

# National Autistic Society (The) NAS Community Services (Lancashire)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out an inspection of NAS Community Services (Lancashire) on 14 and 17 October 2016. We gave the service 48 hours' notice of our intention to carry out the inspection. This is because the location is a community based service and we needed to be sure that someone would be present in the office.

NAS Community Services (Lancashire) is a supported living service that provides care and support to people on the autistic spectrum living in their own homes. At the time of the inspection there were 20 people using the service.

The service was managed by a registered manager. 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.

This was the first inspection of this service. During the inspection we found there was one breach of the current regulations. This related to the management of staff training. You can see what action we told the provider to take at the back of the full version of the report. We also made a recommendation about the analysis and evaluation of all information gathered as part of the quality assurance processes.

People using the service said they felt safe and staff treated them well. Appropriate recruitment checks took place before staff started work. There were enough staff on duty and deployed throughout the service to meet people's care and support needs. Safeguarding adults' procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Arrangements were in place to provide staff with training, however, we noted from talking to staff and looking at the training matrix that not all staff had received refresher training. New staff completed an induction programme which included the Care Certificate.

The registered manager and staff understood the principles associated with the Mental Capacity Act 2005 (MCA) and acted according to this legislation. There were appropriate arrangements in place to ensure people were supported to follow a healthy diet. People had access to a GP and other health care professionals when they needed them. People were supported to participate in activities that were personalised and meaningful to them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. We observed staff had a good relationship with people and supported them in an attentive and caring manner. Where possible, people using the service had been consulted about their care and support needs. Support plans and risk assessments provided guidance for staff on how to meet people's needs. However, we noted one

person's risk assessments were not available in their house. We found the assessments had been taken to the office for the registered manager to read and sign. We were assured by the registered manager a new system would be implemented to ensure staff had access to the information at all times.

People were aware of how they could raise a complaint or concern if they needed to and had access to an easy read complaints procedure.

There were systems in place to monitor the quality of the service which included seeking feedback from people using the service and regular audits. However, we noted the information gathered during the quality assurance process was not always analysed and evaluated in order to identify any trends and address any issues raised.

## 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 consistently safe.

Whilst there were appropriate policies and procedures in place to safeguard people from the risk of harm, not all the staff had completed safeguarding vulnerable adults' refresher training.

Risks were assessed and managed. However, we noted one person's risk assessment was not available in their home. This meant the assessments were not accessible to staff.

There were robust recruitment systems in place and there was sufficient staff to safely meet people's individual needs.

People were supported to take their medicines safely.

Staff had the responsibility to maintain the level of cleanliness in people's houses. However, we noted there were no cleaning schedules or records in one person's house.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Whilst there were arrangements in place for staff training, we noted not all staff had completed refresher training and the staff training matrix was out of date.

Staff were supported in their role by means of regular supervisions and appraisals of their work performance.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 and had followed its requirements. People using the service were supported to make decisions about their care and support.

People received the support they required to ensure their health and nutritional needs were met.

### Is the service caring?

**Good** ●

The service was caring.

People made positive comments about the caring and kind approach of the staff.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised support.

People were supported in a way which promoted their dignity, privacy and independence.

### Is the service responsive?

**Good** ●

The service was responsive.

Support plans were personalised and reflective of people's individual needs. This enabled staff to know how people wanted to be supported.

People were supported to participate in a range of activities in line with their preferences.

People had access to information about how to complain about the service and there were arrangements in place to investigate any concerns.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well led.

There was a registered manager in post who was knowledgeable about the service and people's needs.

Whilst there were quality monitoring systems in place, we recommended all information gathered during the quality monitoring process is appropriately analysed and any issues are fully addressed.

Feedback was regularly sought from people using the service.

# NAS Community Services (Lancashire)

## **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 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 14 and 17 October 2016. We gave the service 48 hours' notice of our intention to visit to ensure the registered manager was available. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting unit for feedback and checked the information we held about the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

The provider sent us 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 used this information as evidence for the inspection.

During the inspection, we visited six people in their own homes and met five staff and two team leaders who were supporting the people we visited. We spoke with a deputy manager at the office and two relatives over the telephone. We also spoke with the registered manager.

We reviewed a range of records about people's care and how the service was managed. These included five people's support plans and all associated documentation, two people's medicine administration records, staff training records, two staff recruitment files, staff supervision and appraisal records, quality assurance audits, a sample of policies and procedures, incident reports and other records relating to the management

of the service.

Following the inspection, the registered manager sent us a copy of a work book completed by all new staff during their probationary period and other additional information about the quality assurance processes.

# Is the service safe?

## Our findings

People using the service told us they felt safe and were satisfied with the care and support they received. One person said, "The staff are very nice and I have nothing to worry about" and another person commented, "The staff look after us." Relatives spoken with also expressed overall satisfaction with the service. One relative said, "I think [family member] is safe. I feel confident they are being treated properly."

We looked at how the provider assessed and managed risks to people's health and well-being. We found individual risks had been assessed and recorded in people's personal files and management strategies had been drawn up to provide staff with guidance on how to manage any risks in a consistent manner. The risk assessments were wide ranging and included risks associated with people's physical and mental well-being and daily living skills. Risk assessments had also been carried out to assess any risks connected to people accessing the local community. We saw evidence to indicate the assessments had been reviewed. However, we noted one person's risk assessments were not available in their home. This was because they had been taken to the office for the management team to check and sign. We were told this was usual practice and there were occasions when the assessments were not returned for some time. This meant the staff supporting the person had no access to the risk assessments. We discussed this situation with the registered manager who assured us new arrangements would be put into place to ensure staff had continued access.

We saw records to demonstrate the registered manager had carried out a range of service level and environmental risk assessments including the risks associated with fire safety, lone working and travelling between properties. We noted all people had a personal emergency evacuation, which detailed the assistance they would need in the event of an urgent evacuation of their home. The registered manager had also identified risk areas which couldn't be safely managed by the service, for instance staff recruitment and retention. These risks were discussed by the senior management group in order for them to consider additional resources or amendments to policies or procedures.

We found there were appropriate procedures for the staff to handle people's money safely and people told us they were satisfied with the arrangements in place. Where appropriate, there were records of financial transactions and the staff obtained receipts for any money spent. We saw the staff checked the balances against the records at the handover of every shift.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found there was an appropriate policy and procedure in place which included the relevant contact number for the local authority as well as flowcharts. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidences of abuse and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. The registered manager was a lead trainer for safeguarding vulnerable adults, however, we noted from the staff training matrix that some staff had not received their refresher training. The registered manager explained there were arrangements in place to ensure all staff received the required training by the end of the year.



The registered manager was aware of her responsibility to report issues relating to safeguarding vulnerable adults to the local authority and the Care Quality Commission (CQC). Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

We saw the registered manager had considered all aspects of the operation of the service in order to carry out an overall safeguarding audit which included a rating for each aspect and an action plan for future development.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

There was a system in place to record and report accidents and incidents. After ensuring people were safe, staff completed a form and reported the incident or accident to their manager. The management team viewed all completed forms, so they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. Details of all accident and incidents were entered onto a computerised database. Where necessary, the registered manager had carried out investigations and made appropriate referrals for instance, to the mental health crisis team.

We reviewed the arrangements in place for supporting people with their medicines. People receiving assistance told us they received their medicines when they needed them. One person said, "They always give me my tablets at the right time." The level of assistance that people needed was recorded in their support plan alongside with guidance on the management of any risks. Staff told us they had completed a safe handling of medicines course and the management team carried out an annual check of their competency to check they were proficient at this task.

Staff had access to a set of policies and procedures which were available for reference. Medicines were stored securely and safely in people's homes. We noted contact details for the person's GP and pharmacist were included in their support plans and staff used these if they needed to discuss people's medicines. We noted appropriate records were maintained for the receipt, administration and disposal of medicines. The staff carried out a check of medicines on a daily basis. This ensured people had received their medicines in line with the prescriber's instructions.

People told us that staffing levels were sufficient and they usually received care and support from a consistent group of staff. This ensured continuity of care and support by staff people knew and who knew their care and support needs. The team leaders organised and coordinated the staff rotas with oversight by the management team. The level of staffing was dependent on people's needs and the package of support required. We noted there was a staffing levels policy in place. This was designed to "Ensure there were sufficient staff in numbers, experience and qualifications to meet identified needs." We observed there was an appropriate number of staff deployed in people's houses visited during the inspection.

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. These checks included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We noted the provider had a recruitment and selection policy and procedure which reflected the current regulations.

On visiting people's houses, the staff told us it was their responsibility to maintain the cleanliness of the

properties. However, we noted not all areas in two houses were kept clean. We asked to see the cleaning records in one person's house and were told there were no cleaning schedules or records in place. This meant it was difficult to determine when the property had last been cleaned. It is important to maintain a satisfactory standard of cleanliness in order to prevent and control infections and to promote the dignity of people living in the house. We discussed this situation with the registered manager who confirmed cleaning schedules would be implemented and checked by the management team.

## Is the service effective?

### Our findings

People told us they were happy with the way staff supported them. One person said, "I like all the staff, they help me a lot." Relatives spoken with also expressed confidence in the staff team, one relative said, "[Family member] has very good staff and they have a good relationship with them."

We looked at how the provider trained and supported their staff. We found there were arrangements in place to provide staff with appropriate training which included safeguarding vulnerable adults, safe handling of medicines, health and safety, fire safety and first aid. Specialist training to help staff manage challenging behaviour and develop positive relationships with people was also available. However, on looking at the staff training matrix and talking with staff we noted established staff had not always received refresher training. The training matrix was also out of date and there were many gaps. This meant it was difficult to determine what training staff had completed.

The provider had failed to ensure all staff had received appropriate training. This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff completed induction training when they commenced work with the service. This included an initial service induction which included training in the organisation's visions and values and policies and procedures as well as the provider's mandatory training and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The registered manager explained there was an expectation that all existing staff would complete the Care Certificate to refresh their knowledge. New staff shadowed experienced staff at the start of their employment and completed a probationary period.

Following the inspection, the registered manager sent us a copy of a work book completed by all new staff during their probationary period called, "Getting it right from the start." The work book guided staff through the induction process and provided a record of their progress.

All staff confirmed they were provided with regular supervision and an annual appraisal of their work performance. The registered manager had recently introduced reflective supervision which focused on autism practice and the SPELL framework. The framework had been developed by the National Autistic Society to understand and respond to the needs of people on the autistic spectrum. SPELL stands for Structure; Positive (approaches and expectations); Empathy, Low Arousal and Links (with other health and social care agencies and families). This enabled the staff to discuss and reflect on their role in relation to a positive or negative event using the principles of the framework. We saw records of staff supervision and appraisal during the inspection and noted they included action plans and learning objectives.

The Mental Capacity Act (MCA) 2005 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.

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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

We discussed the requirements of the MCA and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager and staff. We found the registered manager and staff had a clear understanding of their responsibilities under this legislation and had followed its requirements. We noted the care assessment process considered people's capacity to make decisions. This included their specific communication needs and how people made their wishes known. There was also information in people's support plans about their ability to make specific decisions in their daily lives. Where required, the registered manager worked with people using the service, their family and professionals involved in their care to make sure any decisions they made about care and support were in the person's best interests. Before the best interest meetings the registered manager explained capacity assessment meetings were held to determine if a person was able to make a specific decision. We saw records from best interest meetings in relation to people's support needs were held in their care files. For instance, we saw a best interest meeting had been held in respect to a person's need for healthcare treatment. People spoken with told us they were supported in making their own choices and decisions about the care and support they received.

The registered manager indicated that people's care coordinators and or social worker would take a lead role in any applications to the Court of Protection. We noted seven applications to deprive people of their liberty had been submitted for consideration.

Staff were aware of people's preferred method of communication and used various aids such as Makaton to ensure people could express their views. Makaton is a language programme using signs and symbols to help people to communicate. We noted positive behaviour support plans had been developed as appropriate to provide staff with proactive strategies to manage any behaviour which challenged others and the service.

People spoken with were satisfied with the support they received with shopping, cooking and meal preparation. One person explained how they had chosen their meals for the forthcoming week by using pictorial symbols. It was evident from people's support plans that they were supported to maintain a healthy diet. People's nutritional and hydration needs were carefully monitored and any risks were fully documented. We noted care records included information about the person's nutritional and dietary needs and details about their likes and dislikes.

People discussed their health care needs as part of the care planning process and told us they would tell the staff if they felt unwell or in pain. A relative told us they felt confident the staff would seek medical advice in the event their family member experienced ill health. They commented, "I know they would be straight on the phone to the doctor and they would let me know immediately."

All people had a detailed and thorough health action plan, which provided information about past and current medical conditions as well as records of all healthcare appointments. We noted people were supported to attend all routine screening and healthcare appointments and were given the option of seeing healthcare professionals in private if they wished to. The registered manager and staff liaised closely with GPs and community professionals to ensure people received a coordinated service. People also had access to a part time clinical psychologist employed in the north region of the National Autistic Society if they were experiencing difficulty with their emotional well-being.

In the event people were admitted to hospital, all people had a hospital passport which was designed to inform healthcare staff about the person's needs, likes and interests. We saw examples of hospital passports during the inspection and noted that wherever possible they had been discussed with the person.

## Is the service caring?

### Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person told us, "The staff are very kind and we get on like peaches and cream." Similarly relatives spoken with praised the approach taken by staff, one relative said, "The staff are caring and manage their needs sensitively" and another relative commented, "I have peace of mind. [Family member] is happy and settled with the staff."

Observations in the supported living premises we visited showed there were friendly, caring and warm supportive relationships in place between staff and people using the service. The atmosphere was calm and cheerful and people were being assisted by members of staff in an attentive and unhurried way. People were seen to be comfortable and at ease with the staff who supported them. Staff spoken with talked with warmth and affection about the people they were supporting. One member of staff spoken with told us, "The people are our priority and they come first in everything we do" and another staff member commented, "[Person's name] is such a pleasure to be with. They are brilliant, funny and great company."

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they provided support and promoted people's independence and choices. One member of staff told us, "We want people to be as independent as possible so they can live their lives how they choose without controls." The registered manager and deputy manager explained one person had been supported to develop their skills in the working environment as a volunteer in a café and another person who experienced emotional withdrawal had received support to develop their potential and they were now attending a local college and contributing to the daily tasks in their household.

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's support plans. They told us they were allocated to work in a particular house which helped them get to know people and how best to support them. We noted there was information incorporated into people's support plans to inform staff how people liked to spend their day and what constituted a "good" and "bad" day.

Wherever possible, people were involved in decisions about their care and their views were taken into account. People told us they had been involved in the review of their support plan and we noted one person had signed their support plan documentation to indicate their participation and agreement. Another person confirmed they had read their support plan and was given the opportunity to make any changes.

People spoken with told us the staff respected their rights to privacy and dignity. One person told us, "I like to chill out in my room." Staff had access to policies and procedures on maintaining people's privacy and dignity and we noted the induction training for new staff incorporated training on the organisation's values which included choice, dignity and respect, privacy, independence and community presence.

People were able to express their views on an on-going basis, during daily conversations, support plan reviews, tenants meetings and satisfaction questionnaires, known as impact questionnaires. People were

given information about the service in the form of a 'Service User Guide'. This was set out in an easy read format with pictures to illustrate the main points. The registered manager was aware of advocacy services and confirmed information was available in each person's house. Advocacy services are independent from the service and provide people with support to enable them to make informed decisions. At the time of inspection, there were four people in receipt of these services.

## Is the service responsive?

### Our findings

People told us the service was responsive to their needs and they were happy with the care and support provided by staff. One person told us, "It's nice and peaceful here. I enjoy everything and I like the staff" and another person said, "I like going out and about with the staff." A relative also commented, "The staff have spent a long time getting to know [family member] and they have a good relationship."

Before a person received a service, an assessment of needs known as a "Support Design" was carried out by a transitions lead in the National Autistic Society and the registered manager. The assessment process involved gathering information from the person and where appropriate, their relatives, community professionals and their current placement. We looked at an assessment during the inspection and noted it encompassed all aspects of the person's needs and preferences. This ensured full consideration was given to whether the service could appropriately meet the person's needs. Following the assessment a detailed transition plan was drawn up which included a series of introductory visits. This meant the person was supported to move into their home at their own pace.

The information gathered during the assessment process formed the basis of the person's support plan. We looked at five support plans and other associated documentation. This information identified people's needs and provided guidance for staff on how to respond to them. The support plans were underpinned by a series of risk assessments and included people's preferences and details about how they wished their support to be delivered. We noted the support plans followed a standard template used across the service but each person's plan was personalised to them and reflected their individual needs. The plans included information on people's personal history, their likes and dislikes and their hobbies and interests. They also included details about how autism affected their life and a one page profile. The profiles set out what was important to people and how they could best be supported. Staff spoken with told us the support plans were useful and they referred to them during the course of their work.

Wherever possible, people were involved in the review of their support plans. We noted the plans were reviewed every six months as a minimum or more frequently if there was a change in people's needs or circumstances.

Staff completed a detailed record of the care provided on a daily basis which included information about people's diet, welfare and activities. This enabled staff to monitor and identify any changes in a person's well-being. We looked at a sample of the records and noted people were referred to in a respectful way.

People participated in a range of employment, volunteer, educational and recreational activities in line with their interests and preferences. For instance, one person was employed to deliver newspapers, two people worked voluntarily in a café and one person was working in a voluntary capacity selling confectionary. One person was attending a local college. All people accessed community facilities in accordance with their preferences to participate in leisure activities such as swimming, shopping, going out for meals, using the gym and trampoline and visiting a sensory room. At home, people pursued personal interests and developed their life skills. Where appropriate, people had a weekly planner which set out their activities for



the week. This meant people were aware of forthcoming events and had structure to their lives. Risk assessments had been carried out as necessary for activities so any risks were identified and managed, whilst at the same time not restricting people's freedoms.

One person told us they had very much enjoyed a recent holiday abroad with staff. The person explained this was a considerable achievement as they had not had the confidence to leave their home town for many years. We noted the staff had supported the person to spend some time at the airport before their holiday and had helped the person prepare a list of the things they wanted to do on holiday. The person also chose their accommodation from looking at the various options on the internet. They told us, "I had a really good time. We all had fun."

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff if they had a concern or wished to raise a complaint. We saw, during the inspection, that people's queries and day to day issues were addressed by staff in a timely, reassuring and attentive way. Relatives spoken with told us they would be happy to raise any issues in the event of a concern. Staff confirmed they knew what action to take should someone in their care want to make a complaint.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a pictorial complaints procedure which explained the process to people using the service. We saw from the complaints records the registered manager had received six complaints in the last 12 months. We noted there were systems in place to ensure any complaints were investigated and responded to in a timely manner. One person told us they had raised a complaint with the registered manager, which remained unresolved. However, from talking with the registered manager about the issues involved and looking at records, we were assured the person's concerns had been considered and investigated.

## Is the service well-led?

### Our findings

The majority of people and the relatives spoken with were satisfied with the service and the way it was managed. One person told us, "I'm happy with everything. It all works very well" and a relative commented, "I think it all runs smoothly. I've not got any complaints."

At the time of the inspection, there was a registered manager in post and two deputy managers. The registered manager explained the management team had recently been restructured due to the size and geography of the service. This meant some staff were unclear about the specific responsibilities allocated to members of the management team. A staff satisfaction survey was being carried out at the time of our visit to the service.

Whilst there were systems in place to monitor the quality of the service, we noted there were some shortfalls. For instance, whilst records had been made of all accidents and incidents and details had been inputted onto a computerised database, an analysis had not been carried out in order to identify any patterns or trends. Similarly we saw there were detailed records of complaints and subsequent investigations but there was no evaluation or analysis of the complaints in order to identify any common themes. This is important to highlight any learning points and action which could be taken to minimise the risk of reoccurrence.

We saw there were arrangements in place to provide staff with appropriate training, however, the staff training matrix was out of date and there were no systems in place to ensure staff completed their training in a timely manner. This meant some staff had not received their annual refresher training.

People were asked for their feedback on the service during regular monthly meetings and an annual satisfaction questionnaire. We noted the last survey was distributed in July 2016. We looked at a sample of the returned questionnaires and noted some people had made positive comments, for instance one person had written, "Staff are nice. They look after me." However, the respondents had also made some suggestions for improvement. At the time of the inspection, the collated results were not available and there was no action plan to demonstrate people's issues had been addressed. We also noted the collated results of the relatives' survey were not available and there was no action plan seen to show how any concerns had been dealt with.

We recommend the service seeks advice and guidance from a reputable source to ensure all information gained as part of the quality assurances systems is appropriately analysed and any issues raised are responded to.

During the inspection, we spoke with the registered manager about all aspects of the operation of the service. She was able to answer our questions about the support provided to people showing that she had a good overview of what was happening with staff and people who used the service. The registered manager told us she was committed to the on-going improvement of the service. She described her achievements over the last 12 months as establishing a new management team, embedding monthly meetings with team leaders as part of routine practice and implementing an open door policy at the agency's office. Further to

this we noted several people and staff visited the office during the inspection. The team leaders' meetings provided the opportunity to disseminate information to the staff team, discuss policies and procedures and any concerns about the operation of the service. We saw a sample of meeting minutes during the inspection and noted a wide variety of topics were discussed.

The registered manager also described her priorities over the next 12 months as improving staff training and development, retaining staff and achieving autism accreditation. The latter is a recognised quality standard awarded by the National Autistic Society. The registered manager told us after the inspection that the service had access to the Culture, Communities and Development department within the National Autistic Society. This department supported services with attaining autism accreditation, staff training around Support Planning and sourcing bespoke training for areas such as quality assurance. The registered manager had set out further planned improvements for the service in the Provider Information Return. This demonstrated the registered manager had a good understanding of the service.

The management team had carried out an audit of support plans to ensure they were complete and up to date and had recently introduced a six weekly managers' audit in each house. These addressed environmental issues as well the quality of information and practice. We did not see a completed audit, but the deputy manager explained the audits had been scheduled in the managers' calendars. The registered manager had devised a development plan for the service and a business plan, which included an action plan.

We noted the registered manager completed a report which was sent to head office on a regular basis. The report encompassed all aspects of the operation of the service including any safeguarding alerts, incidents or accidents, staffing levels and details of reviews of people's support. We also noted the area manager visited the service at least monthly and carried out an audit of the service which included a visit some people's houses. In addition, a quality monitoring audit was carried out by a registered manager from another service. We saw the last quality monitoring audit was carried out in August 2016.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure all staff had received appropriate training. Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.