Southern Housing Group Limited

22 Argyll Street

Inspection report

22 Argyll Street
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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

This inspection took place on 9 and 10 June 2016 and was unannounced. The home provides accommodation for up to eight people with a learning disability. There were eight people living at the home when we visited. The home is a converted house and is based on two floors. There was a choice of communal rooms where people were able to socialise and most bedrooms had en-suite facilities.

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

Most people felt safe living at the home and were protected from the risk of abuse. Individual risks were managed in a way that protected people from harm while promoting their independence.

Staff worked in a flexible way to support people and enable them to undertake activities. Recruitment practices were safe, people's medicines were managed safely and there were plans in place to deal with foreseeable emergencies.

Staff were suitably trained and supported in their work and knew how to care for people effectively. They received appropriate induction and supervision.

People received enough to eat and drink and received appropriate supported when needed. Staff sought consent from people before providing support and followed legislation designed to protect people's rights and freedom. They had appropriate access to healthcare services when needed.

People were cared for with kindness and compassion. All interactions we observed between people and staff were positive and it was clear that staff knew people very well. Staff supported people to build and maintain relationships and protected their privacy at all times.

The provider operated an innovative outdoor project which people enjoyed, together with a wide range of other meaningful activities to help people lead happy, fulfilled lives. These helped them build friendships and retain links with the community.

People were involved in developing and reviewing the care and support they received. Staff were responsive when people's needs changed or when people requested changes to the way they were supported. The provider sought and acted on feedback from people.

The home was well-led. There was an open, transparent culture. Staff were happy in their work and worked well together. There was a suitable quality assurance system in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse. Risks were managed in a way that protected people while promoting their independence.

Medicines were managed safely. Suitable arrangements were in place to deal with foreseeable emergencies.

Appropriate recruitment processes were in place to help ensure staff were suitable to work with the people they supported. Staff worked flexibly to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff sought verbal consent from people and followed the principles of legislation designed to protect people's rights and freedom.

People were cared for by staff who were suitably trained and supported in their work.

People received suitably nutritious meals and a choice of drinks to suit their individual preferences. They were supported to access healthcare services when needed.

Is the service caring?

Good

The service was caring.

People were cared for with kindness and compassion. Staff knew people well and supported them to build and maintain relationships.

People's privacy was protected at all times and they were involved in planning the care and support they received.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support from staff who understood and met their needs well.

The provider ran an innovative project in a safe, outdoor environment. This, together with other community based activities, provide meaningful activities for people.

Care plans were detailed and informative. Staff responded positively when people's needs changed.

There was an appropriate complaints policy in place. The provider sought, and acted on people's views.

Is the service well-led?

Good

The service was well-led.

There was a clear management structure in place. Staff understood their roles, were motivated and worked well as a team.

There was an open, transparent culture with additional oversight from a local charitable trust.

There was an appropriate quality assurance system in place.

22 Argyll Street

Detailed findings

Background to this inspection

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

This inspection was unannounced and took place on 9 and 10 June 2016. It was conducted by one inspector.

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 previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with five people living at the home, two relatives and a visiting professional from the NHS community learning disability team. We also spoke with provider's service manager, the registered manager, a staff member responsible for recruitment and five care support workers.

We looked at care plans and associated records for four people and records relating to the management of the service. These included staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We also observed care and support being delivered in communal areas.

The home was last inspected in December 2013, when we identified no concerns.

Good

Is the service safe?

Our findings

All but one person said they felt relaxed and safe living at 22 Argyll Street. When asked what worried them at the home, three people said, "Nothing". One person said they were not happy living at the home because of disagreements with staff and other people living at the home. The person told us, and staff confirmed, that they were being supported to find a home more suited to their needs.

Suitable arrangements were in place for the ordering, storing, administering and disposing of medicines. People received their medicines as prescribed from staff who were suitably trained. Part of the training included being observed administering medicines to check they were doing it safely. However, we found there was no system in place to regularly check the competence of staff administering medicines, as recommended by national guidance. We discussed this with the registered manager, who showed us a form they intended to introduce which would allow them to do this. People received 'as required' medicines when needed and we heard a person being offered pain relief when they complained that their hand hurt. One person managed some of their own medicines and had been given secure storage for them. A recent audit of medicines by a community pharmacist confirmed that medicines were managed safely.

People were protected against the risks of potential abuse. A clear procedure was in place for managing money that staff looked after for some people, which included regular auditing of the records and protected people from the risk of financial abuse. A family member told us, "I've never had any concerns about [my relative's] money; [staff] always get receipts and account for everything." A poster advising people how to report abuse had been translated into an easy-read format and was displayed prominently on the home's notice board. In addition, information about safeguarding, and how to report concerns, was included in each edition of the home's newsletter.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. For example, a staff member described concerns they had previously raised with management about the way a person was treated by a colleague. The concerns were taken seriously and appropriate disciplinary action was taken. Records of other safeguarding investigations were thorough and showed health and social care professionals had been consulted to help develop plans to safeguard people from harm.

Staff were aware of the signs people displayed when they were becoming anxious or agitated and knew how to defuse situations before they escalated into conflict between people. For example, they explained the triggers that could cause one person to become aggressive towards others and the steps they then took to calm and resolve the situation.

Staff were aware of potential hazards to people and took steps to minimise these to prevent harm. One person was known to be at risk if they left the home without staff support. A comprehensive plan was in place to protect them when this happened, including monitoring their movements, alerting emergency services and calling in senior staff for advise. However, staff also supported people to take risks that helped them retain their independence. For example, one person was able to travel to see family members on their

own. As a contingency measure, they took a fully charged mobile phone with them and telephoned staff to let them know they had arrived safely.

Risk assessments had been completed for the activities people took part in, such as swimming and gardening. Appropriate measures were then put in place to minimise any risks. For example, there were clear instructions about how people should enter the swimming pool, any floating aids they needed and the number of staff who should be present to support them. Some people were at risk of choking, because of the way they ate; staff monitored them appropriately during meals and records showed they had administered effective first aid when they had experienced episodes of choking.

An appropriate system was in place to assess and analyse accidents and incidents across the home. All incidents were reviewed by the provider's occupational health and safety officer who considered lessons that could be learnt and implemented measures which could help prevent a recurrence.

People told us there were enough staff to support them at all times. One person said of the staff, "They always help me." Staffing arrangements were based on the need for a staff member to be present in the home at all times. In addition, staff then worked flexibly to support people on an individual basis with activities or events they wished to attend.

The service had clear recruitment procedures in place to help ensure people were supported by staff with the necessary skills, experience and character. Appropriate checks, including references and Disclosure and Barring Service (DBS) checks were completed for all staff. The DBS helps employers to make safer recruitment decisions. Staff confirmed this process was followed before they started working at the home. One staff member told us, "I remember [the process] took a long time and I couldn't work on my own until the full DBS was received." People were involved in the recruitment process and were asked for their views of the candidates to help ensure they would be compatible.

There were arrangements in place to keep people safe in an emergency, such as a fire. Fire drills were conducted every week and staff and people were clear about the procedures to follow. One person showed us the fire exits they would use; others described the sound of the fire alarm and showed us where they assembled when it activated. Personal emergency evacuation plans were in place for people who would need support to leave the building in an emergency. Arrangements were in place for two nearby premises to shelter people in an emergency.

Good

Is the service effective?

Our findings

People spoke positively about the staff and told us they knew how to support them effectively. One person told us they liked "everything" about the care they received. A family member told us, "[Staff] cater for all [my relative's] needs and make sure everything is right for him. Everything they do is really good." A response from a family member to a survey conducted by the provider included the comment: "I am most impressed with the care [my relative] receives. The staff's expertise and kindness makes 'our home' very special and gives us, as parents, much assurance."

Staff told us they completed the provider's mandatory training, including safeguarding, medicines management and infection control. However, they said additional training, specific to the needs of people living at the home, such as autism awareness, learning disabilities and epilepsy, was only available on an ad-hoc basis. In addition, some staff expressed concern that they had not received training to support people when they became aggressive. They said this left them feeling "vulnerable". We discussed this with the registered manager, who told us they were exploring ways of making service-specific training more accessible to staff.

New staff received induction training which followed the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people. New staff worked alongside a more experienced member of staff until they had been assessed as competent to work unsupervised. A relatively new staff member told us, "I've had more than enough support [from experienced staff], everyone has been lovely."

Staff were supported appropriately in their role, felt valued and received regular supervisions. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, and discuss training needs. New staff received monthly supervisions to monitor their progress. Where their performance did not reach the required standard, the provider offered additional support. Staff who had worked at the home for more than a year also received an annual appraisal which assessed their performance and identified objectives for the coming year.

Staff followed the principles of the Mental Capacity Act, 2005 (MCA) and its code of practice, although this was not always supported by appropriate records. 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

Two people were not able to make informed decisions about special diets they needed. Staff had completed MCA assessments and made best interests decisions in relation to these, after having consulted with those close to each person. The registered manager told us they had recognised the need for additional MCA assessments and best interests decisions in relation to other aspects of people's care, such as the support people received when accessing the community, and had started addressing this. Those who were able to,

had signed their care records indicating their agreement with the support they received and staff were assessing the ability of other people to make decisions about this.

We observed that staff sought verbal or implied consent from people before providing any care. When discussing one person, a staff member told us "Although we have to make decisions for [the person], he definitely does what he wants to do. He has showers daily and in the evening when it's hot. Yesterday he didn't want a shower when I offered it as he was happy in the conservatory, but when I offered it later he was more than happy." Care records showed other occasions when people had declined to receive support and their decision had been respected by staff.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was following the necessary requirements and had made DoLS applications for some people, which were being processed by the supervisory body.

People were offered nutritious meals and a variety of drinks to suit their individual preferences and everyone said they liked the food. A response from a family member to a survey conducted by the provider included the comment: "The food looks and smells delicious; well-balanced meals are always available". Alternative meals were offered if people did not like the menu of the day; for example, one person told us, "I don't like tacos, so I had jacket potato yesterday." Another person said, "I can make my own coffee and get snacks whenever I want." Care records contained information about people's dietary needs, their likes and their dislikes. Some people needed support to eat and we saw they received this in a dignified way.

People had 'health action plans' and were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, podiatrists and specialists. One person had lost significant weight and had been referred to a specialist for tests. Another person was seen regularly by staff from the community learning disability team, one of whom told us, "The care here is excellent. I've got no criticism of the way [the person] has been supported. Staff have managed any difficulties professionally and kept in contact with us."

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion. People described staff as "nice", "helpful" and "kind". A family member told us, "I like that people are just treated normally." Another family member said, "It's the warmth of the place I like; it's like a family. It's informal, but provides some structure for people."

Without exception, all the interactions we observed between people and staff were positive and it was clear that staff knew people very well. For example, one person had difficulty regulating their body temperature and we heard staff often asked, "Do you want your top off?" or "Are you getting hot?" When people assisted with chores around the home, staff thanked and praised them. Staff also used their knowledge of people to strike up meaningful conversations. They chatted freely with one another about events in their lives, what they had done that day and what they were planning to do at the weekend. One person was supported to follow their faith. Staff accompanied them to weekly church services and said prayers with them each night. In addition, they supported the person to attend a service at a local abbey at Christmas.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to help make sure people could express themselves effectively, including Makaton. Makaton is a communication system based on signs and symbols which most staff had been trained to use. One person used their own signs which staff had become familiar with. When staff verbalised the person's signs to check their understanding, the person smiled and nodded enthusiastically, indicating that staff had interpreted them correctly. The person liked to know which staff were working each day, particularly overnight, so a large board had been created, on which photographs of staff were displayed to keep them informed. Another person had taken responsibility for keeping this up to date, which they told us they enjoyed doing.

People (and their relatives where appropriate) were involved in developing and reviewing the care and support they received and could access their care plans on request at any time. One person told us they liked going through their care plan with their named support worker and had changed their plan following recent discussions with them. Some aspects of people's care plans had been translated into an easy-read format using pictures and symbols to help the person understand them. The service had also produced three care plans in DVD format for people who were unable to communicate verbally. Staff told us people enjoyed viewing their DVDs and responded positively to them.

Staff supported people to build and maintain relationships with people important to them. Four people had formed close relationships, which staff encouraged and supported by being available to talk through any emotional concerns they had. Care plans contained information about people's circle of support, family members and friends who were important to them. Several people visited their families at weekends, or spoke regularly to them on the phone, which staff encouraged. In addition, the service organised numerous events, such as pub nights, quiz nights and bingo where people from 22 Argyll Street could meet and socialise with friends from their peer group. A staff member told us, "When day services ended suddenly, it was like a bereavement for people; they were devastated. Now they've got new ways of meeting up with their friends again."

Staff respected people's privacy by seeking permission before entering their rooms. One person told us, "Staff bring me coffee in bed. I like that; and they always knock first." A response from a family member to a survey conducted by the provider included the comment: "Staff always treat [my relative] with dignity and respect." A staff member told us, "I put myself in their shoes and give [people] the respect and politeness they deserve."

Confidential care records were kept securely and only accessed by those authorised to view them. Staff were clear that information was only shared with family members with the express permission of the person concerned. A staff member told us, "Most people are open and tell their parents everything. We don't inform the parents unless [people] want us to. It's down to the residents."

People said they could choose the gender of the staff member who supported them with personal care. Staff told us they knew one person always preferred a female staff member to support them with baths and another person preferred a male staff member. People and staff confirmed that the person's preference was always accommodated.

Good

Is the service responsive?

Our findings

People received personalised care and support from staff who understood and met their needs well. A family member told us, "[Staff] are always addressing the residents' needs. I can't think of any instance when [my relative] hasn't had their needs attended to." Another family member said, "[My relative] has a super time here. He has a happy and fulfilled life." A staff member told us, "Each [person] is an individual and you have to work to how they like things done. For example, one person needs occasional prompting to use the bathroom, so you offer it as you walk past, in a nice way, that doesn't sound like you're nagging."

Staff had recognised that the needs of some people, who had lived at 22 Argyll Street for many years, were changing and they had responded appropriately. Some people had become less mobile and needed a higher level of support from staff, which they were receiving. The design of one person's bathroom had been altered to better suit their needs. A member of their family told us, "His needs have changed considerably and [staff] responded accordingly. For example, he has had a special shower installed with an electric chair." Another person needed to exercise more frequently to maintain their leg muscles and stamina and was being supported to do this daily. A staff member said, "As people are getting older, you have to work differently to enhance their lives."

A further person had become unsettled at the service and staff had worked closely with other professionals to identify and respond to their changing needs. An agreement had been reached that it would be in the person's best interests to move to another home. The person said they were "looking forward" to the move. A 'behaviour support plan' had been developed to support the person in the interim, when they became agitated or unsettled. This included a 'behaviour contract' which had been negotiated and agreed with them. Staff understood the plan and the person's 'care diary' confirmed it was being followed. This had led to reduced incidents of agitation.

One person enjoyed the home's paddling pool in hot weather and had started getting into it fully clothed. Rather than prevent them from doing this, staff had raised the issue with the solicitor who had power of attorney for the person's finances, who had agreed to the purchase of some quick-drying clothing. This would allow the person to continue to enjoy the pool without the discomfort of wet clothing afterwards.

In order to provider more meaningful activities for people, against a backdrop of budget constraints, the provider had set up an innovative community project on land made available by a local abbey. Over a period of four years, the people and staff living at 22 Argyll Street had developed it from a "barren piece of land" to a "thriving market garden producing fresh fruit and vegetables". The provider had opened up the project to other community groups, including people with learning disabilities living in the local area. This had proved beneficial for most of the people living at 22 Argyll Street, each of whom contributed in some way. One person was responsible for washing and grading the produce, some people enjoyed planting and harvesting it, others enjoyed working in the shed making 'bug boxes', while others contributed by helping to make flasks of drinks for the day. The project had become self-supporting as produce grown was sold to the abbey's farm shop/café and the bug boxes were sold to a local shop. The proceeds were then used to buy seed, materials and equipment for the following year.

People spoke enthusiastically about the project. They described their individual jobs and showed us things they had made there. One person said, "[The abbey project] is different. It's perfect. It's really nice. I like [looking after] the chickens, but don't have the confidence to do it by myself." Another person told us they enjoyed "tidying the sheds" and "working in the garden". A further person said they only went when the weather was warm, but enjoyed "digging in the raised beds". A family member described the project as "fantastic". They added: "The benefit for [my relative] is that he is working and feeling that he is doing something useful. He says he's 'going to work'. It gives him a sense of importance; he gets a lot from [the project]. He is mixing with more people rather than the same small group."

The manager of the project told us, "The best thing about it is the friendships [people] have formed and the sense of achievement they get. There are sometimes 17 people there and they all get on really well." A staff member said, "[One person] has particularly benefitted. It gave him his confidence back and made him feel useful, which he loves. He really looks forward to it." This was confirmed by the registered manager, who told us, "People get a great sense of pride [from the project] and feel they are doing a worthwhile job, which they are."

In addition to the abbey project, the provider had also set up monthly social nights at a local pub. A staff member told us, "About 40 to 50 [people] attend. Most have known each other all their lives. There is a strong peer group because of it, so it is really important to them. In addition, they organised weekly swimming nights (subsidised by a local charity), bingo nights and the 'Monday group'. The Monday group organised trips to local attractions, including the fire station, the lifeboat station and local businesses. Again, people from other community groups were invited to all these events, which enabled people to build and maintain friendships with a wide social circle. A family member said, "[Staff] are so proactive. [My relative] does more varied activities than ever before."

People were supported and encouraged to make choices about every aspect of their lives, including when they got up and went to bed; and how and where they spent their day. A staff member told us, "[One person] finds it difficult to choose clothes, so we offer two options to make it easier for them to choose." People also chose the menus for the week and assisted with ordering the shopping online. A staff member said of people, "They all get involved, telling us what they want and making special requests."

In previous years, people had gone on a 'house holiday' to a destination of their choosing. This year, people expressed a wish to go on individual holidays, to places of particular interest to them, and staff had supported them to make the necessary arrangements. For example, one person loved elephants and staff had sourced a day's experience with them which the person was looking forward to. Another person had planned a short cruise.

People's care plans were detailed, informative and personalised. They included information about the essential day-to-day support each person needed, including their morning and evening routines and the activities they took part in during the week. Where people needed support with personal care, the way it should be delivered was clearly set out to help ensure staff supported them in a consistent way according to their individual needs and preferences. The registered manager told us that new staff used three people's DVD care plans to help gain a fuller understanding of their needs. Care plans were regularly updated to help ensure the information was accurate and up to date. A family member told us, "We are fully involved and attend annual reviews, but if anything changes to the care plan before that, [staff] address it at the time."

The provider used a key worker system to support people. A key worker is a member of staff who is responsible for working with certain people, taking responsibility for monitoring that person's support and liaising with family members. In addition, they worked with the person to help them achieve specific goals

and often supported the person with daily activities. People reviewed their care and support plans with their key workers. Their views were noted and any requested changes were recorded. For example, one person had expressed a wish to attend a day service more often, so their support plan had been amended to cater for this.

Although care plans listed people's individual goals, we found some related to daily tasks rather than developing life skills or achieving ambitions. For example, for one person goals included being weighed monthly and taking their medicines daily. Progress towards people's goals and the actions needed to achieve them were not always recorded or monitored. For example, one person's goal was to see more firework displays, but details of forthcoming displays were not available and no plans had been made to support the person to attend them. We discussed this with the registered manager, who told us they were reviewing people's goals to make sure they were appropriate and relevant.

People knew how to complain and there was a suitable complaints procedure in place. A family member told us, "I've no need to complain, but if I did, depending on what it was, I may speak to the keyworker or, if more serious, would go to the manager." Records showed complaints were responded to promptly and in line with the provider's policy. The provider sought and acted on feedback from people. A family member told us, "We are always consulted. [The provider] changed the house car as [my relative] couldn't get in the old one. [Staff] even took him with them before they bought it to make sure he could get in it."

People's views were sought in a number of other ways too. Staff encouraged them to raise any concerns directly, so they could be resolved immediately and 'residents meetings' were held monthly, which were well attended. We reviewed the minutes of the meetings and found suggestions people had made had been adopted by the home. For example, new blinds had been installed at the bottom of the stairs following feedback from people and menus were continuously changing and developed to meet people's tastes. In addition, the provider conducted a range of questionnaire surveys to seek the views of people and their relatives. We viewed the results of the surveys and saw they were all positive; they did not identify any changes or improvements that could be implemented at the service.

Good

Is the service well-led?

Our findings

All but one person said they liked living at 22 Argyll Street and felt the home was well-led. One person said, "[The registered manager] is perfect." A family member told us, "Everything they do is really good. You walk in here and it's always clean. The manager is always available and it's well-run."

There was a clear management structure in place, consisting of the service manager, the registered manager and senior staff. Support staff worked well together, understood their roles and were enthusiastic about the support they provided to people. They were happy in their work and felt supported by the registered manager, who they described as "competent" and "organised". Other comments from staff included: "I feel valued and supported [by the registered manager] and I know parents [of people living at the home] value what we do as well"; "It's a good place to work; you get so much back"; "[The registered manager] is approachable. Residents all think a lot of her; she is such a nice lady"; and "It's a brilliant place to work. I get extra help when I need it from seniors and the manager is more than approachable".

The registered manager told us they were supported appropriately by the provider, and in particular by the provider's service manager who visited the home every week. They kept up to date with current practices, legislation and national guidance through private study and through contact and circulations from local care homes associations. This including one association that was focussed on the care of people with learning disabilities.

The provider had a clear vision for the service and a set of values it expected staff to adhere to. These included 'applying a person-centred approach'; 'involving customers and carers in the provision of services' and 'to provide a customer focussed and efficient service'. The provider promoted their vision and values in a variety of ways, including through staff meetings, one-to-one supervisions and through the home's newsletter. It was clear from discussions with staff that they understood and were committed to working towards this vision. For example, a staff member told us, "We always put residents first, before staff, and try to help them get the best out of life that you would want for yourself." Staff consulted and involved people at every opportunity and tailored the service to meet people's individual needs. This was evident from the links that had been developed with the wider community and the innovative projects that had been established to support people to lead happy, fulfilled lives.

There was an open, transparent culture at the service. Events were held regularly, to which family members were invited. A family member told us, "We're delighted with the registered manager. She held a tea party for families to welcome us and introduce herself. She mucks in and plays her part rather than hiding away in the office." The provider notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. There was an appropriate 'Duty of Candour' policy in place to help ensure staff would act in an open transparent way if things went wrong. A family member told us, "[The registered manager] has an open door procedure. You're always welcome and I can go anywhere with [my relative]." People mixed with a wide range of community groups, which prevented them from becoming socially isolated. People and staff from the home had also assisted at an event to promote 'autism awareness day' to raise awareness of the condition to the wider community and raise

funds for a national charity. People and staff were also planning to do a sponsored walk to raise funds for a local charity connected with the home.

There was an effective quality assurance process in place. The service manager conducted monthly and quarterly audits of the home. These included dip sampling care plans; reviewing accidents, the environment, medicines management and infection control procedures; speaking with staff; and speaking with people using the service. When changes or improvements were identified, they were documented and tracked to help make sure they were completed promptly. In addition senior staff conducted medicine audits every 28 days. The registered manager was also introducing a 'shadowing and observation' policy. This would involve senior staff observing the way staff supported people and checking they were following best practice guidance.

In addition to oversight of the service by the provider, members of the Fairhaven Housing Trust visited the home every three months to review the way it was being run. The Fairhaven Housing Trust is a registered charity. They provided the initial funding to purchase 22 Argyll Street and provided on-going financial support to maintain the building and fund some of the activities people took part in. They were also involved in the selection process for appointing the registered manager. This provided independent oversight of the service.