The Disabilities Trust

The Willows

Inspection report

126 Beech Hill
Haywards Heath
West Sussex
RH16 3TT

Tel: 01444453918

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 22 May 2018 and was announced. This was because the service is a small service and we needed to make sure people would be in when we arrived. It was also so that the provider had time to arrange for sufficient numbers of staff to be deployed on the day to facilitate the inspection without disrupting people's daily routines.

The Willows was last inspected in February 2016 and was rated Good.

The Willows is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Willows accommodates four adults with learning disabilities and complex needs. The 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.

The service had a registered manager in place. 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.

The service had a positive culture that was person-centred, open and inclusive. There was a strong emphasis on putting people first. All relatives spoke highly regarding the staff and their attention to detail.

The service was well led. Staff were enthusiastic and keen to talk about their role. Staff were proud of the service and their work. They felt supported within their roles and held the management team in high regard. Recruitment practices were robust and staff received training appropriate to their role and the needs of the people living at the service.

The registered manager was aware of their legal responsibilities and kept up to date with current good practice. She was committed to raising awareness of people with autism. She was passionate about improving the quality of life for people with autism within the wider community by educating people about their specialist needs and the challenges people with autism face.

Staff put people at the centre of everything they did. People were involved in the service within their capabilities. People assisted with meal preparation and carried out some domestic chores with staff support.

Relatives told us that they were kept fully informed. People were supported to maintain contact with their relatives.

People had comprehensive plans of care and risk assessments. Care was individualised and person centred with a focus on independence, achieving goals and wishes. Medicines were managed safely and in people's best interests.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Willows

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.

The inspection took place on 22 May 2018 and was announced. This was because the service is a small service and we needed to make sure people would be in when we arrived. It was also so that the provider had time to arrange for sufficient numbers of staff to be deployed on the day to facilitate the inspection without disrupting people's daily routines.

One inspector and an expert by experience undertook this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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 reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We looked at care records for all four people, medication administration records (MAR), a number of policies and procedures, staff files, staff training, induction and supervision records, staff rotas, complaints records, accident and incident records, audits and minutes of meetings.

During our inspection, we observed care and spoke with three people living at the service. We also spoke with the registered manager and all staff on duty. Following the inspection, we spoke with four relatives.

The Willows was last inspected in February 2016 and was rated Good. At this inspection we found that the service remained Good.

Good

Is the service safe?

Our findings

People looked at ease with the staff that were caring for them. All four people living at the service indicated that they liked the service.

There were enough staff to meet people's needs. We observed that staff supported people in a relaxed manner and spent time with them. During our visit we saw that staff were available and responded quickly to people. People did not wait when they required assistance. Staff told us they were happy with the staffing levels.

The registered manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. Staffing rotas for the past two weeks demonstrated that the staffing was sufficient to meet the needs of people using the service. We saw that people were supported to attend community based activities. There were three or four care staff on duty during in the day, two in the evening and one at night. The registered manager and deputy were available most weekdays and could be contacted out of hours for telephone advice or support.

Safe recruitment practices were followed before new staff were employed to work with people. The interview process for prospective staff included a visit to the service to observe their interactions with people living at the service. Checks were made to ensure staff were of good character and suitable for their role. Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked, references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk. Staff records showed that, before new members of staff started work at the service, criminal records checks were made with the Disclosure and Barring Service.

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had developed positive and trusting relationships with people that help to keep them safe; staff had the time they need to do so. A relative told us that they had, "Trust" in the service and that it was, "Safe," and, "Secure". Staff had attended training in safeguarding adults at risk. Staff were able to describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. They said that they would raise any concerns with a senior member of staff. The registered manager was clear about when to report concerns. She was able to explain the processes to be followed to inform the local authority and the CQC. The registered manager also made sure staff understood their responsibilities in this area. Staff followed the West Sussex policy on safeguarding; this was available to all staff as guidance for dealing with any such concerns. There was a whistle-blowing policy so if staff had concerns they could report these and be confident of their concerns being listened to.

Risks to people were assessed on admission to the service and regularly updated. Comprehensive risk assessments were completed and followed. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to

minimise the risk to the person they support. Where risks had been identified these had been assessed and actions were in place to mitigate them. Staff provided support in a way which minimised risk for people. Risk assessments included the risks associated with accessing the community. Clear individual guidelines were in place for staff to follow to reduce the risk. People were enabled to take positive risks to maximise their control over their care and support.

Records were maintained of accidents and incidents that took place at the service. Such events were audited by senior staff. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions were taken to help reduce any identified risk in the future.

There was equality and diversity policy in place and staff received training on equality and diversity. This helped ensure that staff were aware of their responsibilities in how to protect people from any type of discrimination.

The premises and gardens were well maintained and well presented. Environmental risk assessments had been completed, which assessed the overall safety of the service, including staff were clear about their responsibilities regarding premises and equipment.

People's medicines were stored and administered safely. Medicines were stored securely following current guidelines for the storage of medicines. There was a dedicated place for storing people's medicines, which was clean and well organised. The medicines storage was locked when not in use. Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given. There were guidelines for the administration of medicines required as needed (PRN). We were told and records confirmed that people's medicines were regularly reviewed. We saw that people were having their sedative dosages reduced where medically indicated to enable them to lead a more fulfilling and rewarding life. This reduction was a slow process and included behaviour monitoring to ensure that the reduction was successful. Peoples care plans detailed how people took their medicines, for example, with a glass of water. There were safe systems in place for the receipt and disposal of medicines. A record was kept of all medicines received and removed from the service.

Staff told us of the training they had received in medicines handling which included observation of practice to ensure their competence. All the staff we spoke to regarding the administration of medicines told us that they felt confident and competent.

There were arrangements in place to ensure the service was kept clean. Relatives told us that the service was, "Always clean and tidy," and was, "Well-kept and clean". There was an infection control policy and the registered manager carried out infection control audits. The registered manager understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons and gloves and these were used appropriately throughout the inspection visits.

Staff understood the importance of food safety, including hygiene, when preparing and handling food. Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage meets national guidance. The provider had achieved a level five rating at their last Food Standards Agency check.

Good

Is the service effective?

Our findings

Staff were well trained to make sure they had the skills and knowledge to effectively support people. Relatives spoke positively about staff and told us they were skilled to meet people's needs. Relatives told us they were confident that staff knew people well and understood how to meet their needs. They told us they did not feel their relatives had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

On commencing work at the service new staff were supported to understand their role through a period of induction. The induction which incorporated the Care Certificate Standards consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. New staff had a two-week shadowing period and had time allocated to read policies, procedures, the staff handbook, code of conduct and peoples care plans. This ensured that staff had the knowledge needed to provide personalised care to people. Their progress was reviewed on a frequent basis senior staff.

Following induction all staff entered onto an ongoing programme of training specific to their job role. Staff received regular training in topics including, health and safety, fire safety, infection control and safeguarding vulnerable adults. Records were kept detailing what training individual staff members had received and when they were due for this to be repeated. The staff training records confirmed that the training was up to date. Staff were positive about the training opportunities available. They told us that they felt confident and well trained to do their jobs. People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. As well as providing all training required by legislation, the service provided training focussed on the needs of the people using the service. For example, staff were trained in de-escalation intervention techniques. Staff told us, "My training is up to date and I just have a Health and Safety update to do".

People were supported by staff who had regular supervisions (one to one meetings) with their line manager. All staff we spoke with told us they felt supported by senior and other staff. They said there was opportunity to discuss any issues they may have and any training needs they had. The team leader told us that they provided supervision to all staff at a minimum of four times a year and at other times if required.

Staff told us there was sufficient time within the working day to speak with the senior staff on duty. During our visit we saw good communication between all grades of staff. Staff told us that they could discuss any issues or concerns at any time and that their input was encouraged and valued. Staff felt that they were inducted, trained and supervised effectively to perform their duties.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. Staff clearly understood their responsibilities with regards to the Mental Capacity Act 2005 (MCA).

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principals of the MCA, and whether any conditions on authorisation to deprive people of their liberty were being met. The registered manager understood when an application to deprive someone of their liberty should be made and appropriate applications had been made. All staff we spoke with had a good working knowledge on DoLS and mental capacity. Staff had received appropriate training for MCA and DoLS. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was an assessment to show otherwise. There were actions to support decision-making with guidance for staff on maximising the decisions people can make for themselves. Staff maximised people's decision-making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the choice available.

During our visit we observed that people made their own decisions and staff respected their choices. We saw that staff had an understanding about consent and put this into practice by taking time to establish what people's wishes were. We observed staff seeking people's agreement before supporting them and then waiting for a response before acting. Staff told us, "It is good to work here because of the residents. It is their home and we are here to help them live as independently as possible".

People had enough to eat and drink throughout the day and night. Staff were aware of people's individual preferences and patterns of eating and drinking. People were fully involved and helped to plan their meals with staff. The main meal was served in the evening. One person, with prompting, told us that he, "Liked chopping the vegetables." We saw that people had a visual recipe book to enable them to assist in the kitchen. One person was able to share their favourite foods and what they liked eating and drinking. We saw that the persons favourite sandwich filling was available for their lunch.

We saw the pictorial weekly menu for the evening meal. One of the people living at the home showed us the menu identifying each meal by the picture. Staff told us that each person chose one main meal a week, following this a shopping list was written. Staff and people told us that they completed the food shopping together twice a week.

People had access to the kitchen and all people took part in the preparation of meals in some way. Staff told us that, "The level of participation varies according to each person's skills," and all people, "Are encouraged to assist in preparing their breakfast which varies from pouring cereal, making instant porridge and making toast with assistance." We saw that a selection of cold drinks were readily accessible.

Staff consulted with people on what type of food they preferred and ensured that food was available to meet peoples' diverse needs. Staff regularly monitored people's food and drink intake to ensure all residents received sufficient each day. People's care plans contained information about their dietary needs and / or any swallowing difficulties they may have. People's weight was recorded to monitor whether people maintained a healthy weight. Referrals were made to speech and language therapists if required. This demonstrated that staff were monitoring people and taking action to ensure that their needs were met.

The registered manager said the service had good links with external professionals. The service worked with a wide range of professionals such as community nurses and general practitioners to ensure people lived comfortably at the service and their medical needs were met. For example, staff told us about a person who

needed a blood test to check that their prescription was still accurate for their health needs. However, the person had a fear of needles. Staff liaised with community nursing services and arranged for a specialist nurse to work with the service over a number of weeks to give the person confidence to have a blood test.

Where staff had concerns about somebody's welfare the service had good links with professionals to ensure any changing needs were reassessed. People's health conditions were well managed and staff supported people to access healthcare services. Staff knew people well and care records contained details of multi professional's visits and care plans were updated when advice and guidance was given. Relatives told us that they were kept informed about any changes in people medical care, "They tell me about medical appointments and keep me updated". People had detailed information recorded about them which provided hospital staff with important information about their health if they were admitted to hospital.

People's needs were met by the design of the premises. There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone. All areas were maintained and decorated to a high standard, in a way that people have asked for. The décor took into account people's individual needs and preferences. Relatives told us that the service, "Felt more like a home".

Good

Is the service caring?

Our findings

The caring ethos of the service was evident. There was a strong, visible person-centred culture. People received care and support from staff who knew them well. Staff were skilled in talking to people and had a good rapport with people. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff told us, "It's a great place," and "I love it here." Every relative we spoke to was complimentary about the caring nature of the staff. Everyone we spoke with thought people were treated with respect and dignity.

Occasionally people became upset, anxious or emotional due to their complex needs. Staff anticipated people's needs and recognised distress and discomfort at the earliest stage. They offered sensitive and respectful support and care. People had a behaviour and support strategy in place which gave clear guidelines to staff. These included triggers and strategies with clear guidelines for staff. They detailed a description of how people presented, for example, early warning signs and how staff should respond with strategies for diffusing and avoiding escalation of behaviour which challenges. These records identified patterns of emerging behaviour which enabled staff to support people in a personalised way. This meant that staff had the skills to diffuse any potentially difficult situations and had an understanding of their triggers. Relatives told us that people were, "Calm and relaxed," One relative told us that, "[Name] has complex needs and character. [Name] has bad anxieties." The relative went on to explain that, "Staff manage it really well. [Name] was unsettled before, but is much better at the Willows".

All staff were highly motivated, care and support was compassionate and kind. Throughout our visit staff interacted with people in a warm and friendly manner. We saw people were treated in a caring way by staff who were committed to delivering high standards. Staff described how they maintained people's privacy and dignity by knocking on doors, waiting to be invited in. Staff told us how they respected that one person preferred to stay in his room, they explained that if his door was closed, he wanted privacy. We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors.

Staff focused their attention on providing support to people. We observed people smiling, chatting and choosing to spend time with the people at the service. Staff knew people's individual abilities and capabilities, which assisted staff to give person centred care. People's care was not rushed enabling staff to spend quality time with them and encourage them to do things for themselves. Staff walked with people and when communicating with them they gave eye contact. They spent time listening to them and responded to them. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff always made sure people were comfortable and had everything they needed.

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Care planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead

a fulfilling life and meet their individual and cultural needs. For example, respecting people's disability, gender, identity, race and religion. Staff told us that, "Everybody here is an individual and I treat them as I would want any member of my family to be treated". Relatives told us that people received the care that they wanted and were happy with the care received. Staff knew what people could do for themselves and areas where support was needed. Relationships between people and staff were warm, friendly and sincere.

Staff chatted with people who appeared to enjoy their company. They told us, "The guys here are great". Staff said that they believed that all staff were caring and were able to meet the needs of people. The overall impression was of a warm, friendly, safe and lively environment where people were happy.

Good

Is the service responsive?

Our findings

Relatives told us that the staff were responsive to people's needs. People received support that was individualised, extremely person centred and responsive to their needs.

There was a thorough approach to planning and coordinating people's move to the services, which was done at the earliest possible stage. Staff told us that, "The selection of people to live in the home is based on friendships and matching of needs and is done over a period," and, "The Disabilities Trust did not pressurize them to fill a vacancy until the timing was right." The transition between services took in to account people who did not like change or found trying new things difficult. The deputy manager said selection of people to live in the home is based on friendships and matching of needs and is done over a period. He said that there had been placements that hadn't been appropriate for people and this would be managed by assessment and looking at other options. The manager explained the admission process and how a new person was integrated into the service. This included staff visiting the persons previous home to develop a relationship with them. The person was able to visit the service to get to know the people already living there. Staff told us how a person's room had been decorated and set up to match their room at the previous service. Staff explained how the attention to detail was necessary to minimise the change for the person moving to the service.

Arrangements fully reflected individual circumstances. People had their care and support needs assessed before they were admitted to the service. These assessments were used to develop detailed care and support plans which included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care. This ensured that the staff were able to meet people's needs. We saw that care plans were completed consistently and contained comprehensive information. The care plans were personalised and detailed daily routines specific to each person. The care plans contained information about the person's likes, dislikes and people important to them. They had been reviewed regularly and updated as and when required. This enabled staff to respond to people's changing needs.

Staff were observed being responsive to people's needs and assisting people. Each person had a key worker and staff knew how each person wanted their care to be provided. People were seen being treated as individuals and received care relevant to their needs. Relatives told us that the staff were, "Proactive if [Name] needs things, clothes for example," and the service, "Has sorted everything out. [Name's] benefits are sorted out". Daily notes were consistently completed for people with any changes to their routines being recorded. These provided evidence that staff had supported people in line with their care plans and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. Staff completed a handover at the start of each shift. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This helped ensure there was a consistent approach between different staff and this meant that people's needs were consistently met.

The provider was following the Accessible Information Standard (AI). The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. The registered manager was fully aware of their responsibilities under the AI standard. People's assessments included specific details of their communication needs, this included information regarding personal space and the appropriate distance from people when communicating with them. Conversation with staff demonstrated that they were aware of people's individual communication needs and our observations showed that these were put into practice. We saw evidence that assistive technology was used to facilitate communication. For example, one person had written on his mobile phone to communicate his wishes during a resident's meeting.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds from information gathered from people, families and friends. Peoples care plans contained details of their goals, aspirations and had individual wish lists. We saw clear evidence that goals were achieved. For example, one person's goal was to go to the seaside. We saw the persons scrapbook which contained photos of their visit to the seaside.

People were engaged and occupied during our visit. We saw that people interacted with each other and staff. Staff told us that they liked the people's company. Staff had an excellent understanding of people's backgrounds and supported people to pursue their interests and hobbies. For example, one person had a season ticket to a premiership football club. We were told that staff ensured that he is supported to attend the matches. Staff told us, "It is positive to see how well [Name] is regarded by people who sit near his allocated seat as they also knew his father". Staff told us National Trust membership had been purchased and that, "[Name] often just sings to himself when he is out in the country". People had a range of activities they could be involved in to allow them to lead as full a life as possible. Staff told us that [Name] is supported to attend the gym, go swimming and horse riding. This was confirmed by the person. Staff said that some sharing of activities took place with the service next door which is also run by the Disabilities Trust. This they felt worked well and gave both groups social contact. People had an individual activities plan. People, who did not like change or found trying new things difficult, had more fixed activities and routines to follow. Scrapbooks had been put together by people and staff to document people's personal and group achievements, day trips, holidays and celebrations. Staff explained this was to help people remember good times and to celebrate their personal achievements. Three of the people living at the home were going to Centre Parcs on holiday. The other person had chosen not to go.

People were supported to maintain relationships with people that mattered to them and to avoid social isolation. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. A relative told us that the service was, "Very supportive to us as a family." Visitors were always made welcome and were able to visit at any time. Most people had family who lived locally making family contact easy. One person was supported by staff to visit their family in London. Staff told us that they took the person on the train for family visits.

The service had a complaints policy and a complaints log was in place for receiving and handling concerns. Relatives told us they were happy with the service. They told us that were confident that any issues raised would be addressed by senior staff or the registered manager. Relatives told us that they had, "No complaints whatsoever". Staff told us that if there was a concern it would be investigated quickly. A relative told us, "I wouldn't want [Name] anywhere else, it's superb".

Good

Is the service well-led?

Our findings

The service had a positive culture that was open and friendly. Staff at all levels were approachable and keen to talk about their work. There was a management structure in the service which provided clear lines of responsibility and accountability. People appeared at ease with staff and staff told us they enjoyed working at the service. Senior staff were positive about the inspection process, valued the feedback given and saw it as an opportunity to develop the service. People's care records were kept securely and confidentially, in line with the legal requirements.

People knew who the registered manager was and held her in high regard. The registered manager told us that they regularly spent time with people in order to observe the care and to monitor how staff treated people. Records confirmed that the manager also discussed staff practices within supervision and at staff meetings. We observed people approaching the registered manager and vice versa. It was apparent that people felt relaxed in the manager's company and that they were used to spending time with them. The registered manager had extensive background knowledge of working within care services for people who have Learning Disabilities and Autism and was committed to giving the staff team a clear focus and guidance on the care and support people required. The registered manager knew people and their needs extremely well. Relatives told us that the service was, "Well organised" and, "There is nothing negative about it".

The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. They were fully aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe. Staff told us if they had concerns management would listen and take suitable action. The registered manager said if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when they felt it was appropriate.

People were encouraged to contribute to improve the service. People and their relatives had opportunities to feedback their views about the service and quality of the care they received. All relatives described the management of the service as open and approachable. There were regular meetings for people and their families, which meant they could share their views about the running of the service. Everyone spoke highly of the service and felt that it was extremely well-led. People received a consistently outstanding standard of care, because the ethos of the service was to put people first. People's comments were overwhelmingly positive.

The registered manager looked at ways to improve the service through involving all stakeholders in the service. Staff were highly motivated. Staff said that everybody had the opportunity to have their views heard and taken into account, they were encouraged to make suggestions to improve the service. We were told and records confirmed that staff meetings took place regularly. Staff used this as an opportunity to discuss the care provided and to communicate any changes. Staff meeting minutes demonstrated that changes in

legislation were discussed during team meetings to ensure that staffs knowledge was up to date. The registered manager was supported by a deputy manager and team leader. Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation. Staff were highly motivated and proud of the service. One staff member told us, "I joined Disabilities Trust as a stop gap job for a year and that was seven years ago" They said that they had the opportunity to move within the company and this had enabled them to keep refreshed. There were consistently high levels of constructive engagement with people and staff.

Quality assurance systems monitored the quality of service being delivered and the running of the service, for example health and safety audits. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development. The registered manager provided regular feedback to the provider in order to ensure operational goals were being achieved. We saw evidence that registered managers from other Disabilities Trust services visited to conduct peer audits that covered all aspects of the service. We were told that any areas requiring action were discussed with the registered manager and senior staff.

Accident and incident forms were completed. These were checked by senior staff who analysed them for trends and patterns. Regular safety checks were carried out including those for the fire alarms, fire extinguishers and portable electric appliances.

Staff told us that any faults in equipment were rectified promptly. The provider carried out regular repairs and maintenance work to the premises.

The service had a track record of being an excellent role model for other services. It worked in partnership with others to improve the quality of life for people with autism. The registered manager had established links with other organisations in the community and was passionate about increasing people's knowledge and understanding of autism. They explained how they had delivered training at local senior schools. The registered manager had delivered presentations to years 10 to 11 explaining the roles of Social Care and how to support someone who has Autism. The presentation included examples of how to communicate with people with autism. The registered managers aim was to educate school children in order to improve the quality of life for people with autism living in the wider community. The registered manager also worked in partnership with local health care providers and attended regular meetings with the Crawley Hospital West Sussex team with the aim to improving their knowledge and keeping up to date with good practice.

The registered manager said relationships with other agencies were positive. Where appropriate the registered manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.