

Wider Options Limited Thorpe House

Inspection report

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Date of inspection visit: 21 and 22 April 2015
Date of publication: 09/06/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We undertook the inspection on 21 and 22 April 2015 and the inspection was unannounced, which meant the registered provider did not know we would be visiting the service.

The service was last inspected on 10 July 2013 and was meeting all the regulations assessed during the inspection.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC); they had been registered since 7

November 2011. 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.

Thorpe House is one of a group of homes owned by Wider Options Ltd. The home is situated approximately five miles from the centre of Scunthorpe and close to the village of Roxby. The home is registered to provide

Summary of findings

personal care up to a maximum of 11 young people with Autism and other learning disabilities. The accommodation is provided over two floors. There are five single occupancy flats on the ground floor and two flats, one for two people and one for four people, on the first floor

Each person received continuous support from staff and needed to be supervised whenever they went out. The service promoted an ethos of learning and individuality. They worked with people to develop and equip people with skills for life. This was based on the philosophy of the organisation of fitting a service around each individual, not fitting people within a service.

The people who used the service had complex needs and were not all able to tell us fully about their experiences. We used a Short Observational Framework for inspection (SOFI) to help us understand the experiences of the people who used the service. People's language difficulties meant we were only able to speak with two people who used the service and have limited discussions with them.

People's relatives praised the way staff cared for their family members. They told us the service was exceptional with everyone going the extra mile and delivering excellent care. We were told of numerous examples of young people being supported to develop life skills and independence, far beyond their families' expectations.

There was a strong person centred culture apparent within the service (person centred means care is tailored to meet the needs and aspirations of each individual). Personalised programmes and flexible staffing enabled people to learn how to live as independently as possible

with the minimum of support. Staff described working together as a team, how they were committed to providing person centred care and supporting people to achieve their potential. Staff told us the registered manager led by example and was supportive of them in their roles.

The registered provider had policies and systems in place to manage risks, safeguard vulnerable people from abuse and the safe handling of medicines. Care plans had been developed to provide guidance for staff to support the positive management of behaviours that may challenge the service and others. This was based on best practice guidance and least restrictive practice to support people's safety. Staff were supported by implementing this approach, to provide consistency to situations that may be presented, which protected people's dignity and rights.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The registered manager had a good understanding of the MCA 2005 and DoLS legislation, and when these applied. Documentation in people's care plans showed that when decisions had been made about a person's care, when they lacked capacity, these had been made in the person's best interests.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make their own choices and promote independence.

Sufficient numbers of suitably trained staff were available to keep people safe and meet individual needs and preferences.

Good



Is the service effective?

The service was effective. Every effort was made to assist people to participate in and understand decisions about their care and support. Where people lacked the capacity to consent to aspects of their care, the service acted in accordance with current legislation and guidance.

Arrangements were in place for people to receive appropriate healthcare when this was required.

People received highly effective care based on current good practice for people with autism.

Meals for people who used the service were balanced and met their nutritional needs.

Outstanding



Is the service caring?

The service was caring. People were treated with dignity, kindness and respect.

We observed friendly and caring relationships between people who used the service and staff supporting them.

People were given information in a variety of appropriate formats to help them understand and be actively involved in every aspect of decision making.

Good



Is the service responsive?

The service was responsive. People were supported to contribute to the assessment and planning of their care on a daily basis. Care plans were available in pictorial and easy read format to assist people's understanding and to enable choice about daily routines and activities.

People were encouraged to maintain relationships with people who were important in their lives.

People had a say in their choice of care workers and had their own dedicated teams of care staff to support them.

Staff had an excellent understanding of each person's communication and support needs and their personal preferences. This helped to ensure people received personalised care of a high standard.

Good



Summary of findings

Is the service well-led?

The service was well led. People's care and support was continually reviewed using effective quality assurance systems.

Staff worked well as a team and told us they felt able to raise concerns in the knowledge they would be addressed.

The premises and environment were regularly checked to ensure the safety of the people who lived and worked there.

The management team promoted an ethos of person centred care and led by example.

Good



Thorpe House

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.

The inspection took place on 21 and 22 April 2015 and was unannounced. The inspection team consisted of one adult social care inspector who was accompanied by 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.

We contacted the local authority commissioning and safeguarding teams for information about the registered service. They told us there were no on-going safeguarding investigations and they had no current concerns.

During the inspection we observed how staff interacted with people who used the service; we used the Short Observational Framework for inspection (SOFI) SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with the two people's relatives. We spoke also spoke with the registered manager and six support staff.

We looked at three people's care and support plans and their medication administration records (MARs). We also looked at the premises, including people's flats (after seeking their permission). We looked at records relating to the management of the service which included: four staff recruitment files, supervision records and appraisal, the staffing rota, records of all meetings held at the service, staff training records, quality assurance audits and a selection of policies and procedures.

Is the service safe?

Our findings

The two people who were able to speak with us told us they felt safe living in the service. Relatives told us they felt their family member was safe living at the service. Comments included, “They are really safe, much safer than when I take them out as there is only one of me.” and “With things like cooking for example, they have their own risk assessments which I am involved in the planning of. You have to live your life; you can’t live your life without risks.” Another person told us, “Their last placement really didn’t understand them. I think if they hadn’t gone to Thorpe when they did, they would not still be with us today.”

The majority of the people who used the service had limited language and communication difficulties associated with their autism. As a result of this we were only able to have limited conversations with them about their experiences. We relied on our observations of care and our discussions with people’s relatives and staff form our judgements.

People were protected from the risk of abuse through appropriate processes, including; staff training, policies and procedures. All of the staff we spoke with knew about the different types of abuse, how to recognise the signs of abuse and how to report any concerns. They confirmed they had completed safeguarding training and received regular training updates to ensure they were kept up to date with current good practice. Records seen confirmed this.

Staff were aware of safeguarding and whistle blowing policies. Notices were displayed in different parts of the building including the office with contact numbers for reporting any concerns to the local safeguarding service. Staff told us, “I have never witnessed anything untoward in the service, but would have no hesitation in reporting it if I did” and “I am confident any concerns raised, would be dealt with quickly. As well as the safeguarding processes and whistleblowing policies and procedures we also have a cause for concern form which anyone, including people who use the service, or have the form used on their behalf, if anyone is unhappy about any aspect of care delivery.” Another staff member told us, “We work with people so closely and know their behaviours really well. We would pick up very quickly if someone became quiet or withdrawn or their behaviour changed and report it to the registered manager or senior staff immediately.”

When we observed people who used the service and their interactions with staff we saw people were confident, relaxed and happy in their company.

Professionals told us, “[Name] transitioned into Thorpe House and it was probably the most important and positive change in their life. Thorpe do all they can to support people to have freedom while planning for risk in a positive way.”

The service promoted the registered provider’s risk management policies and procedures in supporting people to have as much freedom and choice in their lives as possible. People’s risks were well managed through individual assessments that identified potential risks for all areas where a need had been identified. This was supported with clear detailed information for staff to help them to avoid or reduce the risk.

Risk assessments had been developed with people and were reviewed and updated as needed and changes were seen to have been discussed with the individual and their representatives.

Discussions with the registered manager and staff confirmed that physical interventions or restraint was not used within the service. Records seen confirmed this and showed low level interventions and distraction techniques were effective in diffusing incidents of behaviours that were challenging to the service and others.

Accidents and incidents that had occurred in the service were investigated and action was taken to reduce and prevent re occurrence.

Records were maintained for all referrals made to the local safeguarding teams, and the outcome of the investigation and any actions made following this. Further records were maintained of when the Care Quality Commission had been notified of incidents. These were found to have been completed appropriately.

People were cared for by suitable staff that underwent an effective recruitment and selection process. We checked the recruitment files for four staff and saw appropriate checks were undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. Staff confirmed they had not been allowed to start work until satisfactory checks and references were obtained.

Is the service safe?

Medicines were stored in two lockable cabinets in staff offices situated on each floor of the service. The service used a Monitored Dosage System (MDS) prepared by the supplying pharmacy. MDS is a medication storage device designed to simplify the administration of medication and contains the medication a person needs each day.

The registered manager and staff told us that no one's behaviour was controlled by the use of medication. They told us that there were occasions where people had been prescribed specific medication to help manage their anxieties on 'as and when required' (PRN) basis. Protocols were in place for staff to follow for each of these individuals, with detailed guidance on diversion and distraction techniques that could be used to support the individual first, followed by further steps to be taken prior to a decision being made to administer the medication. Each protocol described the situations the medicine was to be administered and to ensure that it was not used to control people's behaviour by excessive use. Records showed PRN medicines were not used routinely within the service. Staff spoken with confirmed that this type of medication was only ever used as a last resort after following the protocol in place and seeking further guidance from the on call manager.

Staff spoken with told us that only staff who had received training were involved in the handling and administration of medicines. Following training, staff were supervised for a further three months and had to complete three assessments of their competency before being signed off as competent.

People received their prescribed medicines on time with the support of staff. Staff told us they always checked to ensure the correct prescription and dose was given to the right person. We checked medicines against people's records, which confirmed people were receiving medicines as prescribed by their GP. Records showed medication audits were carried out regularly and unused medicines were returned to the local pharmacy for safe disposal when no longer needed.

Systems were seen to be in place to protect people's monies deposited within the service for safe keeping. This included individual records and two signatures when monies were deposited or withdrawn and regular audits of balances kept on behalf of people who used the service.

The registered manager confirmed that staffing levels in place had been assessed according to people's needs. Staff told us they felt staffing levels were adequate and allowed people who used the service to be supported individually and support people in their preferred manner.

The registered provider had contingency plans in place to respond to foreseeable emergencies including staff shortages. This provided assurance that people who used the service would continue to have their needs met during and following an emergency situation.

We saw records which showed emergency lighting, fire safety equipment and fire alarms were tested periodically.



Is the service effective?

Our findings

People who used the service told us they were supported by staff attend health appointments whenever they needed to. One person told us they were able to cook their own meals and when asked if they were able to take risks, they told us they were now able to travel independently into the nearby town.

Relatives of the people who used the service had become experts in the field of autism through their own personal experiences. They told us the service exceeded their expectations. They said they felt people now had the best quality of life and had a future, which was not restricted by their difficulties.

Relatives and professionals told us, "When I took [Name] to Thorpe they were almost naked, had long hair and had lost most of their teeth. They looked like something out of Belsen, they were tired and obsessive. Thorpe made very big changes in the first six months of them being there, they got them to eat, introduced healthy meals and provided them with routine. They absolutely turned everything around, they involved me and took every bit of information I had and transposed it into a plan. [Name] has now achieved a normal weight; they wear clothes, go horse riding and spend time with other people. Their keyworker knows them well and the staff team know so much about autism and associated conditions. [Name] likes the staff and is always happy to return there after visits home, they seem very happy." Another told us, "Over the past few years since their move to Thorpe I have had the pleasure of seeing [Name] flourish into the young woman they are today. The staff team have put their heart and souls into supporting [Name], nothing has been too much trouble to them, and any problems have been dealt with smoothly and efficiently. [Name] loves to access the community now; they join in with so many activities and love spending time with their parents on a weekly basis."

People had individualised communication plans and strategies to enable them to express themselves and overcome their limited verbal communication skills. Staff used a variety of different communication techniques appropriate to each person's needs. This included signing, the use of pictures and symbols to assist with understanding and enable people to communicate more effectively. Pictures were used to help people express their feelings and emotions as well as their physical needs and

preferences. The registered manager and staff gave examples of people who when they had first moved to Thorpe, had extremely limited communication skills and did not interact with other people. They told us they were now interacting well with their support staff and other people who used the service.

We observed staff sought consent from people before they provided care and support and staff were seen to respect people's decisions. Where people lacked capacity the service followed the Mental Capacity Act 2005 (MCA) code of practice to protect people's human rights.

The Care Quality Commission (CQC) is required by law to monitor the use of the Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support and ensures people are not unlawfully restricted of their freedom or liberty. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager had made DoLS applications which had been authorised by the placing authority for nine of the people who used the service. These were documented within people's care plans, regarding restrictive practices, such as the use of a key pad on exits that prevented people from leaving the service unassisted.

The registered provider was accredited with the National Autistic Society. This involved an accreditation visit from the society to review the service's practices such as admission plans and how staff supported people, particularly when they were anxious or distressed. In order to be accredited the service had to demonstrate staff were appropriately trained to provide effective care based on best practice. For example, staff were trained in the use of specialist assessment tools and techniques. These tools were used to support people through their stages of development towards achieving their highest level of independence in every aspect of their lives.

Staff told us about one person who had an extreme sensitivity to noise, so any domestic task carried out that made any noise caused them anxiety and distress. Staff worked with the person using pictures, symbols and demonstrating the use of head phones for them to use during the completion of these tasks. They practised using the headphones every day and now they have progressed



Is the service effective?

to a position where they can just explain to the person the task they will be undertaking and they will happily accept this being completed without them needing to use the headphones.

The registered manager told us that all new staff received a thorough induction programme and then shadowed more experienced colleagues until they were assessed as being competent to support people who used the service effectively on their own. Staff spoken with confirmed this.

Service specific training included autism, communication, epilepsy, person centred planning, deprivation of liberty safeguards and the Mental Capacity Act 2005. Further training was provided in least restrictive practice and behaviour management strategies, including autism specific staff training and protecting rights in a caring environment, which were British Institute for Learning Disabilities (BILD) accredited. Training considered to be mandatory by the registered provider included; food hygiene, fire, first aid and infection control.

The registered manager and the staff all said they worked well together as a team and this helped them to provide effective care and support. Monthly staff meetings and annual appraisal meetings were used to develop staff and promote good practice. This was confirmed by staff.

Staff we spoke with told us about different opportunities they had been offered within the organisation and promotion into more senior roles, supported by further training.

People who used the service were involved in the preparation of their own meals with support from staff and had their meals at their preferred time within the comfort of their own flats. Each person was involved in planning their own choices of menu and activities with support from their keyworker. Pictorial menus were displayed in the kitchen area of each flat with people's preferred menu choices and specialist diets were seen to be catered for. People also had the opportunity to go out regularly for meals within the local community. We saw records of people's weights having been taken regularly

Care plans contained clear guidance for staff in how to meet people's individual needs. People were supported to access healthcare services and to maintain good health. Each person had pictorial hospital passports and health action plans, these documented important information for hospital and professional staff, for example, on how best to communicate with the person, how he or she showed pain, the best way to support them with medication and health conditions. Care plans contained records of hospital, GP, dentist, consultants and optician appointments.

The service had strong links with local health care professionals and worked with them to ensure people received appropriate healthcare in such a way that they did not become anxious. The specialist epilepsy nurse provided personalised advice on how to support people who experienced seizures.

Is the service caring?

Our findings

People who used the service told us that the staff were good. Relatives told us, “They really do care, I have watched the interactions between staff and the people they care for and they are very positive” and “Staff are interested in my input, they want to ensure I have all the information I need and they always provide it.” Another told us, “Because they know [Name] so well they are always prepared for our return and we are not left standing at the door, which was a real issue at the previous place” and “They [staff] share the achievements with them; you can see how proud they are when they are able to do something new.” “[Name] is well, filling out, constantly occupied and trying new things; they do an amazing range of stuff with him. We have regular reviews to discuss [Name], he rings me twice a week to let me know how he is. He is definitely making improvements, really growing and developing. The staff invest a tremendous amount of effort into him; I feel included and part of a team. Now I have a life of my own and so does he.”

A professional told us, “I am delighted to see the enthusiasm in staff’s faces when they talk about [Name] they thoroughly enjoy working with her and visa versa I feel. Everyone at Thorpe House and beyond have worked extremely hard and have been very patient.”

There was a strong person centred culture apparent within the service. Caring and friendly bonds were evident between people and staff. We observed staff interact with people who used the service in a calm and friendly manner. They made sure people were settled and comfortable before explaining to people who we were and asking people if they wanted to meet us. They gave people time to consider their reply and waited patiently for their response. Staff introduced us to each person individually and offered to assist us with our communications. People responded to us mainly in non-verbal ways such as gesture, or pointing to pictures, which staff were able to interpret and support people’s views.

Staff told us about the importance of maintaining family relationships and supporting visits and how they supported and enabled this, in home visits and sending cards and gifts to their family members on special occasions. They told us how they kept relatives informed about important issues that affected their family member and ensured they were invited to reviews and other meetings.

Personalised programmes and flexible staffing enabled people to live as independently as possible. People who used the service were supported to take a lead role in planning and producing their individual development, care and activities plans. The plans had been produced with each individual based on their personal preferences and identified development and independence needs. They included things like learning to Hoover their own flat, carrying their laundry to the washing machine, shopping and other independence based tasks. Activities included a range of on-site and community based activities, including; visiting the fish and chip van to buy their own meal, art and crafts, bowling, shopping at the supermarket, going to the beach, and swimming. Records of the risks presented and how these could be minimised were in place. Further information for staff on how to introduce the activity and people’s response to the activity were also documented. We observed staff to be well motivated and enthusiastic in their approach when engaging and supporting people with activities. Pictorial aids were displayed for activities people had selected to do throughout the coming week.

During discussions with staff, they were clear about how they promoted people’s independence. They gave an example of how they supported an individual who found it difficult and distressing at times to make choices for themselves. Their behaviour support plan identified this and detailed how staff should respond in these situations for example, using their ‘now and next cards’ to communicate with them and prepare them for the next activity and allowing them time to consider this information and to make a response.

Staff recognised the importance of ensuring people’s dignity and privacy was promoted and respected. Staff were seen to knock on people’s doors and wait for an answer before entering their rooms. They told us they explained to people what support they needed and how they were going to provide this. We observed examples of this during the day with staff explaining routines and activities the person had chosen with them and planning timescales for these. We saw when a person declined the planned activity, other alternatives were offered and the person chose their preferred option.

We saw people who used the service looked well cared for; men were clean shaven and everyone wore clothing that

Is the service caring?

was in keeping with their own preferences and age group. Staff told us the people who used the service were always supported to make their own selections of clothing and other purchases, for example toiletries.

Records showed that people were supported to access and use advocacy services to support them to make decisions about their life choices.

Is the service responsive?

Our findings

Relatives we spoke with told us, “The staff are always responsive to his needs and will try new things and work at them to find a solution. If something gets broken like his iPad, they will tell me and let me know what they have put in place until it can be repaired. I don’t have any complaints but I know I can speak to anyone at Thorpe and I will be listened to. They continually strive to improve, always take on board what I have to say and get back to me with the outcome.” Another told us, “They are always out and about doing different things, eating out and going on holiday. It is amazing. You have to live your life and you can’t do this without risks, but the risks are planned for.”

Individual assessments were carried out to identify people’s support needs and care plans were developed following this, outlining how needs were to be met. We saw assessments had been used to identify the person’s level of risk and risk assessments had been completed and contained detailed information for staff, on how the risk could be reduced or minimised. We saw risk assessments were reviewed on a minimum basis of at least once a month, but many were reviewed more frequently than this dependent on the individual’s needs.

Care files seen were well organised, easy to follow and person centred. Sections of the care plan were available in easy read format, so people who used the service had a tool to support their understanding of their care plan.

Care plans focussed on people as individuals and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and wider community. Information about people’s likes, dislikes, preferences, what made them happy, what made them sad and their health and communication needs; for example their preferred daily routines and how staff could support them in a positive way.

We saw evidence to confirm people who used the service and those acting on their behalf were involved in their initial assessment and on-going reviews. Records showed people had visits from, or visited health professionals including; speech and language therapist, psychologist and neurologist.

Where changes in people’s needs had been identified, we saw the changes had been recognised quickly and changes

made to care records and risk assessments to reflect this where this was needed. People’s care plans were reviewed monthly, this ensured their choices and views were recorded and remained relevant to the person.

A designated keyworker system was seen to be in place and people were involved in choosing their own keyworker, through processes appropriate to their individual communication need, for example; using photographs of staff. Records were available of individual time and meetings between keyworkers and the people they supported and showed choice was promoted.

Although a keyworker system was in place, staff we spoke with had an in-depth understanding of each of the people who used the service, their personalities, their preferences of staff, their likes and dislikes and their particular interests. This meant people received continuity in their care delivery.

Newly appointed staff we spoke with confirmed they read care plans and the information provided was detailed and gave them more than enough information in order to understand and support people in their preferred way. They told us the one page profile was particularly helpful when they first started working, as it detailed everything about each person and what was important to them. It also provided information about what they as staff members could do, to support the person in a positive way and where further detailed information could be obtained if this was required.

During the two days of our inspection we observed a number of activities taking place both within the service and the local community. These included people baking, cooking going out for a walk, going out on a day trip to the coast, visiting a soft play area, shopping, swimming and participating in structured activities at the Roxby site. [This is one of the providers other services locally, where a number of activity facilities are based.]

Staff we spoke with described the progress and achievements of the people who used the service and comments included, “When they first came to the service they didn’t want to interact with anyone and would spend a lot of time in their own room. Now they are more engaged and spend a lot of their time in the communal lounge, where they know other people will be.”

The registered provider had a complaints policy in place that was displayed within the service and a copy was

Is the service responsive?

available in each person's care plan. The policy was also available in an easy read format to help people who used the service to understand its contents. We saw that few complaints had been received by the service and those recorded had been investigated in accordance with the service complaints policy and followed up with appropriate action, responses and acknowledgements to complainants. Where suggestions had been made to improve the service these had been acknowledged and action taken.

The service employed a clinical multi-disciplinary team consisting of; a consultant psychologist, a consultant speech and language therapist and clinical psychiatrist. Each specialised in autism and supported staff in responding to individuals with changes in their behaviours or needs, providing a high quality service to the people who used the service.

Is the service well-led?

Our findings

Relatives told us, “[Name] does an amazing job to make sure that the environment is right and everything else is in place to meet peoples’ needs.” A professional told us, “Credit should be given to [Name] and all the staff team.”

We observed people who used the service approach the registered manager confidently during our inspection and saw they were comfortable in their presence. We observed the registered manager took time to speak with people who used the service and staff and assisted with care duties. The registered manager told us they were supported by a senior manager, who we met with on the second day of our inspection.

The registered manager was experienced having worked for the organisation for a number of years in different roles before becoming the registered manager at Thorpe House. A deputy manager and two care managers worked with the registered manager and shared some of the management responsibilities on a day to day basis, for example; handover, supervision of a small staff team, care planning and review and the completion of audits.

The registered manager told us there were meetings held weekly with each person who used the service where they were enabled to make choices about their preferred menus and activities. Following this pictorial aids were set up with people’s preferred choices for each day. Records detailed the information discussed and how decisions had been made by each person. When we spoke to staff about this process they were able to describe the different types of support offered to each person in the decision making process.

Staff told us regular meetings were held for the management team, senior staff, keyworkers, and people who used the service, records seen confirmed these were carried out.

Staff we spoke with told us they enjoyed their work and worked well together as a team to provide consistency for the people who used the service. They told us they felt well supported and valued by their manager and senior staff at

the service. Comments included, “She is always available to discuss ideas and issues and will give advice when needed” and “Yes, it is a rewarding job and the management team at Thorpe are supportive.”

Staff spoke positively about the organisation and told us about a positive voice forum that they could use to give feedback, this consisted of senior managers from the organisation did a regular roadshow and staff were invited to express their views. A grant was also available for projects when staff had good ideas about projects they would like to develop.

Further meetings took place with the larger organisation for the registered managers; accidents and incidents were analysed to identify patterns and trends in order to reduce the risk of further incidents. The registered manager told us that as managers they were involved in the development and review of policy and other systems within the organisation. As managers they were encouraged to share best practice initiatives and these were considered and on occasions implemented by the organisation. They told us they kept up to date with good practice guidance and spent some of their free time, carrying out audits of other services for the National Autistic Society accreditation scheme.

There was a quality assurance system in place which included a detailed assessment framework that was carried out by the organisation by a team of internal assessors. A quarterly audit was carried out of all areas of the service and service provision, followed by a report and action plan with timescales where this was required. A further annual review was also completed based on the five key questions used by the CQC in this report and included recommendations following this.

Surveys were also used to obtain feedback and views of staff, relatives and professionals. This information was collated identified where further action was required. We saw from records that where necessary appropriate actions had been taken to improve the quality of the service. For example, when a request was made for a particular piece of activity equipment, funding was made available.

Additional audits were carried out within the service including a weekly manager’s report, medication, environmental, records and cleaning audits.