

# Autism East Midlands Beechwood

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 12 January 2017 and was unannounced. Beechwood provides accommodation and personal care for up to eight people with autism and learning disabilities. On the day of our inspection eight people were using the service.

The service had 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.

Staff worked to protect people from the risk of abuse and the provider was committed to reducing the use of any restrictive practice. Risks to people's health and safety were assessed and plans put into place to reduce risks.

People were supported by a sufficient number of staff and staffing levels were flexible to meet people's needs. Effective recruitment procedures were operated to ensure staff were safe to work with vulnerable adults. People received their medicines as prescribed and they were safely stored.

Staff were provided with a wide range of knowledge and skills to care for people effectively and staff felt supported by the registered manager. Regular supervision was not always provided to staff but plans were in place to address this. People received support from health care professionals when needed. People had access to sufficient quantities of food and drink and were able to choose the food they wanted.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received.

Positive and caring relationships had been developed between people and staff and staff had developed individualised communication techniques with each person. Staff ensured people were fully involved in decision making and respected their choices. Staff treated people with dignity and respect and ensured that people's right to privacy was respected.

People were provided with care that was responsive to their changing needs and personal preferences. Staff encouraged people to be as independent as possible and worked with people to develop their skills. There was a comprehensive and individually tailored programme of activities available. There was a clear complaints procedure in place and any complaints received had been appropriately responded to.

There were systems in place to monitor the quality of the service and these were well utilised and resulted in improvements being made. The registered manager led by example and staff felt able to speak with them about any concerns. However, staff commented that recent management changes had been unsettling for

them. There was an open and honest culture in the home.

## 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 received the support required to keep them safe and reduce risks to their safety. Incidents were responded to appropriately.

There were sufficient numbers of staff to meet people's needs.

People received their medication when required and it was stored and recorded appropriately.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received in depth training. Staff had not always received regular supervision but this was being addressed.

Where people lacked the capacity to provide consent for a particular decision, their rights were protected and promoted.

People had access to sufficient food and drink and access to healthcare professionals such as their GP and dentist when needed.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

Staff took account of people's views and involved people in making decisions.

People's privacy and dignity was respected.

### Is the service responsive?

Good ●

The service was responsive.

People received the care and support they required and staff responded to changes in their needs. There was a comprehensive programme of activities which were individually tailored.

Complaints were responded to appropriately and people were made aware of their right to complain.

**Is the service well-led?**

**Good** ●

The service was well led.

There was an open and transparent culture in the home.

The registered manager led by example.

Systems to assess the quality of the service were well embedded and resulted in improvements.

# Beechwood

## **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.

We visited the service on 12 January 2017, this was an unannounced inspection. The inspection team consisted of one inspector 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 our inspection we reviewed information we held about the service. This included information received about the service and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, we asked the provider to complete 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 also contacted the commissioners (who fund the care for some people) of the service.

During our inspection we spoke with four people who were using the service, two relatives, two members of care staff, the registered manager and a representative of the provider. We also observed the way staff cared for and interacted with people who used the service in the communal areas of the building. We looked at the care plans of two people and any associated records such as incident records. We looked at two staff files and a range of records relating to the running of the service, such as audits, maintenance records and two medicines administration records.

# Is the service safe?

## Our findings

The people we spoke with all confirmed that they felt safe living at Beechwood. The relatives we spoke with also felt their loved ones were safe living at the home. One relative said, "[My relative] is very safe. I am more than satisfied." During our visit the atmosphere in the home was calm and relaxed and we did not observe any situations where people became distressed by the behaviour of others. Staff were aware of the possibility that an incident could occur and took the appropriate action to prevent this.

The staff we spoke with were aware of different techniques they could use to support people to stay safe and reduce the risk of harm. For example, staff were aware that some people did not always get along well and used appropriate techniques to maintain the harmony of the home. The provider told us in their Provider Information Return (PIR) that they were committed to reducing the use of any form of restrictive practice. We saw that staff understood this and worked to maintain people's safety without placing restrictions on their movements. This was backed up by information in people's care plans about how to support them to stay safe.

People and staff had access to information about safeguarding which was displayed in the home in prominent places. The provider had ensured staff received appropriate training and development to understand how to protect people. Staff were able to describe the different types of abuse that can occur and how they would report it. Information had been shared with the local authority about any incidents which had occurred in the home.

Risks to people's health and safety were assessed and measures put into place to reduce those risks. For example, some people were assessed as being at risk of harm when leaving the home to visit nearby shops and other facilities. Staff had access to detailed information within people's care plans about how to manage these risks in the least restrictive way. This ensured that people were still able to visit amenities in the local area with the support of staff. When we spoke to staff they displayed a good understanding of the different risks to people's health and safety and how these were managed.

People were able to lead active and fulfilled lives because there was a culture of well-managed, positive risk taking. This enabled people to undertake activities they wished to do that contained an element of risk. For example, two people enjoyed horse riding and staff had spent time talking about the activity with them before they attended for the first time. People were also able to visit the stables to understand more about riding and caring for horses to help them decide if this was an activity they wanted to pursue. Risk assessments were carried out and steps put into place to ensure that any risks were reduced.

People were cared for in an environment which was well maintained and appropriate safety checks were carried out. Routine maintenance tasks were reported by staff and dealt with in a timely manner. Regular safety checks of the building were carried out such as testing of the fire alarm and water temperature checks. The people we spoke with commented positively about the condition of the building, although one person noted that a section of carpet on the stairs needed to be replaced. The provider was aware of this and the work was scheduled to take place.

The people we spoke with provided mixed feedback about the staffing levels at the home. One person said, "They are short staffed, they told me." Another person told us, "Yes" when asked if there were sufficient staff. The relatives we spoke with felt there were enough staff to meet people's needs. One relative commented, "I think so, they take residents out." During our visit people received the support they needed at all times and staff were quick to respond to any requests people made. For example, some people were taken to a planned activity using the home's minibus and we saw that they left in good time.

We discussed how staffing levels were planned with the registered manager. They told us that staffing levels were flexible dependant on people's needs and if any activities and appointments were planned. We saw that the staffing levels on the rota were flexible, as described by the registered manager. There were also sufficient staff employed to ensure that staff could take annual leave and regular rest days. The service had access to some regular bank staff to cover any staffing shortfalls. The staff we spoke with told us they felt there were generally enough staff working in the service to meet people's needs. One staff member told us, "We do use relief staff, it is the same people which gives good continuity." The provider was also in the process of recruiting more staff to fill any vacancies that remained.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The relatives we spoke with were satisfied that medicines were administered as prescribed. One relative described how staff were, "Good with medication and provide full instructions" when their loved one returned for a home visit. During our visit we observed that people received their medicines as prescribed and at the right time. Each person's medicines were stored in a locked trolley which was kept in the registered manager's office. We observed staff following safe procedures when administering people's medicines and saw that they were patient and explained to people what their medicines were for. The medicines people had taken were then recorded on a medicines administration record, or if people had chosen not to take their medicines a reason was recorded.

We found that there was good information available about each person in respect of their medicines including any allergies and how the person preferred to take their medicines. Staff received training in the safe handling and administration of medicines and had their competency assessed. People's medicines were ordered for them in a timely manner and staff ensured that any short courses of medicines, such as antibiotics were given to people when needed. When people stayed with their relatives, the required amount of medicines for the duration of their leave was signed out. Staff then checked whether or not the medicines had been taken upon their return to Beechwood.



# Is the service effective?

## Our findings

People were cared for by staff who were provided with the required skills and support. The people we spoke with felt that staff were skilled and competent in their duties. One person said, "I like all the staff, they are like friends." Another person answered, "Yes" when asked if they felt staff were good at their work. The relatives we spoke with also praised staff and felt they provided effective care. One relative said, "We have a good relationship with staff, they give us a weekly update."

During our visit staff demonstrated that they were knowledgeable about the people they were supporting and that they had the required skills to provide a good level of support. For example, staff received specialised training relevant to people's needs, such as autism and epilepsy awareness. Staff used different techniques when communicating with people and clearly knew each person's individual strengths. The staff we spoke with told us that they received the training they required for their role. Records confirmed that staff received a comprehensive range of training such as safeguarding, infection control and food hygiene.

Newer members of staff were completing modules of the recently introduced Care Certificate as part of their induction process. The Care Certificate is designed to ensure all care staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff had not always received regular supervision during the 12 months prior to our inspection. One staff member said, "I have not had supervision recently, but have confidence in (the registered manager)." Another staff member said, "I have had less (supervision) due to management changes, it is now being planned." The registered manager had implemented a supervision schedule and we saw that they were making good progress towards providing all staff with a supervision meeting.

People were supported to have as much involvement as possible in decisions about their care. We saw that some people had signed their care plan to confirm that they consented to it. Where appropriate, some people's relatives were also involved and had provided information about people's care and support needs and preferences. Where people were deemed to lack the capacity to make a particular decision the provider followed the principles of the Mental Capacity Act 2005 (MCA). We saw there were completed MCA assessments and best interest decision assessments in place. These clearly showed the nature of the decision that was being assessed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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 and hospitals 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. The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) and had followed appropriate procedures where it had been deemed necessary to restrict people's freedom to leave the home or whilst they were within the home. Any conditions attached to authorisations of DoLS were being met, or being worked towards, and people were supported to have as much freedom as possible. One person told us, "I do what I want."

People were supported to eat and drink sufficient amounts to maintain good health. Two of the people we spoke with answered, "Yes" when asked if they received sufficient amounts of food and drink. People also told us they could have snacks whenever they wanted and we observed this to be the case during the inspection. The relatives we spoke with were also positive about the provision of food and drink. One relative said, "Yes, they cater for [my relative], they are fussy. [My relative] eats what they want."

People made choices about what they wanted to eat and everybody contributed to the weekly menu plan. An alternative choice was always planned for as well should somebody not like the main dish for a particular day. Some people enjoyed being involved in meal preparation and we saw two people helping out in the kitchen on the day of our inspection. Some people liked to eat together at the main dining room tables, however mealtimes could be flexible depending on when and where people wanted to eat and we observed this to be the case during our inspection. If people needed support to eat, this was provided in a calm and unhurried manner. People also had access to drinks and snacks in between meal times.

The staff we spoke with told us people got enough to eat and that there was always plenty of choice of food. We observed that there was a large stock of fresh and longer life food in the home. There was information about people's likes and dislikes in their care files and staff were aware of any specific dietary requirements people had. Healthier choices were promoted and staff offered advice to people about trying to eat a balanced diet. One person had chosen to undertake a healthy eating programme and was supported by staff to complete this. Their relative told us, "[My relative] did a healthy eating programme and lost weight which was positive."

People had regular access to a wide range of healthcare professionals when required to support their physical and mental health. One person said, "Staff make appointments. I don't wait." Another person told us, "Yes, I go to the dentist. I tell staff if I don't feel well." A third person commented, "I went to hospital." We confirmed with staff that a person had recently attended hospital when they had been unwell. The relatives we spoke with also told us that their loved ones had access to healthcare services as required. One relative commented that their loved one had a condition which was, "Well controlled." They also told us that staff were, "Quick to take [my relative] to the doctors."

Staff accompanied people on their appointments to provide emotional support and ensure that any information was understood and properly recorded. Records confirmed that people had access to a range of healthcare services and staff responded to any changes in people's needs by contacting the most appropriate healthcare service. For example, one person had been referred to the Speech and Language therapy service for advice about safe eating because staff had noticed their ability to swallow food had changed. The advice given to staff was recorded in the person's care plan and was being acted upon by staff. We saw that the food given to this person was prepared appropriately. People also had easy access to other services such as their GP and dentist.

The provider told us in their PIR that they employed psychologists and Speech and Language therapists, and we saw that this was the case. This meant people had rapid access to these services when required and that support and advice could be put into place quickly. Staff also understood when it was appropriate to contact emergency services and had done so for one person just prior to our inspection.

## Is the service caring?

### Our findings

The people we spoke with indicated that they were happy at Beechwood and that they got on well with staff. One person said, "They (staff) care. I sometimes wait, but that is ok." Another person told us, "Yes, staff are nice to you." The relatives we spoke with were very happy with the care that their loved one received at Beechwood. When asked if staff were caring, one relative said, "Very much so." Another relative told us, "Yes, any problem, we can talk to them. When we had home visit problems we would ring for advice. [My relative's] keyworker would respond and speak to [my relative]." Another relative told us, "They are very caring and switched on."

We observed positive interactions throughout our visit between staff and people who used the service. This was because staff understood the different ways people communicated and had taken the time to understand their personalities, likes and dislikes. For example, one person enjoyed taking staff by the arm and walking around the home with them. Staff understood why the person enjoyed doing so and we saw that staff took the time to allow the person to interact with them at their own pace. Staff spoke about people in a warm and positive manner and told us that they enjoyed working at the home.

Some people were less able to communicate verbally, however this did not limit their ability to communicate with staff and they enjoyed equally positive relationships. Staff showed that they clearly understood what people were trying to tell them, even if they struggled to find the correct words. Some people had developed their own sign language or used Makaton, this was documented in their care plans in picture format and understood by staff. In addition, the provider had invested in an 'app' and tablet computers for people to use to further enhance their communication. This enabled people to use the app to inform staff of what they were trying to say or what they wanted to do.

The staff we spoke with were able to give detailed information about how people preferred to be supported which matched the information in care plans. Staff told us that they felt all staff were caring towards people who used the service and that they had the time to build positive relationships. One staff member said, "We get to know residents well. We have an awareness of people's choices and needs." People's care plans contained comprehensive information about their likes, dislikes and how they wanted staff to communicate with them.

People were fully involved in making decisions about their care and were supported to be as independent as possible. The people we spoke with told us they had been involved in planning their care and that this was reviewed with them. The care plans we looked at confirmed that people were regularly involved in care planning and decision making. Relatives were invited to attend an annual review of the care and support provided to their loved one, from which changes to the care plan could be made. People's care planning documentation was in the process of being adapted and personalised to better reflect their likes, dislikes and personality. For example, one person liked the colour pink and animated film characters. A section of their care plan had been designed to incorporate this theme.

People told us that they could decide what they wanted to do, when they wanted to do it. One person told

us that they were able to be independent and told us they had decided to clean their bedroom on the day of our inspection and to go swimming the following day. Another person said, "I go out at weekends and help with shopping."

People were involved in daily life in the home and helped with domestic chores such as laundry and cleaning. One person vacuumed the communal areas of the building during our visit and told us that was 'their job'. Each bedroom had been personalised to people's tastes and everybody had a large amount of personal possessions that they were proud to show us. One person's room was scheduled to be redecorated and they had been fully involved in choosing the new colour scheme. During our visit the decorator visited the home to discuss the plans for the redecoration with staff and the person whose room it was.

We observed staff help people to make choices, such as what they wished to eat and if they wanted to talked with the inspection team. Each person was informed of the purpose of the inspection and encouraged to take part by offering their feedback about the service. Staff respected any choices people made and offered alternatives where the person had declined the choices on offer. The staff we spoke with also told us they always involved people in making decisions about their care and support. There had been an assessment of people's needs, likes and dislikes upon admission to the home. This information was used to inform their care plans and staff told us they had found this information helpful in understanding the best way to care for each person.

People were provided with access to an advocate should this be required, some people had access to an advocate as a condition of an authorised deprivation of their liberty. Information about advocacy was provided to people and also displayed in a communal area of the home. Advocates are trained professionals who support, enable and empower people to speak up.

The people we spoke with confirmed that staff treated them with dignity and respect. The relatives we spoke with were also complimentary about staff and the way in which their loved ones were treated. One relative said, "[My relative] is happy there, they have their own room and staff on hand."

During our visit we observed staff respecting people's privacy and dignity. For example, staff knocked on people's bedroom doors and asked for permission to enter. One person had an intercom system that staff used to communicate with them, as they preferred some warning before anybody entered their room. We saw staff using this during the inspection and respected the person's boundaries and personal space.

Relatives were able to visit at any time and there were no restrictions on visits. Due to the needs of some people living at Beechwood, some visits needed to be pre-arranged in order to reduce distress to the person and ensure the appropriate support was put in place. People were able to return to their rooms at any time if they wanted some private time. Staff ensured that any confidential conversations were held out of earshot of other people who used the service to protect people's privacy.

# Is the service responsive?

## Our findings

People received person-centred care and support and staff responded to any requests that people made. Some people required assistance with their personal care and other people liked their day to be structured and routine. Staff were aware of people's differing support needs and ensured that they worked around what people wanted in order to provide a person-centred and responsive service.

There was a focus on helping people to gain independent living skills so that they could carry out as many tasks as possible independently. For example, some people did their own laundry and ironing with guidance from staff. We saw that these people took great pride in being able to carry out these tasks themselves. Some people were working towards moving into alternative accommodation where they would be afforded more independence. The provider emphasised that there was no pressure on anybody to move out of Beechwood and that every decision was taken, "At the person's own pace and with their full involvement." One relative said, "Three years ago [my relative] wanted independent living. With support [my relative] concluded they weren't ready."

Some people carried out voluntary employment at local shops and had been helped by staff to obtain this work. One person said, "On Wednesdays I work in [named shop], I stack shelves and price things." Staff were working with another person to identify suitable voluntary employment for them and assist in making any job applications that may be required.

The people and relatives we spoke with confirmed that there was a wide range of activities available to people both within and outside of the home. One relative told us that there were, "brilliant activities" available for people at Beechwood. People were also able to go on holidays of their choice with staff. One person told us they had recently been to Mallorca with their key worker. Another person had been on a cycling holiday with the registered manager.

Each person had an activities planner that was presented in visual format so that they could see what activities were planned each day. This was planned with their input so that the activities were appropriate to their interests and abilities. In addition, staff responded to any changes in how people felt and any external factors, such as the weather, and adapted the activity plans as appropriate. For example, one person said, "I'm tired this morning and want to watch TV." Staff explained that they had planned to use the computer on their activity timetable, but did not wish to do so. Staff responded to this positively and rearranged the person's timetable so that they could rest. One member of staff told us that people had, "An individualised timetable, likes and preferences."

This information was presented in people's care plans along with detailed information about their care and support needs. We saw information about people's preferred daily routines and how they liked to be supported was in their care plan. Some people preferred to have a set routine and this was clearly laid out, in some cases specifying the exact order in which to carry out tasks. Other people liked to have more flexibility in the way they spent their time and staff responded to what people wanted.

People's care plans provided comprehensive information about what was important to them as well as details about any health conditions that staff supported them with. Care plans were reviewed on a regular basis and updated as required. Staff told us they found that the information was useful and comprehensive. Any changes were communicated to staff during a shift handover when they were next at work. We saw that the handover documentation had not always been completed, meaning that important information may not have been handed over from one shift to another. However, the provider and registered manager took immediate action to ensure that the importance of good record keeping was re-enforced to all staff.

People and relatives were provided with information about how to make a complaint when they started to use the service. An easy read complaints guide was displayed in a prominent place in the home and people were regularly reminded of their right to make a complaint should they wish to. The people we spoke with confirmed that they had not had cause to make a complaint. One relative told us that their loved one sometimes wrote letters to the registered manager when they were unhappy. They told us that the letter were always, "Accommodated and responded to professionally, with senior management input."

People could be assured that complaints would be appropriately investigated and responded to. There was a clear procedure in place which the registered manager had followed when looking into any complaints. There had only been one complaint received in the previous 12 months and we saw that this had been responded to in a timely manner and resolved to the satisfaction of the person making the complaint. Apologies were offered to the complainant and an action plan was put into place to ensure that the concerns were addressed. Where any improvements to the service had been identified, the registered manager ensured that this happened and shared the outcomes with staff.

## Is the service well-led?

### Our findings

The people and relatives we spoke with told us they felt the culture of the home was open and transparent. One relative said, "It has a warm atmosphere. Staff are alert and ready to deal with anything." Another relative told us, "Their ethos is about families as well as residents." People told us that they felt confident that they could talk to the registered manager and staff at any time. During our visit several people went to the office and we saw that they were received warmly and given the time to say what they wanted to say.

During our visit we observed that staff worked together well as a team and there was a relaxed atmosphere. People clearly felt comfortable in the presence of staff and the registered manager. The staff we talked with spoke very highly of the registered manager. Although they had only been at the home for a short period of time, they had managed the home previously. However, recent changes in the management of the service had unsettled staff. One staff member said, "My only complaint is that I would like manager stability." This was acknowledged by the provider who had been making regular visits to the home to support staff during the transitional period.

Staff told us that they would feel confident that they would be treated fairly if they made a mistake and would not be worried about telling the registered manager. Staff told us that they felt confident speaking to management either informally or during staff meetings and supervision. Records of staff meetings from the past 12 months were not available and we could not establish how frequently meetings had been held. One staff member said, "We did have regular staff meetings, not now with the manager changes." The registered manager had already made a schedule of staff meetings, the first of which was due shortly after our inspection. We could see that staff enjoyed working in the service, they looked happy and they told us they enjoyed their job. We observed them working together as a team and they were organised and efficient.

People and relatives told us they had a good relationship with the registered manager and staff and this was evident during our visit. The people we spoke with confirmed that they were able to speak openly with the registered manager. The relatives we spoke with all knew who the registered manager was, although they commented that there had been several changes in management in the past year. There had been two changes in the management of the service in recent months and staff told us this had been unsettling. However, everybody that we spoke with told us that they were happy that the registered manager referred to in this report was now managing the home. The registered manager understood their role and responsibilities. They provided clear leadership to staff and also helped caring for people at times when staff were busy. The staff we spoke with felt that the registered manager led by example and told us that they felt the quality of the service would continue to improve under their leadership.

There were clear decision making structures in place, staff understood their role and what they were accountable for. Certain key tasks were delegated to staff to carry out, such as the ordering of medicines and responsibility for people's finances. Communication with people's relatives was efficiently managed and important messages were passed on as well as regular updates. One relative told us, "When [my relative's] keyworker changed it was explained and dealt with efficiently." Resources were provided to enable staff to meet people's needs and to ensure they had the equipment they required. For example, the provider had



recently invested money in providing people with a tablet computer to further enhance their ability to communicate with staff. One relative confirmed that sufficient resources were made available by the provider. They told us, "I am 100% happy with the staff and the set up. Sufficient resources are provided."

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

People and relatives were able to provide their feedback about the service in a number of different ways. The people we spoke with told us that their suggestions were listened to and acted upon where possible. One relative said, "My dealings with Autism East Midlands are always good." Satisfaction surveys were distributed to relatives and the most recently completed surveys showed that there was a high level of satisfaction with the service. People living at Beechwood were also offered the opportunity to complete a survey, either independently or with staff support. Recent surveys also showed that people were happy living at the home.

A representative of the provider carried out one to one 'service user voice' meetings where people were able to provide their feedback about the quality of the service. These had taken the place of 'house meetings' where everyone living at the home had been invited to attend a meeting together. In addition, some people liked to write letters to staff or the registered manager to express their opinions. Each letter was considered and individually responded to where possible.

There were systems in place to monitor the quality of the service provided. A comprehensive range of audits were carried out, such as medication, infection control and health and safety audits. These were based on the Care Quality Commission's key lines of enquiry, which meant that the provider was proactive in considering whether or not they were complying with the relevant regulations. Where any issues were identified these were addressed by the registered manager or provider in a timely manner. For example, it had been identified that staff supervision meetings had not always been conducted or the records were not always available. Action was already being taken to address this shortfall and put into place a system to ensure it did not happen again.