

# Cambian Asperger Syndrome Services Limited Stratford Lodge

## Inspection report

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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

Stratford Lodge is a care home which provides accommodation and personal care for up to nine people with autism. Eight of the nine people who live at the service have attended the nearby Grateley House School. One person joined the home from another Cambian provision. People continued to receive specialist therapy services from the school and some also attended local colleges. The service is part of the school's post 16 'sixth form' provision and supports people who are preparing to leave the school to move to more independent settings. At the time of our inspection nine people were living at Stratford Lodge, all of whom were aged between 16 and 19.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People using the service said they felt safe. One person said, "I feel really safe living here. I can lock the door to my room."

Staff had been trained to protect people from harm and abuse. All of the staff we spoke with knew how to keep people safe. Incidents and accidents were reported and investigated. Records showed lessons learned from these were shared with staff.

Risk assessments were carried out. Positive risk taking was promoted. One staff member said, "We supported one person to catch the bus on their own; it sounds a small thing to you or I, but to him it was a massive step."

Staff were trained to carry out their roles. Regular in-depth supervisions took place with staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Advocacy services were available for people to access.

People using the service spoke highly of the staff. One person said, "Staff encourage us. They ask us if there's anything we want to talk about and help us work towards things we want to achieve." We observed many positive interactions between staff and people using the service.

Support plans were person centred and detailed people's short and long term goals. People were actively involved in these.

Regular feedback was sought from people and their families. Complaints were investigated and resolved appropriately. Many compliments had been received.

There was a strong and visible leadership from the registered manager. They were passionate and focussed about their role. They said, "One of our many successes is building people's independence skills. The team here are very good at supporting people to achieve the things they want." One person said "[The manager] is really good. If I want or need anything, she'll do what she can to make it happen."

There were robust quality assurance processes in place. The service was always seeking ways to improve the outcomes for people.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Stratford Lodge

## 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 was a comprehensive inspection. The inspection took place on 7 June and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed other information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the 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.

During the inspection we spoke with three people using the service, three members of staff, the registered manager and nominated individual. We reviewed three people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints. After the inspection we received written feedback from one member of staff and one health professional.

## Is the service safe?

### Our findings

People using the service told us they felt safe. People had their own bedrooms which they could keep locked if they wished. Comments included "If I have a problem I just speak to the manager" and "[The registered manager] is normally my first point of contact, or my keyworker, or I'll speak to my mum."

Staff demonstrated they were knowledgeable about how to protect people from avoidable harm and abuse. Records showed they had been trained in safeguarding and the registered manager was a 'safeguarding lead' for the service. One member of staff said, "It's always better to raise a concern. Any worries about harm to people, I'd report it." The provider's safeguarding policy was readily available for staff to access. We saw that concerns about abuse or harm had been reported to the local safeguarding team. The service worked closely with other health professionals to reduce the risk of harm to people.

Risk assessments were in place to enable people to be as independent as possible. Examples of positive risk taking included road safety, unsupervised activities, using public transport and self-administration of medicines. When risks had been identified plans detailed steps staff and people should take to reduce the risk of harm. For example, ensuring people had mobile phones with them and agreeing times to return to the service. One member of staff said, "I encourage people; you have to let them fly a bit. As long as we can make people feel safe and put things in place to reassure them, it works." They told us they had supported one person to gain the confidence to walk to the shops on their own. They also said they were supporting another to walk into the local town and go to the pub with friends. They said "We'll do 'shadow trips' with people to help their confidence grow." People using the service were involved in assessing risks and developing strategies to overcome these.

Safe recruitment procedures were followed. These included inviting potential staff for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults and children. People using the service were involved in staff interviews. The registered manager said, "We do also consider staff interests and how they fit in with people. When one new staff member joined us, it was fair to say I was a little bit excited as he could name all of the wrestling figures displayed in [person's name] bedroom and I knew that there was more than a strong possibility that a positive working relationship between the pair would be established – I was right."

There was enough staff on duty to meet people's needs. All of the staff we spoke with said there were enough of them to meet people's needs. People using the service said staff were available to support them at the service or to provide transport to and from school or college. They said staff were available to accompany them on activities when needed.

Medicines were managed safely. Some people were supported to self-administer their medicines. In these instances, they had been assessed as competent to do so. Self-administration records were in place and

regular stock checks of people's medicines were carried out. Staff administered medicines to other people and medicine administration records showed that people had received their medicines as prescribed. One member of staff said, "Where possible we encourage them to be independent, but it depends on individuals. One person struggles to get up and motivated in the mornings, so we [staff] give the morning dose so that he doesn't miss it. But he self-administers his evening doses."

Incidents and accidents were reported. These were fully investigated and lessons learned to reduce the risk of them happening again. People using the service were involved in discussions about why things had gone wrong and what support they needed to reduce the risk of it happening again. Families were kept informed of any incidents. When required, notifications had been sent to us.

The premises were well maintained and safe. Safety reviews and regular servicing of utilities such as electrical checks, regular fire alarm testing and drills were carried out.

There were processes in place to ensure people were protected by the prevention and control of infection. We found that all areas of the home were clean. Staff supported people to be involved in household tasks to maintain the cleanliness of the home. For example, keeping their bedrooms clean and tidy and doing their own laundry.

## Is the service effective?

### Our findings

There was a holistic approach to assessing, planning and delivering care and support. People were involved when their needs and choices were assessed and reviewed. 'Student agreed plans' were in place and individualised support strategies were used in order for them to flourish and achieve their future plans. One person told us, "I've put a lot of work into my education, health and care plan."

Care, treatment and support was delivered by a team of staff who were trained to undertake their roles. Records showed staff had completed training and the registered manager showed us how they monitored when refresher training was required. One member of staff said, "We have constant refresher training, some on-line and some face to face." Another said, "My induction was very thorough. I had to complete lots of training and be supervised at first. The training has been really good."

There was a proactive support and appraisal system for staff. Records of supervisions showed that staff were given opportunities to discuss their performance, their training needs and access support in their roles. These sessions were in-depth and showed that continuing development of skills, competence and knowledge was considered essential to ensuring high-quality care and support. People using the service were asked to contribute to supervisions in the form of 360 degree feedback. This is a process through which feedback from an employee's subordinates, colleagues, and supervisor(s), as well as a self-evaluation by the employee themselves is gathered.

There was a large communal kitchen and dining area for people to use. Staff said people usually made their own breakfast and the evening meal was prepared by a cook. The weekly menu was displayed and people had written on this to confirm if they wanted to the menu choice or if they preferred something else. One person said, "They've put a sign up for us to suggest things to eat" and "I made a cake with my keyworker the other week." Another said, "The food is good, we have a choice of what to have. I don't do my own cooking though." Dietary needs were catered for. One person said, "I have special requirements and the cook makes stuff I can have." On the day of our inspection, pizza was on the menu and a gluten free option was available.

Staff told us how they encouraged and supported people to make healthy choices with food. One member of staff told us how they had used innovative ways to support one person who wouldn't eat the food on offer and refused to eat with other people. They said, "[Person's name] would choose their own alternative meals for each night of the week. We had to incorporate it into a reward system for him choosing, but it worked and he would get into the routine of doing this. As time went on he would join everyone for the evening meal and it didn't need to be part of a reward system."

The service worked closely with other healthcare and education professionals at Grately School. There was a 'therapy team' which included a consultant child psychiatrist, clinical psychologist, cognitive behaviour therapist, highly specialist occupational therapist and speech and language therapist. The therapy team worked with staff to develop action plans for people. People were able to self-refer to any of the team and the team provided indirect and direct support to them.



The environment was light, bright and airy. People had their own bedrooms which they were encouraged to personalise. One person showed us their room and said, "This is was my first choice of room. It's a good size and I've got all my own stuff here." There were communal spaces for people to access. There was a games room, a computer room, a large lounge, a smaller seating area, a dining room and a garden. One person said, "I wanted to come here and I'm coming back again next year. It's in a good location, there's shops and a park close by." Another person said, "It's a big house with nice facilities." Two people discussed an issue with us about the Wi-Fi at the premises. We also saw this had been raised previously. The registered manager discussed how they had been trying to resolve this in order to ensure people had internet access. They had been in ongoing discussions with the provider in order to improve internet speeds and to ensure people could access the sites they needed to. They said they hoped the issue would be resolved in a few weeks. This was an important issue because some of the people using the service were studying for exams.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection all of the people using the service had capacity to make decisions about their care and support. There were no authorisations to restrict people's liberty under DoLS.

Staff remained knowledgeable about the MCA. The service worked with people to ensure their rights were respected and their views and wishes heard at all times. Records showed that people were involved in decision making, particularly when there was the potential for making poor decisions. People's families were informed and involved. When required, the service sought input from other organisations to undertake impartial capacity assessments to further support the decision making process. People also had access to national youth advocacy services. One staff member said, "By regularly liaising and developing a bond with [person's name] mother we've put him at the centre of decision making that involves him and the goals we've been working on. She's been kept informed of the progress we've made and is pleased with the progress and support that we offer him."

# Is the service caring?

## Our findings

People were treated with kindness and compassion by staff. People using the service said, "The staff here are great. My keyworker is leaving but I've got a new one now that I'm happy with" and "My keyworker helps me, reminds me about things and supports me to do things I want to do." Another person said, "Staff have arranged and come with me to university open days. They did practise interviews with me too." One person said, "The staff are all kind." We saw written feedback from a relative which said, "Staff are kind and caring but also connect with my son in the way he feels most comfortable."

The atmosphere was calm and friendly. People appeared relaxed around staff; they were chatting and laughing with them. One person returned following an exam and we heard several staff ask them how it had gone.

One person told us there had recently been an air hockey tournament when staff and people had taken part. They said, "I'm going to be organising a Wii games night soon. It'll be a fun night again."

People's privacy was respected. They had their own bedrooms which they could lock if they chose. One person said, "Staff always knock on my door, and they leave me alone if I ask them to." Another person said, "I can invite friends over when I want to."

Staff built and maintained open and honest relationships with people and their families. When some of these relationships went through difficult periods, staff were sensitive to this. They supported people to maintain relationships where possible.

The service operated during term time, but the registered manager told us they had been flexible around this. For example, some people chose to return to the service the day before term started and in these instances, they would ensure there was staff on duty. On another occasion they said they had provisionally planned for the service to remain open during half term when one person potentially had nowhere to stay during the holidays.

Staff used a variety of tools to communicate with people according to their needs. For example, there was a messenger service group which had been set up for people to use. The staff had access to a house based smart phone and people could send messages to staff this way, or people could communicate with each other within the group. The registered manager said some people preferred to use email to communicate and that she welcomed this. There was a 'make it stop' anti-bullying email which people could access and this information was displayed around the building.

Staff spoke passionately about their roles. Comments included, "It's so rewarding. I built up a really good relationship with one person who I'm keyworker for. I feel really proud of [person's name]. It gives me the push to help people achieve things" and "It can take time to build and develop trust with people living here. But I know when I've broken through to someone and then it feels really great."

We looked at some of the feedback received. One relative had written, "Maybe staff are exceptional people who are very skilled at what they do, or it may mean that careful thought goes into matching people and keyworkers. In my point of view, both are true." Another wrote, "The level of care provided by [staff name] has been exceptional and has been the key to much of [person's name] success. A trusting relationship where she has felt listened to and has the confidence to know [staff name] will proactively resolve issues and concerns."

## Is the service responsive?

### Our findings

Personal tutor (support) plans were in place for each person. These were person centred and detailed how people wanted to be supported in order to achieve their goals. The plans contained information on how staff should support people to stay healthy, preferred daily routines and their educational programme. The plans were reviewed each week with people as part of their meetings with their personal tutor. We were told and we saw the plans were written 'in the person's voice'.

People were actively involved in their plans and there was clear evidence seen within, that support was planned around what people wanted to achieve, such as independence and academic success. Short and long term goals were documented. As people's support needs changed, the plans were reviewed. For example, in one plan we looked at there was clear evidence of how one person's communication had improved.

Behaviour support plans provided clear guidance for staff on how to work with people to develop strategies to manage their behaviour. For example, we saw proactive strategies, active strategies and reactive strategies. One member of staff said, "One person struggled to stay in education and had poor attendance. We attended college with them at first, but now they go independently. They've done incredibly well to achieve this." The service used a tool to support their analysis of people's behaviour. All reported incidents were put into the tool which provided staff with reports about behaviour(s) and helped them to analyse potential trends & patterns.

Staff we spoke with demonstrated they knew people well and understood the support they needed. One member of staff said, "I make sure that people have got the right support. We try and prepare them better for where they want to be when they leave here."

One person told us, "I've lived here for two years. I feel ready to go to university now." The registered manager said, "I like seeing the journeys young people go on from when they first arrive to when they leave." A member of staff said, "It's rewarding when you see how people progress. Some people come back for celebrations and it's great to hear how well they've done." We saw written feedback from one person who had left the service which said, "I'm going to miss you all so much. Thank you for being there through thick and thin."

There was a complaints procedure in place. When complaints were received they were logged, investigated and resolved. People using the service knew how to complain. Comments included, "If I need something sorted, I go to [registered manager]" and "I can speak to the manager about any problems."

The service sought feedback from people. There were regular 'student meetings'. We saw the minutes from the last meeting when people had suggested a leaver's meal which had been agreed by all. People who had expressed an interest to move to the service had been invited to a barbeque to meet the people already living there and to gain an insight into the service. Minutes showed that external speakers were invited to attend. A local police community support officer had attended meetings to discuss a recent public safety

incident in Salisbury and internet safety.

Annual feedback was also sought. This had been carried out in May 2018, and was in the process of being analysed. Examples of feedback included, "Management have been really helpful in sorting educational placements and living arrangements which I am personally grateful for." People had been involved in the review of previous feedback forms and the development of a new one. Parent and guardian feedback had been sought.

People were able to maintain relationships with friends and families. Staff supported people to take part in activities. For example, staff supported one person to attend their first live sport event. In order for them to attend the event the person stayed in Stratford Lodge for the weekend. This was their first time staying away from their family home for a weekend. The staff member told us, "This was a massive achievement with his anxieties and he coped extremely well. He really enjoyed this and combatted his sensory & noise difficulties and even met some of the sportsmen and posed for pictures. It really put him at the centre of his world and he was on a high for days afterwards." One person performed their music locally and another enjoyed going bowling. Staff had also supported another person to attend a local LBGT group. One person told us they were a student council representative.

Staff had supported some people who had recently chosen to donate blood. The registered manager told us people had researched different things they could do as 17 year olds and decided that donating blood would be a way to "give something back" and potentially save lives. One said that they had received a text a short time after donating to inform them of where their blood had been sent which they had found really interesting. Staff had supported the students in arranging to do this by offering transport. The same people had completed a fire walk for a cancer charity. Staff had undertaken task specific risk assessments, and worked with people to understand the risks involved. They had liaised with families and celebrated people's success when they completed the challenge.

## Is the service well-led?

### Our findings

There was a registered manager in post. 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 provider's mission statement was "Everyone has a personal best." The registered manager and staff we spoke with all reiterated this mission throughout the inspection. Staff were passionate about their roles and wanted to tell us how they supported people to achieve positive outcomes. The registered manager said, "It's a lovely environment here for people to get an opportunity to develop themselves. It's not all academic high achievers, but everybody here wants to better themselves."

The registered manager was a visible presence throughout the building. People using the service gravitated towards her and wanted to share their news and how their day had been. The office was in a communal area and we saw that people regularly went in to speak to her. When we arrived we were asked for our permission to have our photograph taken. This was attached to the poster in a communal area which announced our inspection. The registered manager said they wanted people who used the service to know immediately who we were and why we were there. The registered manager said, "This is their home for 38 weeks of the year. We do all laugh together, but they also know when they need to focus."

People we spoke with, staff and written feedback we saw and received showed that the registered manager was highly thought of. Comments from people using the service included, "[Manager's name] is brilliant" and "[Manager's name is a good manager." One member of staff said, "[Manager's name] has such a way with people. She empowers and enables people to speak. She's professional and charismatic and very supportive." Another said, "What can you say about the manager? She's absolutely amazing. She has a great rapport with the people here, she's cool, and they love her."

Feedback we saw from a relative said, "The management has been outstanding. She [the manager] has humour, understanding and has always been incredibly supportive." Other feedback we saw read, "Leadership within the house is strong. Issues have always been discussed with us, investigated and resolved."

The registered manager was always seeking ways to review, plan and continuously improve the service. They worked with other key people within the service and wider services on initiatives and innovations in order to identify new personalised ways of how to provide services to people. There were robust quality assurance processes in place and these were embedded in the service. These included daily, weekly, monthly, termly and annual reviews and audits. We saw records of extensive audits such as medicine audits, support plan audits, review of incidents and accidents data and safeguarding audits. 'Head of care' forums took place where registered managers from the provider's other services all met regularly to share ideas and best practise. The registered manager showed us that peer reviews were carried out. This was when a manager from another facility came and reviewed the service. They said this was useful to get a different

perspective. Regular quality reviews were undertaken by the provider and there was an action plan in place for continuous improvement. An external advocacy visiting service was in place to provide additional support for people and to gain independent feedback. Outcomes of audits were used to improve the service and there was an action plan in place.

The nominated individual was available during the inspection, despite Grateley House School being inspected by their own regulator on the same day. They spoke passionately about the service the team provided under the leadership of the registered manager. They said, "People living here have been subject to turbulent changes in their young lives and require individualised support strategies to be used in order for them to flourish and achieve their future plans. That is the focus of our service. It's all about the people who live here."

The registered manager told us they welcomed feedback from people using the service and used this to improve. They said, "People do challenge us, but they should. I welcome the feedback" and "We're a small unit here. That stops complacency setting in. You have to be self-motivated, planning the next steps with the young people living here."

The service had good links with the local community and the manager worked closely with other services in order to ensure people's needs were met.

Regular staff meetings took place. These were used to share information about people and their achievements, and also to share good practise. One member of staff said, "Our opinions and thoughts are valued. We listen to each other." All of the staff we spoke with said they felt supported in their role. Comments included, "The manager is so supportive. I could go to her with any problem and she would help" and "Last year we had some hard times, but [manager's name] was always there; happy for us to call her any time. We all support each other."