Care Quality Commission

Autism Initiatives UK

Outreach Services

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The Outreach Service provides domiciliary care and support for people with learning disabilities who live in the community. Some people are supported in tenanted accommodation and others are supported at home with their parents and family. The agency is owned by Autism Initiatives who provide a network of support services for people with learning disabilities.

This was an unannounced inspection which took place over two days on 16 and 21 January 2015. The inspection team consisted of two adult social care inspectors and an 'expert by experience.' An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service had 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.

We were able to speak with people at the two supported living locations we visited. They looked relaxed and had an obvious positive rapport with the staff members providing support. Those able to express an opinion said they felt safe with the support they received.

Summary of findings

We saw that people requiring support when out in the community to ensure they were safe, had fully developed plans in place. Staff were arranged to support this depending on each person's needs. People's support plans evidenced this.

We asked about staffing for the service. Staff input was agreed depending on assessment and funding by social services. People commented: "There`s always enough staff on duty so yes I feel safe – and they are all very nice" and ''I look after my own medication but the staff are there to help me if I need any help.''

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at two staff files and found that appropriate applications, references and security [police] checks had been carried out. These checks had been made so that staff employed were 'fit' to work with people who might be vulnerable.

We saw that people's medicines were reviewed on a regular basis. Some records we saw confirmed that people had been reviewed recently. We were told the competency of staff to administer medicines was formally assessed to help make sure they had the necessary skills and understanding to safely administer medicines. We could find no record of this on staff files however.

We found some anomalies with the medication administration records [MARs] which meant that they were not always clear and there was risk that some medicines might be missed. We found some people's records difficult to follow as records were not clear. We did not find any evidence that people had not received their medicines. However, the medication administration records did not support a safe practice.

You can see what action we told the provider to take at the back of the full version of this report.

The staff we spoke with clearly described how they recognised abuse and the action they took to ensure actual or potential harm was reported. All of the staff we spoke with were clear about the need to report through any concerns they had. Staff told us; "I know about the whistleblowing policy and it`s there for a reason - I would use it if I had to'', "One of the first things you do on induction is safeguarding training and I think I have got a review coming up soon."

There had been a number of safeguarding referrals and investigations since our last inspection of the service. Agreed protocols had been followed in terms of investigating and ensuring any lessons had been learnt and effective action had been taken. This rigour helped ensure people were kept safe and their rights upheld.

Arrangements were in place for checking the environment to ensure it was safe. There were protocols in place so that staff at Outreach Services monitored the supported living environments and reported through any issues.

When we spoke with staff the main aim of the support was to encourage people to be as independent as possible and enjoy as full a daily life as possible based on people's individual chosen lifestyles. We found examples where a person had been supported to achieve a range of activities to a level where they had become a paid trainer. Another person had been supported to get paid work at one service. The relative had commented, ''Doing his job has changed [person], he is so happy and settled and has more confidence.''

We observed staff provide support and the interactions we saw showed how staff communicated and supported people as individuals. One person spoke with us and told us about a project they were involved in and how staff supported them to carry this out. We observed the person had good rapport with staff who supported them on a 'one to one' basis.

Relatives told us that staff seemed well trained and competent. We were told support staff appeared to have a range of life skills and were seen to be doing a very good job. Communication between relatives, people being supported and staff and senior management was efficient and effective.

We looked at the training and support in place for staff. We saw a copy of the induction for new staff and staff we spoke with confirmed they had up to date and on-going training. One of the house managers at a supported living house showed us the staff training matrix. This identified and plotted training for staff in 'statutory' subjects such as health and safety, medication, safeguarding, infection control and fire awareness. In addition staff had undertaken training with respect to the care needs of the people they were supporting. For example the induction

Summary of findings

training included Autism Initiatives five point 'star' framework to help understand people with autism. Also strategies had been taught on how to remain, and keep people safe whilst in the community.

Staff spoken with said they felt supported and the training provided was of a good standard. They told us that they had had appraisals by the manager and there were support systems in place such as supervision sessions and staff meetings.

We saw, from the care records we looked at, local health care professionals, such as the person's GP, and Community Mental Health Team were regularly involved with people. One person we saw had been reviewed by a consultant psychiatrist very recently. Another person told us, "If we need to see a doctor or dentist then we can just see the staff and they arrange it for you – there`s never a problem you just ask."

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff told us that time needed be taken to help ensure people were supported to make decisions. For example, we saw a 'service user consultation' recorded which evidenced how staff discussed care issues with the people they were supporting. This showed clear involvement from people in making key decisions about their care. We saw this followed good practice in line with the MCA Code of Practice. A staff member told us, "Myself and senior staff have all completed training around mental capacity."

We discussed with staff and the people living in supported living how meals were organised. We saw that these were organised individually and people were encouraged to choose and plan their own meals. We reviewed one person who chose their meals using pictures and staff supported them to eat as healthily as possible. Another person we spoke with said, "We plan our own menus for the week, do our own shopping and cooking, get our own drinks so we very much do everything ourselves."

Relatives spoken with told us they felt staff were caring in their role and supported people well. A relative said, "They deliver what is in the care plan. They listen to [person], his perception of life which is so different and give him the experience of meeting other people and being a normal person.'' The staff we spoke with had a good knowledge of people's needs and were able to explain in detail each person's preferences and daily routine, likes and dislikes.

We saw that staff respected people's privacy. They were careful to knock on doors before entering bedrooms and to respect each person's space. One person said, "We have our own rooms if we have visitors – staff always knock before they come in so that`s nice."

All family members and people spoken with felt confident to express concerns and complaints. Most people told us that issues were dealt with at reviews and the service was generally very responsive to any concerns raised. We observed a complaints procedure was in place and people, including relatives we spoke with were aware of this procedure. Some complaints were dealt with locally and a record made. Others were escalated to senior managers. The quality assurance manager showed us a file of all complaints received. We saw that these had been investigated and a response made.

All of the managers we spoke with were able to talk positively about the importance of a 'person centred approach' to care. Meaning care was centred on the needs of each individual rather than the person having to fit into a set model within the service. People using the service and relatives told us they felt the culture of the organisation was fair and open. It was evident that management had made visits or telephone calls to people using the service and their relatives to ensure needs were met. Assessments and reviews were conducted at the appropriate time. Overall relatives were pleased with the way the service was run.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes both internally and external to the service. There was a clear management hierarchy and we saw that new ideas and service improvements were effectively developed and communicated. This process also included input from people using the service at various points. For example there was a 'service user forum' to include views and opinions from people using the service.

Summary of findings

The service was able to demonstrate areas of practice development to a high standard. For example, the organisation was an accredited 'centre of excellence' for specific training in understanding autism and supporting behaviours of concern. Other best practice was being developed jointly with an external educational institution to further develop the current sexuality and relationship policy for people using the service.

The service was keen to challenge and question areas of practice. The provider information told us, 'Using information from current data for safeguarding, we can monitor and improve to strive to [reduce] safeguarding across services'. The week following our inspection the service was to receive feedback from social services following a recent safeguarding investigation. We were told that any findings would be fed into the various forums to discuss lessons learnt.

The theme of 'service user' involvement [of people using the service] was also exemplified by other management process, such as training and the recruitment of staff. For example, the organisation had encouraged people using the service to have input into the recruitment process. In some instances this involved people using the service siting on interviews. In other cases contributing questions.

Internally there were other key audits carried out to monitor standards in supported living houses. These included a 'self-assessment audit, by house managers, the 'peer to peer' reviews and a 'working file audit' also conducted by house managers. The area managers completed regular monitoring visits to each house.

The service also learnt from external audits and reviews. Any feedback was discussed at 'management stakeholder meetings'. We saw the minutes of a meeting where the results and findings of social service contracts visits, some care reviews and unannounced visits [internal] to supported living houses were discussed and actions made.

The QA manager coordinated all of these processes and forums to produce a quarterly report for the national director. This included quality information and key performance indicators [measures of performance] including the Outreach Service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was a risk medicines may be not administered safely. We saw that medication administration records [MARs] were not clearly recording medicines in line with the services policies and good practice guidance. There was a risk that errors could occur. There was a need to further develop audits for checking medication standards to help ensure consistent safe standards were developed and maintained.

There was a good level of understanding regarding how safe care was managed. Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst help ensure they are safe.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

There were enough staff on duty at all times to help ensure people were cared for flexibly and in a safe manner. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

People living at the home had been assessed as having capacity to make decisions regarding their care. We saw that staff understood and were following the principals of the Mental Capacity Act (2005) and knew how to apply these if needed.

We saw people's dietary needs were managed with reference to individual preferences and choice.

Staff said they were well supported through induction, supervision, appraisal and the service's training programme.

Is the service caring?

Good

The service was caring.

We made observations of the people living at the supported living services we inspected and saw they were settled. Both the people being sported and their relatives commented positively on how the staff approached care.

We observed positive interactions between people being supported and staff. Staff treated people with privacy and dignity. They had an in-depth understanding of people's needs and preferences.

Summary of findings

People we spoke with and relatives told us the manager and staff communicated with them effectively about changes to care and involved them in any plans and decisions.

Is the service responsive?

Good

The service was responsive.

People's care was planned so it was personalised and reflected their current and on-going care needs.

A process for managing complaints was in place and people we spoke with and relatives were confident they could approach staff and make a complaint if they needed.

Is the service well-led?

Good

The service was well led.

The registered manager provided an effective lead in the service and was supported by a clear management structure.

The service was able to demonstrate how innovative care and good practice was developed.

We found an open and person-centred culture. This was evidenced throughout for all of the interviews conducted through to observations of care and records reviewed. There were systems in place to get feedback from people so that the service was developed with respect to their needs.

We received positive feedback from social care professionals who told us that appropriate support was carried out and the service worked well with them and liaised to support people's ongoing health and social care.

Outreach Services

Detailed findings

Background to this inspection

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

This was an unannounced inspection which took place over two days on 16 and 21 January 2015. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we accessed and reviewed the Provider Information Return (PIR) as we had requested this of the provider before the inspection. The PIR 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 other information we held about the service. We spoke with a social care professional who visits the service to obtain their views.

On the 16 January 2015 we visited two of the supported living [tenanted] locations where people lived who are supported by the Outreach Services. During the visits we were able to see and interact with the people who lived there. On 21 January we visited the central offices for the Outreach Services. Over the period of the inspection the expert by experience contacted six relatives of people who were supported by the service to obtain their views.

We spoke with nine care/support staff, two senior managers for the service and the quality assurance manager. We looked at the care records for six of the people living at the two supported living houses, three medication records, two staff recruitment files and other records relevant to the quality monitoring of the service such as safety audits and quality audits including feedback from people living at the home, professional visitors and relatives.

Requires Improvement

Is the service safe?

Our findings

We were able to speak with people at the two supported living locations we visited. People were settled and some were keen to tell us about their day and how they were supported. One person showed us a project they were engaged in and explained how staff supported them with this. We met with another person who was engaged in planning their day using pictures to make choices. They looked relaxed and had an obvious positive rapport with the staff member providing support. Those able to express an opinion said they felt safe with the support they received.

One person said they were able to access the local community and get into town with staff support. We saw how care plans were devised so that risks were assessed and the appropriate support planned. We saw a care review of a person who had been supported on a holiday and the review concluded, 'By being proactive and providing written plans to aid understanding, the outcome resulted in the holiday being a great success.'

People requiring staff support when out in the community to ensure they were safe and appropriately supported, had fully developed plans in place. Staff support was assessed and provided in consultation with each person and developed to take in to account their individual care needs. We saw this was detailed in people's support plans we viewed. People were out with staff support on the day of our inspection visit.

All of the people being supported [that could express a view] and family members contacted felt that support was being provided in a safe, secure environment, either with immediate family, private flat or supported housing. We were also told that family and friends visited on a frequent basis and all knew who to speak with if they had any concerns.

We asked about staffing for the service. Staff input was agreed depending on assessment and funding by social services. Most of the people we spoke with needed at least 'one to one' support whilst out in the community for developing social skills outside of the supported living environment. People commented: "There`s always enough staff on duty so yes I feel safe – and they are all very nice" and ''I look after my own medication but the staff are there to help me if I need any help.''

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at two staff files and found that appropriate applications, references and security [police] checks had been carried out. These checks had been made so that staff employed were 'fit' to work with people who might be vulnerable.

We spoke with two staff about the process of medication administration. Medication was stored in a separate secured cabinet for each person. We were told that all medicines were administered by the person's designated staff member. This helped ensure medicines were administered to suit individual preference, as well as prescribing instructions. Following each individual administration the records were completed by the staff. This helped reduce the risk of errors occurring. Medicine administration records [MAR] we saw were completed for that day to show that people had received their medication.

We saw that peoples medicines where reviewed on a regular basis. Some records we saw confirmed that people had been reviewed recently.

We were told the competency of staff to administer medicines was formally assessed to help make sure they had the necessary skills and understanding to safely administer medicines. We spoke with staff who told us that competency checks were made by the 'house manager' following initial training. This was also confirmed by one of the house managers we spoke with. When we looked at staff records for this however there was no record. We advised competency checks needed to be formally recorded as part of the training process.

We found some anomalies with the medication administration records [MARs] which meant that they were not always clear and there was risk that some medicines may be missed. We found some people's records difficult to follow; For example:

- Handwritten entries on the MAR charts that had not been signed by staff. We discussed the 'best practice' of ensuring hand written medicine chart entries were signed by two staff as this helped ensure entries had been copied correctly. This 'double checking' of handwritten entries was also highlighted in the service's medication policy and listed on audit checks.

Requires Improvement

Is the service safe?

- We asked about one person who we were told was on PRN [give when needed] medication. There was a PRN care plan in place which was very detailed regarding this medicine and in what circumstances it was to be administered. However, when we checked the MAR we saw that this medicine was written up to be given regularly on a daily basis. The record of administration was therefore, possibly incorrect and confusing.
- PRN care plans were in place for most people's medicines. However, we saw that external medicines [creams] that were administered only when needed, did not have a supporting PRN care plan.
- There were medicines which had been discontinued, according to the staff member, but were still on the printed MAR from the pharmacist. There was no indication on the MAR that these had been discontinued [in one case this was most of the medicines on the MAR]. This was confusing when looking at the medication records.

We discussed these anomalies with the area manager and staff. We did not find any evidence that people had not received their medicines as staff spoken with were aware of what medication was needed and current. The medication administration records did not support best practice however.

These findings were a breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We discussed other areas of medication administration. We were told that some of the people we reviewed had 'capacity' to make their own decisions about their medicines and managed limited aspects of them. We saw how these people's risk assessments defined the parameters of self-administration. In two examples, we saw how this was recorded by the person concerned.

This evidenced a 'person centred' approach managing medicines as these people were encouraged to be more independent. The service's policy states that '[people] should be supported to take ownership of their own medicines.

We looked at how medicines were audited. Weekly checks were made by the house manager for stocks of medicines. We asked about other audits [checks] of medicines that were completed and the manager was able to show us a monthly audit undertaken by another senior manager in the organisation [peer to peer audit]. The section on medicines had not identified any of the issues we had found. The service did not have an all-encompassing auditing tool for medicines. We met with the nurse specialist employed by the service who played a key role in developing medication policy and practice. We fed back our findings and there was a positive response in terms of reflecting on the issues to develop practice further.

We would recommend that standards of medication and development of audit tools are draw up or amended with reference to NICE [National Institute of Clinical Excellence] guidelines.

The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training within the companies recommended guidelines. All of the staff we spoke with were clear about the need to report through any concerns they had. Staff told us; "I know about the whistleblowing policy and it`s there for a reason - I would use it if I had to", "One of the first things you do on induction is safeguarding training and I think I have got a review coming up soon."

There had been a number of safeguarding referrals and investigations since our last inspection of the service. We discussed some of these incidents and how this had been managed. We saw some of the incidents had been identified internally and referred appropriately to the safeguarding authority [social services]. Agreed protocols had been followed in terms of investigating and ensuring any lessons had been learnt and effective action had been taken. This rigour helped ensure people were kept safe and their rights upheld. We saw that local contact numbers for safeguarding were available.

Arrangements were in place for checking the environment to ensure it was safe. Both supported living environments were owned by individual landlords and we saw there were protocols in place so that staff at Outreach Services monitored the environment and reported through any issues. For example at the supported living services we visited, the house manager carried out documented checks of the environment. These were supported by various audits carried out on a monthly basis such as the 'peer to peer' audit carried out by a manager from another supported living service.

Good

Is the service effective?

Our findings

The Outreach Service provided support for people who have autism and associated mental health care needs which can affect their quality of life. When we spoke with staff the main aim of the support was to encourage people to be as independent as possible and enjoy as full a daily life as possible based on people's individual chosen lifestyles.

The provider information return [PIR] completed by the registered manager prior to our inspection reinforced this approach by giving examples of how this had been achieved. For example, one person had been supported to achieve a range of activities to a level where they had become involved in training events. Another person had been supported to get paid work at one service. The relative had commented, ''Doing his job has changed him, he is so happy and settled and has more confidence.''

We observed staff provide support and the interactions we saw showed how staff communicated and supported people as individuals. Staff were able to explain in detail each person's care needs and how they communicated these needs. We saw good use of 'widgets' [use of pictures to identified needs and choices] for many of the people and this made communication more effective. One person showed us how they planned their day using this method together with a daily planner on the wall. Staff explained this not only gave the opportunity to choose various activities but also to help the person understand and plan time.

One person spoke with us and told us about a project they were involved in and how staff supported them to carry this out. We observed the person had good rapport with staff who supported them on a 'one to one' basis. This person was encouraged to be independent, for example managing some of their own medication. We spoke with a social care professional who visited and reviewed this person. They told us the sport plan worked well and the person was being supported to have a good quality of life.

Relatives told us that staff seemed well trained and competent. We were told support staff appeared to have a range of life skills and were seen to be doing a very good job. Communication between relatives, people being supported, staff and senior management was seen as efficient and effective. One relative said, "[person] gets support 10 hours a week. They shop, make sure there is a good choice of food, teach cookery skills, go to the cinema, or a pub quiz; they really are a Godsend." Another relative told us, "We had a review about four weeks ago and are very happy with how the service is developing. I think we have another one during Easter time." All of the relatives spoken with felt they were kept up to date with any changes or developments. They felt staff had the skills and approach needed to ensure people were receiving the right care.

Other relatives commented, "They are an absolutely fantastic group of people. They have made such a big difference to [person's] mental state. He used to pace the room but now is far more relaxed. It's a real blessing." "Autism Initiatives have made a huge difference. Six months ago I was thinking of putting [person] into a specialist unit. They have really turned him around. He is treated as an individual rather than someone with a disability."

We looked at the training and support in place for staff. We saw a copy of the induction for new staff and staff we spoke with confirmed they had up to date and on-going training. One of the house managers at a supported living house showed us the staff training matrix which identified and plotted training for staff in 'statutory' subjects such as health and safety, medication, safeguarding, infection control and fire awareness.

In addition staff had undertaken training with respect to the care needs of the people living at the home. For example the induction training included Autism Initiatives five point 'star' framework to help understand people with autism. Also strategies had been taught on how to remain, and keep people safe whilst in the community. We spoke with the quality assurance manager who showed us how specialist training in 'positive behaviour support' had been developed over the past year to train staff in supporting people with behaviour of concern. The registered manager for the service was an accredited trainer and Autisms Initiatives had been accredited as 'centre for excellence' for this training by an external training consultancy. One staff said, "No, we don`t practice restraint – but we do training in intervention techniques which helps us if there was a challenge of any sort but that`s very rare."

House managers we spoke with told us that most staff had a qualification in care such as NVQ [National Vocational Qualification] or Diploma and this was confirmed by

Good

Is the service effective?

records we saw where 87% of staff had a qualification. Staff spoken with said they felt supported and the training provided was of a good standard. They told us that they had had appraisals by the manager and there were support systems in place such as supervision sessions and staff meetings. One house manager we spoke with told us that staff meetings were open and constructive. We saw the agenda for a house manager's meeting with the area manager. The agenda was well structured under various headings.

We saw, from the care records we looked at, local health care professionals, such as the person's GP, and Community Mental Health Team were regularly involved with people. One person we saw had been very recently reviewed by a consultant psychiatrist. Another person told us, "If we need to see a doctor or dentist then we can just see the staff and they arrange it for you – there`s never a problem you just ask."

Relatives gave positive feedback about health care support. They described a proactive service which identified any issues regarding people's health and ensured they received the right support and intervention. They told us people had access to health care professionals when they needed them; for example district nurses, occupational therapists or a GP. These were generally co-ordinated by family members we spoke with but support staff also ensured appointments were kept and in many cases people were escorted to them.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff told us that time needed to be taken to help ensure people were supported to make decisions. For example, we saw a 'service user consultation' recorded which evidenced how staff discussed issues such as finance, hygiene, activities and health and wellbeing with the people they were supporting. This showed clear involvement from people in making key decisions about their care. Staff explained that the use of pictures and other communication aids was encouraged to assist people with this.

We saw this followed good practice in line with the MCA Code of Practice. The house managers and a senior manager were able to talk about aspects of the workings of the MCA and discuss other examples of its use. For example we saw a 'best interest' decision had been made together with input by social services regarding safety arrangements for a person at night because of a planned reduction of staffing. We also discussed developments within the service for assessing and measuring 'restrictive practices'. These were defined as practices which might restrict person's freedom in any way. We were told it created an opportunity for the service to know exactly what restrictive practices were currently in place for each individual and an opportunity for the service manager to ensure all staff supporting the individual had a good understanding and were supported where necessary. This included reviewing the use of PRN [give when necessary] medication, for example.

These assessments helped identify people who may need referring legally to the Court of Protection [COP]. The COP provides a legal framework for making decisions for people living in the community who lack capacity. A staff member told us, "Myself and senior staff have all completed training around mental capacity."

We discussed with staff and the people living in supported living how meals were organised. We saw that these were organised individually and people were encouraged to choose and plan their own meals. We reviewed one person who chose their meals using pictures and staff supported them to eat as healthily as possible. We discussed the care plan with a member of staff. This involved a programme of encouraging more exercise [person attended gym sessions] and a healthier diet. Care records identified the improvements made as goals had been reached. Another person we spoke with said, "We plan our own menus for the week, do our own shopping and cooking, get our own drinks so we very much do everything ourselves."

Good

Is the service caring?

Our findings

We observed the interactions between staff and people living in supported living accommodation. We saw there was an obvious rapport and understanding. People varied in their level of autism and learning disability. This meant people needed support interventions aimed at planning their day and future activity on an individual basis.

Communication was seen as a priority to carrying out care. Care files referenced individual ways that people communicated and made their needs known. We saw that these entries were detailed and were reviewed regularly. A specific example of a person's communication needs was evidenced in one setting where staff had made a frieze on the wall with areas of different textures. This was a particular need for one individual and their way of communicating. We also saw examples were people had been included in the care planning, so they could see and play an active role in their progress. The monthly 'service user consultations' were an example of this.

Most people in supported living had designated 'one to one' staff who supported them on a daily basis. We saw staff respond in a timely and flexible way depending on how each person communicated. We saw there was positive and on-going interaction between people and staff. We heard staff taking time to explain things clearly to people in a way they understood. When we spoke with staff they were able to tell us why people needed different approaches at certain times and how this had been agreed and was consistent. This approach was reinforced by the staff's training. The pre – inspection information from the provider said, 'The five point star framework supports staff to think how the person being supported might be thinking'.

Relatives spoken with told us they felt staff were caring in their role and supported people well. A relative said, "They deliver what is in the care plan. They listen to him, his perception of life which is so different and give him the experience of meeting other people and being a normal person." Another relative said, "I approached Autism Initiatives. A lovely lady came out and assessed his needs. We then had a meeting with social services and [person] then went to the office to meet all of them so that none of them were seen as strangers."

The staff we spoke with had a good knowledge of people's needs and were able to explain in detail each person's preferences and daily routine, likes and dislikes. These were also recorded in care files we reviewed. This theme was supported by the observations, interviews and all records we saw on the inspection.

We saw that staff respected people's privacy. They were careful to knock on doors before entering bedrooms and to respect each person space. One person said, "We have our own rooms if we have visitors – staff always knock before they come in so that `s nice." Another person was making use of an outside garden shed for a project and told us this had been designated as their own space and this was respected.

Good

Is the service responsive?

Our findings

When we spoke with people on the inspection and made observations we found the care to be organised to meet people's needs as individuals. For example we reviewed one person's care and the activities they were engaged in. These were varied and had been chosen by the person. They included swimming, local walks, shopping for food, cinema in town and the local pub. Staff supported one person with their DVD's of a favourite TV show and another with some art work. We saw activity plans in each of the supported living houses we visited. These helped and encouraged people to plan their own daily and weekly activities.

Care records contained individual life histories and events as well as recording the way any personal care should be delivered. We found that care plans and records were individualised to people's preferences and reflected their identified needs. They were very detailed and there was evidence that plans had been discussed with people and also their relatives if needed. We could see from the care records that staff reviewed each person's care on a regular basis. There were daily written reports that were highly detailed.

People we spoke with told us they had meetings and were involved in planning their care. We saw these meetings recorded in the care files we reviewed. Staff explained that it was not possible sometimes to actually sit and do a formal review of the care plan due to people's lack of focus and concentration; however, key aspects could be reviewed with the person as necessary and recorded. This showed an understanding of the flexibility needed in the approach to care.

We asked people and their relatives if they were listened to if they had any issues or concerns. One relative said, "I'm always in touch with the manager by phone. We have a good dialogue. She visits monthly and we talk weekly." All family members and people spoken with felt confident to express concerns and complaints. Most people told us that issues were dealt with at reviews and the service was generally very responsive to any concerns raised.

We observed a complaints procedure was in place and people, including relatives, we spoke with were aware of this procedure. We saw an easy read version displayed on the notice board in most of the areas we visited. One house manager showed us a file containing some recorded concerns/complaints by people living at the home. These were around daily life and activity. We saw there had been a response to issues recorded. The house manager explained that complaints demanding more investigation and time would be filed separately and investigated at a higher level. The quality assurance manager showed us a file of all complaints received. We saw that these had been investigated and a response made.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manger was not available over the period of the inspection but we were able to talk to other senior managers including the quality assurance [QA] manager for the service.

All of the managers we spoke with were able to talk positively about the importance of a 'person centred approach' to care. Meaning care was centred on the needs of each individual rather than the person having to fit into a set model within the service. Managers and staff explained the importance of understanding the world as perceived by people with autism. This was seen as key to developing any support for people. All staff knew about the 'five point star' which is Autism Initiatives' model for looking at people with autism. Staff explained that this was central to how staff communicated and recorded people's daily life and progress. This theme was also evident in the Pre-Inspection information provided by the registered manager.

People using the service and relatives told us they felt the culture of the organisation was fair and open. It was evident that management had made visits or telephone calls to people using the service and their relatives to ensure needs were met. Assessments and reviews were conducted at the appropriate time. No feedback questionnaires had been sent to relatives we spoke with, but some had received newsletters. Overall relatives were pleased with the way the service was run.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes both internally and external to the service.

Internally, the QA manager was able to explain and show a clear management hierarchy and evidence how new ideas and service improvements were effectively developed and communicated. This process also included input from people using the service at various points. For example, we discussed two new service innovations. One - the 'positive support training' for staff had been developed over a few years and another measuring 'restrictive practice' had been developed more recently. Both had won external awards for innovation. These had been conceived and developed through a series of forums starting with the 'best practice group' [national level] and then included input and review from a 'practice discussion forum [staff and service managers], a senior manager forum and also a 'service user forum' to include views and opinions from people using the service.

The provider information told us, 'The practice team coordinator has begun to analyse data from the restrictive practice audit, enabling the management team to see where we have restrictions and to ensure that these are reducing'.

In order to develop best practice we were told about work being completed jointly with an external educational institution to further develop the current sexuality and relationship policy for people using the service.

The service was keen to challenge and question areas of practice. The provider information told us, 'Using information from current data and safeguarding, we can monitor and improve to strive to [reduce] safeguarding across services'. The week following our inspection the service was to receive feedback from social services following a recent safeguarding investigation. We were told that any findings would be fed into the various forums to discuss lessons learnt.

The theme of 'service user' involvement [of people using the service] was also exemplified by other management process such as training and the recruitment of staff. For example, the organisation had encouraged people using the service to have input into the recruitment process. In some instances this involved people who used the service siting on interviews. In other cases contributing questions.

Internally there were other key audits carried out to monitor standards in supported living houses. These included a 'self-assessment audit, by house managers, the 'peer to peer' reviews and a 'working file audit' also conducted by house managers. The area managers completed regular monitoring visits to each house.

Externally we were told about audits that have been carried out the past by the 'Autism Alliance Group'. The audit review was called the Autism Partnership Validation. The Autism Alliance Group are a similar provider to Autisms Initiative and input in on a 'peer review' basis to look at areas of practice. The service was also 'inspected' by social services with their monitoring visits. The service also has input into local reference groups to develop practice such as the 'workforce development group'. Any feedback for

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Is the service well-led?

these forums and audits are discussed at management stakeholder meetings. We saw the minutes of a meeting held in August 2014 where the results and findings of social service contracts visits, some care reviews and unannounced visits [internal] to supported living houses were discussed and actions made.

The QA manager coordinated all of these processes and forums to produce a quarterly report for the national director. This included quality information and key indicators [measures of performance] including the Outreach Service. We saw a copy of the most recent covering September to November 2014 which included analysis and reporting of complaints, incidents, restrictive practice and feedback from external stakeholders.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines How the regulation was not being met: People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Regulation 13(1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.