

Vision Beyond Autism CIC

# Vision Beyond Autism

## Inspection report

Flat 2  
102a Water Lane  
Wilmslow  
Cheshire  
SK9 5BB

Tel: 01625251819  
Website: [www.visionbeyondaugism.com](http://www.visionbeyondaugism.com)

Date of inspection visit:  
23 March 2017  
27 March 2017

Date of publication:  
04 July 2017

## Ratings

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

# Summary of findings

## Overall summary

We carried out an announced inspection at Vision Beyond Autism on the 23 March 2017 and 27 March 2017. This was the first ratings inspection since the provider had registered with us in February 2015.

Vision Beyond Autism is a small bespoke service that provides learning support and personal care for people and children who have autism in their own homes or in a school/college setting. The support provided focuses around positive behavioural support for adults and children, and there is an emphasis on this throughout all areas of support and risk management. At the time of the inspection the service supported six people.

There was a registered manager at the service. 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.

Without exception the feedback we received about care people received was excellent. Relatives told us how the service had made a difference to people's lives and people had become more independent with the caring and patient support they had received from staff.

People's independence was promoted throughout the support provided and the support staff gave to people centred around their daily living skills and had enabled people to live a full and varied life.

The registered manager led the staff by example and the values were promoted and understood by staff. Relatives highly recommended the service and told us that the registered manager was approachable and helped them to understand how to support their relative effectively.

We saw that the provider had systems in place to ensure that people received a high standard of care and actions were taken by the registered manager to ensure people received support that met their needs.

The registered manager encouraged and supported staff to gain further knowledge and experience through training and regular updates in best practice gained from research and information from other agencies.

People's risks were planned and managed in a way that promoted their independence whilst keeping people safe from harm.

People were protected from the risk of abuse because staff had a good understanding of the signs of abuse and their responsibilities to report any concerns.

We found there were enough suitable recruited and qualified staff available to meet people's needs. Staff received an intensive induction to ensure that they were confident to provide support to people.

People's nutritional risks were managed and monitored and people were supported to access health professionals to maintain their health and wellbeing.

People were supported to consent to their care and where they were unable to do this for themselves appropriate representatives had been involved.

Staff understood how to support people who displayed behaviour that may challenge and the focus of the service was to support people to enable them to manage their anxieties to reduce occurrences and triggers of behaviours that may challenge.

People and relatives were involved in the planning and review of their care and staff knew people's needs and preferences well.

People and relatives knew how to complain and complaints were dealt with in line with the provider's policies.

## 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 good.

People were protected from the risk of harm because staff had a good knowledge of the actions they needed to take if they suspected abuse.

People's risks were planned and managed. People's independence was promoted and positive risk taking was assessed to keep people safe.

There were enough suitably qualified staff to meet people's needs safely. The provider had safe recruitment procedures in place to ensure appropriate staff were employed at the service.

### Is the service effective?

Good ●

The service was effective.

People's nutritional risks were monitored and maintained and people were supported to access health professionals to maintain their health and wellbeing.

Staff received an intensive induction and training to ensure they were confident to provide support to people effectively.

People were supported to consent to their care and where they were unable to do this appropriate representatives and advocates were involved.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Relatives described the support staff provided as 'Excellent'. People were treated with kindness and respect and their right to privacy was promoted in a way that gave people control and anti-discrimination was considered as part of the planning process. People's independence and involvement was an integral part of the service and through support people had achieved daily living skills that meant that they had secured

voluntary employment with support from staff. Staff supported people with their communication needs and helped people to learn skills to help them communicate effectively.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning and review of their care and people were at the centre of the support they received.

Staff were responsive to people's individual needs and the emphasis on the service was to enable people to live a full life, whilst managing their behaviours and learning how to alleviate and reduce behaviours that may challenge.

Complaints were handled in a responsive way and people were aware of the procedures to make a complaint.

### Is the service well-led?

Good ●

The service was exceptionally well led.

Without exception people and staff felt that the registered manager was approachable and knowledgeable. Staff were able to learn and develop new skills with the support from the registered manager.

The registered manager led the staff by example and continuously strived for improvements to the way people received their care.

Feedback was gained from relatives about the quality of the service and there were systems in place to monitor and manage the quality of the service to ensure people received a high standard of support.

# Vision Beyond Autism

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 23 March 2017 and 27 March 2017 and was announced. We gave the service 24 hours' notice of the inspection because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

The inspection team consisted of one inspector. We visited the service and a person who used the service on the 23 March 2017. We carried out phone calls to relatives and staff on the 27 March 2017 to gain feedback about the service provided.

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 reviewed the information included in the PIR along with information we held about the home. This included notifications that we had received from the provider about events that had happened at the service, which the provider is required to send us by law. For example, serious injuries and safeguarding concerns.

We spoke with one person who used the service. People who used the service had difficulties communicating, so we spoke with four relatives to gain their views and experiences of the support provided. We also spoke with six staff, the registered manager and the directors. We were invited to observe care in one person's home. We viewed three records about people's care and records that showed how the service was managed which included training and induction records for staff employed at the service and records that showed how the registered manager monitored the service.

# Is the service safe?

## Our findings

All the relatives we spoke with felt that their relatives were safe with the support received from staff. One relative said, "I get such peace of mind knowing my relative is safe and well looked after". Another relative said, "I feel calm as I know my relative is safe in the hands of such wonderful staff". We saw that people had been supported by staff to understand situations which may put them in a vulnerable position, such as where it is appropriate to get undressed, who to give personal information to and how to stay safe when accessing the internet. Staff we spoke with were able to explain in detail the various types of abuse and understood what action they needed to take to report and record if they had concerns. Staff told us they were actively encouraged to raise any concerns by the registered manager and that safeguarding was always discussed at team meetings. The registered manager understood their responsibilities to report abuse and had contact numbers available if they had concerns. We saw that any concerns that had been raised by staff were recorded and contact had been made with the local safeguarding authority when required. This meant there were systems in place to protect people from the risk of harm.

People's risks had been assessed and appropriately managed. Risk assessments were in place, which ensured people were supported by staff in a safe way whilst promoting their independence. The assessments detailed risks and the action staff needed to take to ensure people were given the opportunity to gain skills whilst remaining safe. For example; risk assessments were in place for one person whilst they were learning to prepare and cook meals. The risk assessments gave staff guidance on how they needed to support this person to remain safe whilst using kitchen implements. Another person had a risk assessment in place when they were accessing the community, which gave staff guidance on how to support the person with environmental risk such as being safe when they crossed busy roads. Staff we spoke with had a very good understanding of people's needs and how they needed to support people safely. This meant that people's risks were managed in a way that kept them safe.

Accidents and incidents were recorded and investigated and we saw appropriate action had been taken to reduce the risk of re-occurrence. For example; we saw that risk assessments and support plans had been updated following an incident that had occurred in the community. This demonstrated that the provider was taking appropriate action to reduce the risk of incidents re-occurring which ensured people were protected from the risk of harm.

All the relatives we spoke with told us that they had no concerns about the staffing levels at the service. Relatives told us that staff were always on time and their relatives had never had any issues with staff not turning up to provide support. One relative said, "Staff always arrive on time and wait for the next staff member to arrive before leaving". Another relative said, "Staff are very flexible with times to meet the needs of my relative and also to ensure that we get time to spend with them too". People were supported on a one to one basis by a consistent member of staff". We saw that people were supported by a consistent group of staff and team leaders, which relatives told us was extremely important to the emotional wellbeing of their relatives. Staff told us that there were enough staff to meet people's needs and they worked as a team when people's support needed covering due to holidays or sickness. Staff told us there is always a team leader available within the small team groups that can provide cover at short notice if needed. The rosters we

viewed confirmed what relatives and staff had told us and we saw the registered manager had a system in place for the recruitment and retention of staff at the service.

People were supported by staff who had been recruited safely. For example; staff told us and we saw that checks had been carried out which ensured they were suitable to provide support to vulnerable people. This included checks with past employers and criminal record checks which ensured staff were of good character. This meant systems were in place to ensure people were supported by staff who had been deemed suitable and safe to support them.

We saw and staff told us that they did not currently support people with regular prescribed medication. Staff told us that they gave support with homely remedies such as plasters and paracetamol if people needed them. Homely remedies are over the counter medicines that people can buy themselves and have not been prescribed by a G.P or health professional. Records we viewed showed that where staff had provided support, details of the homely remedies were recorded to ensure that people were not at risk of taking too much. Staff had received training to ensure they were able to support people safely. We saw the team leaders carried out checks when staff had supported people with homely remedies to ensure that recording and support was appropriate. This meant that the provider had systems in place for the safe management of homely remedies.



# Is the service effective?

## Our findings

Relatives told us that they felt staff were highly trained in a way that met their relatives' needs. One relative said, "The staff are highly trained to develop my relative's skills in a way that they understand". Another relative said, "The staff have a very good understanding of the behaviours people with autism may present and the way in which these are handled is very effective". Staff told us and we saw that they had received training which was updated regularly. Specific and detailed training was completed to help staff manage behaviour that challenged in a way that promoted independence. One staff member said, "We complete training modules that gives us guidance on how to improve and ensure that the support we are providing is put into practice to make a difference to people's lives. I have a clear understanding of what is expected of me and how to support people in a way that makes a difference". Staff told us they had received an intensive induction when they were first employed at the service. One staff member said, "I had a full week of induction at the office and completed training. I then shadowed for six weeks to build up relationships and trust gradually with the people I would be supporting. The induction was very good and I felt confident to support people once the induction had ended". This meant staff received training to ensure they were effective in their role, which impacted on people's lives.

Relatives told us that people were involved in the planning of their care and they consented to their care and treatment, where able. One relative said, "Staff are always asking questions and in a way that my relative understands. I am always kept involved too. We saw that one person was fully involved in their care. This person was supported by staff to make decisions about what they wanted to do and where they wanted to go. Staff communicated with this person both verbally and by using visual aids as prompts to ensure this person understood what was being asked. For example; this person chose from pictorial aids what type of leisure activity they wanted to do on the day of the inspection. Staff respected their choice and the person said they were happy with their choice. Staff told us how they supported people to understand the care that was being provided and how they gained people's consent. One member of staff said, "I communicate in a way that is individual to each person. One person had difficulty understanding their finances but they are now gaining some understanding through pictorial prompts". Records we viewed confirmed that people and their relatives had consented to their care and had been involved in the assessment of their needs. This meant that people's consent was sought and promoted in a way that met people's individual ways of communicating.

Staff and the registered manager understood their responsibilities under the Mental Capacity Act 2005 (MCA). 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. Staff we spoke with were aware of the actions they needed to take when a person lacked capacity to make a specific decision. One staff member said, "Some people can lack the capacity to understand certain decisions so it is important we know how to support them in their best interests. We have guidance in the support plans which informs us of the level of understanding for certain decisions that need making and how to best help people to make decisions in a way that meets their understanding". We saw that mental

capacity assessments had been completed for people when they lacked the capacity to understand certain decisions about their care. For example; we saw that one person had a decision specific assessment in place regarding their behavioural support plan. We saw that relatives and other professionals had been involved to ensure that this decision was made in the person's best interests. The registered manager had also carried out mental capacity assessments on other daily living decisions such as exercise plans to keep people healthy, ensuring people were hydrated and for over the counter medicines. This ensured that staff had sufficient guidance to follow when supporting people with decisions.

Relatives told us that staff supported people to gain independence and skills when preparing and cooking their own meals. One relative said, "My relative has pictorial prompts to help them choose which foods they may like to have and they are learning how to cook different foods". We saw that one person had a personal folder with pictures of the foods they liked, which they used to communicate what they would like to eat. The food chart was monitored by staff so they were able to ensure that the person had a varied and healthy diet and make suggestions of other foods if needed. The team leaders and registered manager checked these charts to ensure people were receiving sufficient amounts to eat and drink and identify if there were any concerns with people's eating and drinking. This meant that people were supported to maintain a healthy diet.

Relatives told us that staff supported their relatives to attend appointments if they were unwell. One relative said, "Staff take my relative to appointments when needed, but they also encourage them to do this for themselves, whilst being with them so they feel comfortable". We saw that people were supported to access health appointments when needed and people were supported to gain the confidence to access appointments such as dentists with independence. Staff attended the appointments with people, but stood back so that people could gain the skills to book in and attend appointments independently whilst staff were available if people needed them. Staff we spoke with explained the actions they took if they thought a person's health had deteriorated. Staff told us that they could tell if people were unwell because of their physical signs but also by their emotional wellbeing. For example; if a person was quieter than usual or they were lethargic. We viewed the daily records of people who used the service and saw prompt action had been taken to refer people to the appropriate healthcare professional where required. This meant that people were supported to access health professionals to maintain their health.

## Is the service caring?

### Our findings

One person told us that they liked the staff and said, "[Staff member's names] are the best". Relatives spoke very highly of the service provided and they told us that the staff and management team were "Excellent". The comments received included; "Staff are brilliant, considerate and caring", "My relative is very lucky to be receiving such excellent support", "My relative is a lot calmer and is very happy, which makes me happy too", "Excellent service, very, very happy. The staff are the best people ever so caring and dedicated to my relative", and, "I recommend the service very highly". Relatives told us that staff were highly trained and this showed in the way they cared for their relatives, this included how to manage people's behaviours that challenged in a caring and supportive way. We saw a staff member supporting one person in their home environment and the staff member was extremely caring and showed patience and understanding. The person chatted happily with the staff member and enjoyed having a laugh whilst discussing their plans for the day. Staff spoke with this person in a calm and compassionate way and it was evident that the person had formed a trusting and caring relationship with the staff member.

Relative's spoke very highly of the support that their relatives receive with their communication. One relative told us that their relative's communication had improved greatly with the support from staff. They said, "My relative has communication difficulties but staff have taught them small sentences and have also devised lists to help them with their routines and daily living skills. My relative finds this very helpful". This showed that the support received from staff had impacted on this person's life and enabled them to be involved with their care. Another relative told us staff understood their relative's way of communication, which reduced their frustration and behaviour that challenged. They said, "The staff analyse what my relative is saying. Staff know what they want and understand their style of communicating. It has helped me a great deal as I can use these methods when they are at home, which has reduced my relative's frustrations and behaviours". This meant that staff had supported this person in a way that met their individual needs, which enabled them to communicate effectively .

We found that people were protected from anti-discrimination in a way that protected their dignity and privacy. A relative told us how staff were matched to people to ensure that their dignity was protected when they went out. They said, "The staff are a relevant age to my relative so that when they go out together it looks appropriate, like going out with a friend and does not highlight the fact that they need support", They also told us that this encouraged their relative's involvement in activities because staff enjoyed similar interests and participated in the activities. They said, "My relative has so much fun with the staff, they are very friendly and make the time they spend together so worthwhile". We saw that there were plans in place to ensure that people's privacy was protected when staff supported with personal care. Staff told us and the plans showed that discussions with people about privacy and dignity had been held, which ensured that people felt comfortable when being supported. This included discussions around people being able to have private time alone when they needed it and how staff recognised that people wanted their privacy respecting.

The registered manager had taken action to break down anti-discrimination within the local community. We saw that discussions had been undertaken with local shop keepers, banks and library where one person

lived to explain the support the person needed within the community to enable them to live a full and varied life and to learn skills to help them achieve their goals. For example; the person needed support with their finances and this was explained to the bank staff so they were understanding of this person's way of communicating and were able to aid with their independence. This meant that the person had been able to become more independent when dealing with their finances because the staff in the bank had a better understanding of this person's needs. Staff and the registered manager told us they ensured people were protected from anti-discriminatory behaviour from other people by empowering people they supported with their independence and inclusion within the local community.

People were supported by staff to make choices that were important to them in a way that people understood. One person showed us their support book, which contained pictures of choices they could make throughout their day. A relative told us that this gave their relative structure and choice in a way that their relative understood. This included varied choices of food and drink throughout the day, choice of clothing and choices of different interests they may want to be involved in. We saw that this person was happy working through their support booklet with help and guidance from staff. Staff respected people's wishes and encouraged people to make decisions for themselves whilst giving guidance and communicating with people in a way they understood. For example, staff wrote down questions for one person to answer and gave explanations slowly and clearly so the person could understand. This meant that people were empowered to make choices about their care which were respected and promoted by staff.

Relatives told us that people were supported in a way that promoted their independence and a clear value of the service was to promote and empower people to gain daily living skills. Relative's told us and records showed that people had gained independence in daily routines, such as dental hygiene, personal appearance and cleanliness and cooking skills. One relative told us that the support received from staff had meant that their relative had gained skills to become more independent. They said, "My relative is happy and healthy and leading a full and varied life because of the support they receive from Vision Beyond Autism". For example; we saw that one person's daily skills had increased through the support they received from staff and they were able to carry out their daily routines with the aid of picture prompts, staff were available if this person needed prompts and to monitor their progression. Records were then completed which enabled staff to provide prompts in areas that the person needed to increase their independence. This meant people were supported to achieve their goals in leading an independent life and staff had taken time to teach people new skills for their future independence.

People and relatives told us staff supported them to access and be included in employment that was meaningful to them. A person we spoke with said they liked going to work. One relative said, "My relative is carrying out work experience at the moment. They are very happy and independent. The visual timetable that staff have put in place is so helpful and they are able to get up in the morning and follow the timetable which ensures they are ready for work". Another relative said, "My relative has learnt so much with the help from staff and it is wonderful to see they are living a full life. My relative has been supported to gain work experience and staff have discussed various options to best promote their skills". For example; we saw that one person liked to ensure that items were organised and this made them happy. They were currently attending work experience in a shop where they were able to put their skills to use when they filled shelves. We saw that staff completed records that showed how people were progressing independently at their work placements and this also identified where staff had needed to prompt and provide more support. These records were reviewed by the team leader and registered manager regularly which enabled them to assess where further learning was needed. One staff member told us that they took great pride in supporting people to build their confidence and to see the skills they had supported people with put into practice. This meant that people were supported in a way that enabled them to learn and use new skills to promote independent living.

## Is the service responsive?

### Our findings

People received a service that was responsive to their individual needs. Relatives told us that staff are trained in positive behaviour support which was tailored to suit individual people's needs. One relative said, "My relative is learning lot more because of the support they receive from staff to manage their behaviours. I have noticed a change in my relative as they are a lot calmer. This is because staff know what can cause behaviours such as communication barriers and changes in routines". Another relative said, "I observe the support my relative receives from staff once a month, and I am involved so that I can use the same techniques at home as consistency is really important to their behaviour management. It means that they are calm when they are with me too, which means a lot". We saw that the behavioural management techniques were used throughout people's support plans and was referenced in people's risk assessments and daily living achievements. For example; we saw that a trigger to behaviours for one person was due to the day of the week as they had experienced difficulties on a certain day that they had remembered. We saw that staff were given guidance on how to recognise body language of this person so they were aware if they were worried or anxious. Staff were aware of this person's needs and how they needed to respond to ensure the person's behaviours did not escalate. Staff told us and the records we viewed showed that this person had experienced a low number of behaviours that challenged. This meant that the holistic and innovative approach to managing people's behaviours had impacted on their daily life and on the lives of people who were important to them.

People and their relatives were involved in the planning and review of their care and support. Relatives told us that staff and the registered manager listened to both themselves and their relatives when planning and reviewing people's support needs. One relative told us how they had been involved in the planning of the support their relative needed to enable them to be supported by staff whilst family members were away. They said, "We informed staff and the manager that we were planning a holiday in the future, which would mean our relative would need extra support. The staff listened and have put plans in place to support my relative in a structured way so they feel comfortable with the changes in their routine". We saw that people had meetings with the staff to discuss what they had achieved and what they wanted to do in the future, such as planning for trips out and work experience. We saw records of reviews that had been undertaken which showed the involvement of people and contained details of any changes to their health and emotional wellbeing.

We saw that people's preferences and interests were detailed throughout the support plans, which showed people's lifestyle history, current health and emotional wellbeing needs and what is important to people. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs, which included their likes and dislikes. People had also set goals with staff that showed what people wanted to achieve and these were recorded. These showed clear outcomes for people and details of whether the person had achieved their goals. We saw that where people had not fully achieved their goals, plans had been put in place for staff to teach the required skills needed to enable the person to progress. Staff we spoke with knew people well and explained how they supported people in a way that met their preferences and individuality.

One person told us they would talk to staff if they were unhappy or sad and relatives we spoke with were aware of the procedures to follow if they needed to make a complaint. A relative said, "I would tell [the registered manager] if I was unhappy with anything, but I'm really very happy with the support my relative receives. It's wonderful". Another relative said, "I'd speak to staff or the manager if I had a complaint and I have forms to complete at home". The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that people had access to pictorial version of the complaints procedure, which meant that the provider ensured that people understood what action to take if they were unhappy. We found there where there had been formal complaints at the service the registered manager had investigated these and responded to the complainant with their findings. This meant there were systems in place to record and respond to complaints in line with the provider's policy.

## Is the service well-led?

### Our findings

Without exception people using the service, relatives and care workers all spoke very highly of the registered manager. One relative said, "The manager is very approachable and if I have asked any questions they have always been able to answer these and respond very quickly. I couldn't ask for a better service for my relative. I am so very pleased". Another relative said, "The manager is excellent and has a lot of experience in this area. They pass the knowledge on to care workers and it also helps me to understand where I can support my relative better too". This relative told us that they are kept involved in their relatives care and have meetings with the registered manager who explained how the care is being provided and how the relative can implement this themselves so the person receives consistent care from relatives. They all also told us they would recommend Vision Beyond Autism to anyone who wanted care and support in their own home. One relative said, "The service is excellent and I would highly recommend to anyone I know". Another said, "The support my relative has received is amazing and I have already recommended the service to someone I know"

Vision Beyond Autism had clear vision and values that were person-centred and that ensured people were at the heart of the service, which were promoted by the registered manager through training, supervisions and meetings with staff. Staff demonstrated an understanding of these values which were underpinned in the support provided to people. One member of staff said, "The main aim of the service is to support people to gain independence and to help people learn new skills to enable people to have a full a varied life". They included ensuring people were the main focus and central to the processes of care planning, assessment and delivery of care. The aims and objectives were included in the agency brochure, statement of purpose and staff handbook. A relative said, "The values of the service are very clear and this comes through when staff are supporting my relative". Care workers that we spoke with were all clear about the agency's aims and objectives and the importance of promoting equality and diversity when supporting people.

The registered manager monitored the quality of the service by speaking with every person and relative on a regular basis to ensure they were happy with the service they received. The registered manager also undertook a combination of announced and unannounced spot checks and telephone interviews to review the quality of the service provided. This included observing the standard of care provided and observations to ensure that staff were matched with people who have similar interests. The registered manager told us that they observed staff to ensure that they were comfortable and enjoyed activities they supported people with as it was important people saw staff were also having "fun". A relative told us that this made a difference to their relative and they happily talked about how they had enjoyed themselves with staff when they had accessed certain activities. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and care was being carried out in a way that was consistent with the care plan. We saw that the registered manager had made changes to people's care plans where they had identified from audits that people had progressed with their independence and this enabled the registered manager to assess and implement further areas of support. For example; a person had completed voluntary employment and had increased their independence in preparing for their day and whilst completing tasks at their employment. This had prompted the registered manager alongside the person and relatives to discuss permanent employment and people were supported to complete



application forms for possible employment. This meant the registered manager reviewed and monitored people's care regularly to ensure that the support they received met their individual needs, which had impacted on people's progression into living an independent life.

The service also obtained the views of people in the form of questionnaires. The latest questionnaires we viewed contained positive feedback from relatives of people who used the service. We found that without exception everyone who had replied was extremely happy with the quality of service provided. This was also reinforced by compliments we saw that had been received at the service. Comments we viewed included "Wonderful" and "The service is a one off".

The registered manager was an excellent role model who was aware of the attitudes, values and behaviours of staff. They monitored these informally by observing practice and formally during staff supervisions, appraisals and staff meetings. The registered manager told us that it was important that they recruited staff with the right values which helped to ensure people received the best service they could have. We saw that interviews were based on the values of the service and staff received a long period of induction to ensure that they were suitable to support people in line with these values. One relative said, "The staff are very knowledgeable and understand all aspects of supporting someone with autism. The registered manager is very experienced and ensures that this is passed onto staff". The registered manager was continually striving to improve the service for people. The registered manager was committed to continuous learning for herself and for care workers. They had ensured that their own knowledge was kept up to date and was passionate about providing a quality service to people. The registered manager was qualified to teach the staff in positive behavioural support which meant she could provide flexible training to staff throughout the year in addition to training provided by external training companies. The registered manager told us and we saw that they had constantly researched information on the internet and through links with other agencies to ensure that they were providing appropriate and up to date support that would benefit people who used the service. Care workers confirmed that the registered manager provided flexible training and shared information about best practice. One care worker said, "I have learnt so much from the registered manager. They are very knowledgeable and their skills and experience has helped me to improve my own skills". Staff also told us that the registered manager encouraged them to feedback any concerns or areas that they felt may improve people's support. One staff member said, "We are an active part of people's lives and we spend a lot of time with people. The registered manager encourages any feedback and listens to what we may suggest. I have raised things such as where people may need extra support or when people have progressed with an area of their independence which I have feedback. This has them led to a new plan being created to support the person in the best way possible".