Durlston House under their current registration. In September 2015 the service was inspected under one registration with another Homes Caring for Autism service.

We gave the service 24 hour notice of the inspection site visit due to the impact visitors can have upon the needs of the people using the service. The inspection was conducted by one inspector and the inspection notice was presented on the communication board in the communal entrance, with a photograph of the inspector.

People living at the service experience anxiety when speaking with professionals that they have not previously met. To reduce these anxieties, we spoke with four people's relatives for their feedback on behalf of their family member, as well as each member of staff on duty during the inspection. As part of the inspection we spoke with two health and social care professionals, six members of staff, the registered manager and the regional manager. After the inspection, we received email feedback from three health and social care professionals.

Before we visited, we looked at the notifications we had received from the registered manager. Services tell us about important events relating to the care they provide, using a notification. We also reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

Is the service safe?

Our findings

People experienced safe care while living at Durlston House. One relative told us, "I feel the care here is extremely safe, it gives us a real comfort and peace of mind." Another relative said, "I have absolutely no concerns whatsoever regarding safety. I know they are safe. The manager will always keep us up to date if there are any changes or anything that we should be involved with."

The registered manager and staff were thorough and consistent in explaining their understanding of how to recognise safeguarding concerns for the people in their care. One staff member told us, "Safeguarding people means we are open and honest, and to recognise signs of abuse could be through how the person communicates, it could potentially be through paper trails such as receipts, you don't have to directly witness something to find out that it is happening." Another staff member said, "There are ways of knowing if someone who doesn't communicate verbally is being abused. It could be something you see such as bruises, or they may withdraw from activities, or want to be on their own more, there might be changes in their behaviours. Also, it could be receipts going missing, or the wrong sort of things appearing on receipts."

Each member of staff felt confident in how the management of the service and the organisation would respond in the event of any safeguarding concerns. One staff member said, "I would report concerns to the manager, but I know I could also go to the regional managers as well." Another staff member said, "It is important to speak out against bad practice and to always report it." One social care professional said, "They know all about safeguarding and are confident in how to recognise and raise concerns and what they should do."

People were supported by trained and knowledgeable staff. We saw that staff had received a range of training designed to equip them with the skills needed to support people with each type of incident, including safeguarding, and epilepsy management.

People were involved in the development of the comprehensive risk assessments. Detailed and person centred risk assessments were in place and these enabled positive risk taking. For one person their risk assessments included: fire safety, accessing communal areas, accessing the laundry room, medication, accessing GP and health appointments, accessing the hairdressers, and accessing places of interest for that person. Risk assessments sign-posted staff to specific care plans for information they may need in addition to the assessment. For some people there was other guidance from healthcare professionals, or additional tools that staff can use to minimise risk.

Risks were managed in a dignified way. Where risks identified that staff should wear protective headwear, this had been done with the implementation of baseball cap style hard hats. When outside of the home, practical steps were put in place to reduce risks. For example, one person was being supported to leave the service for an activity. The staff member prepared for the trip by ensuring they had the person's individual bag. The bag included information specific to that person's critical needs, a mobile phone and emergency contact details.

There was an open culture of learning from challenges or when things have not gone as planned. One staff member told us, "We provide a really good quality of life here for people. We try new things and sometimes they work, other times they may not, but we learn from that." One healthcare professional said, "They are very open and transparent. If something hasn't worked as well as expected, they learn from it."

Where people had behaviours that could be challenging, staff had a strong understanding around the potential triggers for these, how the behaviours could present, and how best to support the person. When incidents of behaviours that challenge occurred, an in-depth analysis and debrief process took place in order to learn from the experience and encourage reflective practice. For example, each incident of challenging behaviour was recorded and the data was then used to identify patterns and trends based on a number of factors, such as personal triggers, times of the day and even the time of the year. For example, information for one person evidenced a significant reduction in the number of incidents they experienced with the introduction of a self-contained flat and continual medicine reviews. After incidents occurred, the registered manager said they discussed each stage of what happened with the staff member and where there were opportunities for learning. This practice benefits the person as the staff member can continue to provide a more tailored and informed approach if the incident occurs in the future. The practice also benefits the staff member because they can openly discuss the situation and explore ways in which the support could be improved.

Medicines were stored and administered safely. We observed the medication preparation for one person. One staff member spoke through each stage of the medicines preparation for the person and the information was checked by a second staff member against the medicine protocols for that person. One social care professional said, "I assess staff competencies with their medicines administration and I am absolutely amazed at how thorough they are. Their practice is consistent and effective." We looked through the medication administration records for each person and found that medicines had been administered and recorded correctly. Medicine protocols were available to inform staff about how, why and when 'as required' medicines should be administered.

Throughout the inspection we saw that people were supported one to one and staff had time to sit and chat with people. Interactions were not rushed and people enjoyed the company of staff, as they conversed, shared jokes and smiles with one another. People were given the choice on their preferred staff member to support them. During reviews people were encouraged to identify through photographs, the staff that they most enjoyed being supported by, as well as if there was anyone they did not connect so well with. Their wishes were then taken on board when allocating staff members to people. This ensured people received their care and support preferences.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and reduce the risk of unsuitable people from working with vulnerable adults and children.

All areas of the home were very clean, well maintained and had a pleasant odour. Staff were involved in ensuring the home remained well presented and there was a cleaning schedule in place. Personal protective equipment (PPE) was available, stored and disposed of appropriately.

People were protected from the risk of infection. Audits of the building and infection prevention control took place regularly and were completed by the regional managers. During the inspection, safety inspections were taking place by the maintenance team and these included legionella and gas safety testing. Records

reflected that maintenance requests were responded to promptly and issues were addressed efficiently. While completing the maintenance checks, it was evident that the maintenance team had a strong understand of each person. They recapped information with the manager prior to commencing their checks, such as discussing which person had previously been accepting of having them in their bedroom and how best to support other people with the essential maintenance checks.

Is the service effective?

Our findings

The service was extremely effective. Each relative we spoke with was positive in their feedback about the person centred and holistic approach the service has in assessing peoples social, physical and mental health needs. One relative said, "Staff are working with him around his cooking and his eating has improved massively. It's about getting [person's name] to reach his potential and they are focussed on achieving this. They will always update me if there are any changes."

Three relatives explained how the service uses technology to enable their family member to maintain family relationships with them. One relative said, "They have worked a lot with his sensory needs and we also get a weekly update email with photos about what he has been up to. We reply and he then has the emails and photos on his electronic tablet to look at, laugh and smile at." Another relative said, "[Person's name] seems very happy and settled there, she is always happy. We use Skype to keep in contact. The service is very good. They phone us to let us know if there have been any changes or incidents. They support her to do what she would like to do." One healthcare professional said, "They communicate well with the families and have a very joined up view and way of working with one another."

Technology was optimised to support people to make decisions independently. People who had electronic tablets had systems installed that were tailored to their individual needs. One staff member said, "Some people use technology to tell us what they want, other people use pictures. We work with them to support them to make choices." Another staff member explained, "We do weekly emails for one person's family, with photographs. The family reply and [the person] has a huge library of photographs on his iPad that he can look through, these are photos of activities they have enjoyed and of their family."

Creative and personalised methods and technologies were used to support people in making decisions and live healthier lives. The service implemented 'social stories'. These are interactive story boards on the computer that document each stage of an activity, we observed examples of these activities that included personal care, visiting the hairdresser, and taking medicines. The registered manager explained that photographs are taken for each stage of the process, building a story of what will happen. A staff member explained the impact the social stories can have, "One person didn't enjoy personal care, so we would use her favourite characters and social stories about personal care and we dress up in fancy dress characters that she enjoys and would try to make it an enjoyable an experience as possible." The staff member also explained, they used social stories and favourite characters to explain why aspects of hygiene and personal care were important. They said "We are now at a stage where the social story is no longer needed for this. [Person's name] has developed their routine from this and, no longer needs the prompts."

Social stories were used to introduce new routines that benefit people's wellbeing. The introduction of these routines was at a pace that supported the person's needs and encouraged independence skills. For example, one person had not had their hair cut in a number of years and they did not enjoy this aspect of personal care. The staff team researched local hairdressers and found one locally that would work with them to introduce the person to the experience of visiting the hairdresser. The social story for this included a photograph of each stage of the route to the hairdressers, also a photograph of the car the person would

travel in and a satellite view of the journey. The registered manager explained that the first visit was just to introduce the person to the environment. During the second visit the person was encouraged to brush their own hair in the salon. This progressed to the hairdresser brushing the person's hair and eventually onto the person consenting to the hairdresser cutting their hair. The social story developed to include photographs of the person in the hairdressing chair. This method reduced anxiety for the person, as well as the risks of challenging behaviours. In addition, the person was able to participate in a new activity and improve their wellbeing.

The service subscribed to the STOMP (Stop The Over Medicating of People) initiative and this was effective in supporting people to live healthier lives. The relative of one person said, "The previous placement just resorted to medication and when [person's name] transferred here she was on a lot of medication. They have worked hard to support [person's name] and now she is on just one medicine and at the lowest dose. The last twelve months, it has felt as though we have the old [person's name] back." The registered manager had conducted analysis of incidents and challenging behaviours. There was a correlation between the number of incidents people experienced, with the positive support received and the reduction or changes in medicines. This demonstrated that people experienced positive improvements in their wellbeing over an annual period.

People with epilepsy received regular reviews with healthcare professionals. Risk assessments and care plans for supporting people with their epilepsy were detailed. Protocols contained clear guidance, incorporating advice from healthcare professionals. In the care plan for one person, there was evidence that healthcare appointments were arranged promptly following any changes in seizure patterns, including medicine reviews. This ensured that people were always on the appropriate level of medicines for their needs and without over medicating.

Guidance and involvement from healthcare professionals was sought. There was evidence of healthcare professionals input throughout the care records. People were supported to attend healthcare appointments promptly and were accompanied by a member of staff. One staff member said, "I attend medical appointments with individuals and support them to express what is wrong. We use our best judgements and experience of knowing the person." One healthcare professional said, "They get the Cardiff health checks up to date and all information is easily accessible in supporting people's healthcare needs."

Staff received training to specific to support the needs of the people using the service and additional training could be requested if required. One staff member said, "We recently had training about social stories, learning sign language, and safeguarding." Another staff member said, "I have had training in sign language, first aid, positive behaviour management, safeguarding; and all of the core modules of the care certificate" (set of standards that health and social care workers adhere to in their daily working life). Staff also received training specific to their role, one staff member said, "I attended shift leader training with staff from other homes, it was a good way to share ideas. I know if I needed or wanted more training in anything I would just need to ask." Staff spoke positively about the quality of training they received, one staff member said, "The training is really good, really thorough. The training makes you feel ready and confident." One social care professional said, "The staff are all extremely keen to be well trained. They are knowledgeable and enthusiastic."

People were supported and encouraged to live their lives as independent as possible. One example of this was explained by a staff member who said, "We support people to be as independent as possible. We give them guidance around decisions and choices. One person wouldn't leave their room, however we have worked with healthcare professionals and now the person comes out. There have been positive changes in their health and he has even been out on trips. Another person, wanted to redecorate their bedroom. We

printed different paint colours to show them, printed pictures of different types of furniture for them to choose and he chose everything for his bedroom. He communicated his choice to change his bedroom, so it is only right that we do everything we can to help make that happen for him." Another staff member also spoke passionately about this example and said, "The company as a whole is determined to better people's lives and to help them overcome challenges. One person wanted to decorate his bedroom and he had never slept in a proper bed before. We have worked with him to use a low bed and he is sleeping in a bed for the first time ever." The registered manager explained that one person expressed their wish to go on holiday, they were then supported to choose where they would like to visit and choose the dates.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations.

The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS. 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.

We found that staff clearly understood the MCA and what actions they would need to take to ensure that the service adhered to the code of practice. The care records we received contained assessments of the person's capacity to make decisions and that assessments were only completed when evidence suggested that the person might lack capacity. Best interest decisions were documented and reviewed regularly to ensure that measures in place remained the least restrictive practice. For example, one person had a visual and audio monitor in place. The person's mental capacity was assessed and a best interest decision meeting held. The meeting included input from health and social care professionals and the decision was reviewed following changes in their epileptic seizure patterns. Following reviews with the epilepsy nurse and the person responding well to their reviewed medicines, a best interest decision meeting had been scheduled and the registered manager explained that they expect the decision to change to using an audio monitor. This meant that the least restrictive options were continually being considered and reviewed to ensure the person received the most effective support.

People were thoroughly involved in their capacity assessments. Copies of the questions asked and the response the person indicated were included in the care records. The information was conveyed in picture and word format to support individual communication methods. For some people, the questions were asked as part of a social story, or via their electronic tablet. The service adhered to the Accessible Information Standard 2016 in adapting their approach to provide information in different methods, specific to the needs of the person.

Staff understood how the MCA related to their roles and the support they provide. One staff member said, "Best interest decisions take place around decisions such as if a person can safely manage their money." Another staff member explained, "We guide people in making their day to day decisions. If a person lacks capacity about their healthcare appointments, then we can involve advocates and create social stories to show them how important it is for them to have this." A third staff member explained, "We support people to make more complex decisions by linking with health and social care professionals for best interest decisions. But also on a day to day basis it may be simple things such as one person loves wearing dresses, but sometimes it is too cold, so we ask her to wear some leggings with it to help her keep warm, so she can wear the dress she wants to wear. It might take a few attempts for her to accept our suggestions, but we give

her time to help her make decisions."

People were supported to eat and drink regularly throughout the day, when they chose. One staff member said, "People have access to the kitchen and can look through the cupboards. We also have different menu options available each day. But really, people just choose what they want and then we help them make it." We observed this in practice, with staff members using electronic tablets to offer meal choices, or discussing different options with the person.

The service was adapted to meet the needs of the people living at the home. For example, as one staff member explained, "One person was at crisis and was experiencing a lot of challenging behaviours. She now has her own flat and feels safer and comfortable. She goes much longer without any incidents. We have focused on helping her feel settled and comfortable and then we can gradually support her to build upon her skills and interests." Another staff member added, "One person has their own flat and with that a garden. She has progressed so well. She is now so calm, so engaged, more confident and the hard work feels as though it is really paying off for her quality of life."

Hospital passports were in place, documenting detailed information specific to the person in the event of a hospital admission. The passports contained person centred instructions around how best to support the individual. For example, their food and drink preferences and how the person communicates.

Is the service caring?

Our findings

The care staff were enthusiastic and enjoyed caring for people living at Durlston House. There was a strong person centred culture within the service and staff were passionate about what they do. Relatives spoke highly of the staff team and expressed positive feedback about the personalised approach their family members had received. One relative said, "Overall, our experience here has been very positive. The change in [person's name] compared to the last placement is so positive. The team listen to us and take on board our feedback. Even at the start, the staff came to our home to learn about [person's name]. It takes a long time to get to know [person's name] and to find out what is important. They've done that and created an environment around her. They speak to [person's name] very kindly."

The staff team at Durlston House were praised by relatives for their caring approach. One relative said, "We are so happy and thrilled with the staff and everyone there. Durlston House has been amazing; they're responsive and keep us informed. They are fantastic in responding to my demands too. [Person's name] seems to be incredibly happy, he makes his feelings known, and when he goes back to Durlston House he is always very happy. They help him keep very busy, he gets bored quickly so he has a busy agenda to help this. If I feel anything could be improved then they always listen to me, they care and want to include us." Another relative said, "I can gauge [person's name] and their feelings when I see them and he is always happy. When returning to Durlston House after staying with us for Christmas, the staff were genuinely happy to see him and he was equally happy to see them. They told us "we've missed him'."

People were treated with kindness and dignity. Staff were caring, attentive, thoughtful and enthusiastic in their approach. One staff member said, "My favourite thing about working here is the passion staff have for the individuals that live here. We go above and beyond to make sure people's needs are met, that they are looked after and the staff are well trained. We all have positive attitudes and outlooks and that goes for everyone. The individuals who live here need a lot of one-to-one time, but what that really needs is good communication and we have that. We all understand how having a positive attitude and outlook influences the experience of the people who live here."

People chose how they wanted to spend their time and were supported by staff that understood, supported and respected their interests. The service had two vehicles that could be used to enable people to attend activities and appointments. One staff member said, "We are a passionate team and the people we look after come first in everything we do. We do what is best for our people." People were supported in a broad and varied activity programme, based on their personal interests. For example, horse riding, swimming, visiting the local country park, going to restaurants and cafes of their choice, theme parks and local points of interest. One person who enjoyed an active lifestyle had a membership at the National Trust and at the local leisure centre. We saw photographs of people using the garden during the snow; and during this period staff had stayed at the service to ensure people had consistent levels of care and support.

People's experiences were broadened in-house, as well as through activities outside of the home. For example, the service held "culture evenings", which encouraged people to try different foods from other cultures, such as an Italian night where they were offered freshly made pizza and pasta. One person enjoys

another aspect to the culture evenings and enjoys making canvases of the flags of the country being celebrated.

The interactions between staff and people were consistently appropriate and well-received. We heard laughter between people and staff, as well as effective communication, with the person always at the centre of the interaction. There was a robust key-worker system, where each person had one or two members of staff assigned to work specifically with them around their care planning. Staff spoke with great enthusiasm about this system and explained how they were there to "advocate for the person". The staff explained that the role of the key-worker was to promote the person's rights, support them in their wishes and to make choices, but to also build a strong bond with the person and use this in reviews of their care and support needs. One staff member said, "I advocate for [person's name] rights and for his best interests. This has been especially about activities, but also in all sorts of situations, such as for a Speech and Language Therapy assessment."

People's bedrooms were personalised and reflected their personalities, interests and needs. One person had chosen to have a bright pink bedroom and had a sofa so they could spend time relaxing upstairs. Another had chosen to have their bedroom painted white throughout and they had chosen lots of different storage options to furnish the space. One person had their bedroom decorated to help meet their sensory needs, with specialist lighting and furnishings.

The service had built strong links within the community. For example, the registered manager explained that some of the people were known by staff working at local businesses. For example, staff at a supermarket and multiple coffee shops. The registered manager said the shop and café assistants had built bonds with people and were able to communicate in the most effective and caring way. This meant that people were part of their local community, which improved the quality of their life experiences.

Is the service responsive?

Our findings

The service was responsive to people's needs in a personalised and holistic way. Without exception, each relative we spoke with praised the staff team for their responsive approach to meeting and exceeding their expectations in providing care and support to their family member. One relative said, "They respect [person's name] wishes, we have reviews and review the situation here and they always listen. They are willing to try new things to better support [person's name] and to see what works for her. The staff who work here tell us how they enjoy working with [person's name] and if she needs to see the doctor or dentist."

Communication tools were creative and personalised. Each person had a communication dictionary created, based on staff understanding the different vocabulary the person might use and what it means for them. The dictionaries contained examples of how to communicate with the person about their interests, their passions in life and used pictures and phrases that they can relate to.

People had weekly routines built around their up-to-date interests. Staff understood the importance of routine for some people, and for others how they may enjoy trying something new. One staff member said, "Being a keyworker means ensuring their support plans are up to date with the person's current situation. We also help people choose their activities and build activities programmes based on what they like and if they would like to try new things." They also said, "For one person, they like to have a very structured routine. So we build up to getting him to try new activities and average one new activity per month." The registered manager explained that for one person, they chose to spend a lot of time in their bedroom and would enjoy watching the "Challenge TV" television station. The service used their knowledge of the person's interests and installed a games console in the lounge that allows the person to interact in the challenges which they enjoyed.

The service understood how people communicated using their body language and facial expressions. There was also a range of tools available to support people in understanding important communications, such as how they can raise complaints or concerns about the service. One staff member said, "People can raise complaints using the board in reception, where their name is in widget format and they can identify the complaint symbol. We have monthly meetings where we talk through what people do and don't like, we act as a voice for the person, using everything we know about them." Another staff member said, "As a keyworker for [person's name], we have monthly and six monthly reviews with people. We make sure the care plan folders are up to date. We offer different activities options based on what the person is interested in. We do the reviews in paper format as this is what she prefers. In the review paperwork we use characters that [person's name] responds well to and these are visuals that support her. We used the characters in social stories to guide her in building new routines, or making decisions [such as for health care needs and explaining why antibiotics were needed]."

People's sensory needs were met using creativity and innovation. The staff had developed a sensory garden designed with support from local businesses that provided some resources. The sensory garden included a range of activities, such as raised herb and vegetable beds. There were sensory herb borders with different smells and appearances, as well as areas for water play and relaxation.

In addition to the sensory garden, there was a garden project being prepared for expansion in its second year. People and others from different homes within Homes Caring for Autism could participate in the garden project. Staff were involved with providing support with planting and growing vegetables, as well as learning more about gardening. The staff member leading the project said, "I am really passionate about life-long learning and have been able to go ahead with a horticultural project, centred around the principles of ASDAN [ASDAN is the Award Scheme Development and Accreditation Network]. We also focus on learning and involvement in cooking and daily skills" and, "The garden project pilot launched last year and it is now moving onto the next stage. We are hoping to have eight people inducted on the programme this year." The member of staff explained that the vegetables were to be used when preparing meals for the service, for people to gain the experience of planting, growing, and then eating their own produce. The registered manager explained that there were plans to introduce volunteer placements as the project progresses.

People's quality of life was enhanced by staff using their perseverance and creativity in tailoring the support provided. Staff used their knowledge of people to expand the experience the person receives at the service. One staff member said, "[Person's name] has arthritis and high sensory needs. I asked the [registered] manager if I could make a sensory bedroom for him. He now has an air bed, porcupine balls and sensory lighting and we can see the changes in his happiness. When in his bedroom he is smiling, enjoying the sensory room and it is really rewarding, we took a chance and it paid off." Different staff members also spoke about one person who had very limited dietary intake and how they had supported them to broaden their food choices. One staff member said, "[Person's name] would only eat pasta and sweets. We tried offering different foods and found out that his Proloquo [a personalised electronic system on the iPad] could expand his choices. His meal choices have expanded hugely and now he eats much more varied and nutritionally rich meals."

Staff worked hard to ensure that the service adapted to meet the individual needs of each person. People had support plans, as well as communication and health plans in place and these were maintained by their key-worker. Plans were reviewed regularly to ensure the information remained up to date and reflected people's preferences, needs and choices. The plans were extremely person-centred and built a true picture of the person. The interactions we observed and the knowledgeable way in which staff explained the support they provide for specific people, reflected exactly how the best practice support had been described in the care plan. Plans also contained records of learning. This meant that staff could detail what had worked well and what had not. For example, one person had experienced an unexpected situation during an activity visiting the local country park and alternative plans had to be made at immediate short notice. The way the person had reacted had been recorded, as this event could have potentially had a negative impact upon their well-being.

People were each treated with dignity and respect. The service worked within the principles of the Equality Act (2010), in ensuring that equality, diversity and human rights were reflected throughout all aspects of the care and support received. People were treated with fairness in decisions that were made in their best interests and their decisions were also respected. The registered manager said, "Each person's care is person centred to that individual and each person is totally different."

There were detailed Positive Behaviour Management (PBM) plans in place. The PBM plans explained with clarity, the signs that would support a member of staff in knowing if a person was at 'baseline', or if their behaviours were escalating. There were support strategies in place, as well as detailed information about the factors that could be affecting the person's behaviours. The detailed guidance meant that staff had a working tool in place to consult with and use in supporting people's wellbeing.

Is the service well-led?

Our findings

The service was exceptionally well led and people's quality of life was the main objective for each member of the team. Relatives, staff and professionals without exception praised the registered manager for the positive impact they had upon the experience people received living at Durlston House. Feedback from relatives included, "The manager has been very good, they keep us up to date, things are much better now, any concerns we once had have been fixed since the manager started." Also, "We are absolutely thrilled that [person's name] is living with Homes Caring for Autism. Especially since the current [registered] manager has arrived. We have noticed things have become more individualised." Another relative said, "The [registered] manager, to me, I can't speak highly enough of them and how the manager motivates the team. "

Feedback from staff echoed the praise from relatives. Each member of the staff team explained that since the registered manager had been in post, there had been positive changes at the service. Staff comments included, "The [registered] manager makes time for everyone and I have a lot of time for the [registered] manager. When the [registered] manager first started, morale was a bit low and people living here were at crisis point, but people have come on leaps and bounds. We have a settled staff team too and we always pull together; we are a good team, we praise each other and share ideas." Also, "I want to praise the [registered] manager as they have done absolutely brilliant and always try go above and beyond, we are very lucky to have them."

Professionals praised the service and the manager for their leadership. One healthcare professional said, "It is one of the best care homes I visit. They have great management. They are insightful into the fact that they are a specialist home." One social care professional said, "Durlston House is one of the best places I go to. It is brilliant. The [registered] manager is supportive and encourages staff learning." Another social care professional said, "The manager at Durlston House, is one of the best managers out there, very on the ball."

The Staff team were keen to express how the registered manager supported them to do their job in the best possible way. They said the registered manager's influence had helped to create a strong staff team. Comments from staff included, "The [registered] manager is very good, fantastic in fact. They have changed this place around and they keep morale high. The [registered] manager understands that if you have any concerns it can impact how you do your job, so the manager works with you to address these." Another staff member said, "The manager is brilliant. When someone new comes in it can be difficult, but [the registered manager] is friendly, warm and helpful. The [registered] manager has massively improved things. The manager is so calm natured, I think the way they work has worked its way through the staff team as we all try to work in the calm natured way. Having a consistent staff team has really done wonders for the people living here."

The team morale was high and the staff were clearly proud of the support they provide and staff had the opportunity to use their creativity in developing the quality of support people received. The service was well organised and staff were consistently confident and knowledgeable about their roles. Staff told us they were welcomed to express their feedback to the [registered] manager and share ideas around how the service can develop. Staff said, "We have regular staff meetings and supervisions and can give our feedback." Also,

"Team morale is really good. Since the manager has been here, things have lifted, [the registered manager] helps us feel we can achieve anything."

The registered manager had an in-depth knowledge and understanding of the needs of each person living at the service. The staff team felt confident that the registered manager would act upon any issues that may impact the quality of care a person receives. Staff told us, "The manager has a fantastic open door policy. I feel we have a solid working relationship. I know they will engage with day to day concerns and will always make time for people. [The registered manager] is very inclusive of everyone and has a strong understanding of everyone who lives here. [The registered manager] has helped staff retention, everything such as the rotas and allocations of who is working with who is done so carefully now. Thought goes into the impact disruption and confusion has upon the people who live here and the staff. Things are so much smoother since the manager has started here." Also, "The manager is really good at listening, there is an open door policy. For me, feeling valued, supported and listened to is so important in helping me to support other people. The manager also listens to ideas and is open to suggestions." And, "I cannot fault the manager. I feel so supported and we are all a supportive staff team as well. We work so well together and get on. Everyone here is so cheery and calm and I look forward to coming to work. The managers approach of being so calm works from the top down, because of the manager we are all calm, settled, and happy."

The registered manager had created a culture of being open and honest, but also around being passionate to continually develop. Each staff member and the registered manager were keen to build on their own knowledge, develop their expertise and to take advantage of each new opportunity that would further benefit the people living at the service. The registered manager regularly sought feedback from stakeholders, relatives and the staff team which fed into the development of the service, including the policies and procedures. The registered manager had used resources found during studying for their Level 5 Diploma for Leadership in Health and Social Care award to enhance the quality of care. The registered manager explained that they had developed a Person Centred Review (PCR) process based on research projects the registered manager had undertaken. The PCR process had been found to be so successful that this was adopted throughout the provider's services.

Staff received recognition for their work. Homes Caring for Autism had an awards celebration in 2017 for 'Great Autism Practice', where staff members from different services within the organisation were nominated. One staff member at Durlston House was a regional finalist for the 'Putting People First' award, this was the staff member leading on the horticultural project. The registered manager was a runner up for the 'Management Award'.

People living at the service are at the heart of the recruitment process. The registered manager explained that this ensures that the skills mix and personalities of new staff are compatible in working closely with the people receiving the care and support. The service employed staff with a broad range of different experiences that could be used within the service, and a staff team with a broad age range. The registered manager explained that each staff member brings something different to the team. They also said, having such a variation in interests, skills and experiences has a positive impact for people as there is always a staff member that can relate to an interest a person has. The registered manager said "Through working closely with the staff team and during their supervisions, I have been encouraging them to feel they can share new ideas." In ensuring the right skills mix of staff, the registered manager said, "We identify each-others weaknesses and how we can support each other, and we also identify the strengths of people. We empower staff to understand their roles, responsibilities. The team work so well together, there is a real culture of efficiency."

The service is developing organically and the registered manager explained that the people using the service

were at the forefront of the future plans for Durlston House. The registered manager explained that since being in post, there has been a focus on setting standards amongst the staff team and developing a team that contribute to a positive culture. The registered manager had a clear strategy in place to continue the service development and said "it has been about setting the standard, praising where the standards are being achieved and where they are being exceeded." The registered manager explained, "We want to be known as one of the leading autism specific providers and to continue to focus on independence skills, developing the life skills for people who live here."

Audits of the service were completed regularly, these included aspects such as infection prevention control, medicines, care plans and reviews of the home as a whole. The registered manager maintained a thorough oversight of these audits and ensured that any associated actions were responded to promptly. For example, where damage had occurred to any part of the property, this was repaired efficiently, including re-painting to return the property to a high standard.