National Autistic Society (The)

St Edwards Close

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 7 and 11 April 2016 and was unannounced. At our previous inspection in May 2014, we found the provider was meeting the regulations we inspected.

St Edwards Close provides accommodation and personal support for up to twelve adults with autism. The service consists of two houses, the Willows and Conifers and can accommodate six people in each. In each house, there are single bedrooms and people have shared use of a lounge, activity room, kitchen and bathroom facilities. There is an enclosed garden and courtyard for people to access. The service is part of a group of homes owned by the National Autistic Society. There were twelve people using the service at the time of our inspection.

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

People were safe because staff knew what to do when safeguarding concerns were raised. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures. The provider's recruitment and employment processes were robust and protected people from unsafe care.

St Edwards Close provided people with a safe environment although some parts of the premises were in need of redecoration or repair. The provider had plans to refurbish and improve areas of the service.

People received responsive care and support because there were enough staff that were trained to meet their needs. Staffing was managed flexibly so that people received their care when they needed and wanted it. The provider's training programme was designed to meet the needs of people using the service so that staff had the specialist knowledge they required to support people. This included training on autism and positive behaviour approaches. Staff were supported to maintain and develop these skills through regular management supervision.

People's needs were assessed, monitored and reviewed. Care records described people's hopes and aspirations for the future and they were encouraged to be as independent as possible. Plans were kept under review and individual risk assessments set out what to do to keep people safe. There were specific guidelines on how staff could support people to help them avoid becoming upset. When people did become anxious the care plans clearly informed staff about what actions to take. This helped ensure staff took a consistent approach to supporting people.

The provider acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This is legislation that protects people who are not able to consent to their care and support, and ensures people are not unlawfully restricted of their freedom or liberty. The registered manager and

staff understood the requirements and their responsibilities. Care plans took account of people's rights and independence.

People were treated with respect and dignity and staff were knowledgeable about the ways in which individuals liked to be supported. Their individual preferences and diverse needs were known and staff supported their choices and independence. People took part in activities they liked or had an interest in. People decided how they spent their time and pictorial aids were available for those who needed support with communication.

People's health needs were monitored and they had access to health care services when they needed them. Any advice from external professionals was included in their care and acted on accordingly. Medicines were managed appropriately and people had their medicines at the times they needed them.

Staff understood their roles and responsibilities and had access to information, support and training that they needed to do their jobs well. Staff felt well supported and had confidence in the registered manager.

People and their relatives were involved in providing feedback about St Edwards Close. Relatives were confident they could raise any concerns or issues with the manager or staff, and these would be listened to and acted upon.

The provider had effective systems in place to monitor the quality of the services people received. Action plans enabled the provider to monitor whether changes were needed and make improvements.

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 felt safe and staff knew about their responsibility to protect people from the risk of abuse and harm. There were enough staff to support people's needs and safe recruitment procedures were followed.

Individual risks to people's health and welfare were assessed. Steps were taken to minimise these without restricting individual choice and independence.

People lived in a safe environment although parts of the premises were in need of repair or redecoration. The provider had plans to address this.

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Good

The service was effective. People were supported by staff that had the necessary skills and specialist knowledge to meet their assessed needs, preferences and choices.

People's rights were protected because the provider acted in accordance with the Mental Capacity Act 2005. Staff understood their responsibilities and how to apply these in practice.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Is the service caring?

Good

The service was caring. People were encouraged to be as independent as possible and to make decisions about their care. Staff were kind and supportive and respected their privacy and dignity.

Staff were aware of what mattered to people and ensured their

needs were met. People's preferred methods of communication were recognised and respected.

Is the service responsive?

Good

The service was responsive. People using the service had personalised care plans that were regularly reviewed to make sure they received the right care and support. Care records were detailed and the service was responsive to people's changing needs or circumstances.

People were supported to achieve new goals and develop their independence. People took part in activities that were important to them both in the home and local community.

Is the service well-led?

Good

The service was well-led. People and relatives spoke positively about the registered manager and how the service was run.

Staff felt supported by the registered manager and were clear about their roles and responsibilities.

People's feedback was valued and acted on. Systems were in place to monitor the quality and safety of the service and used to plan on-going improvements. Where issues were identified action was taken to improve the service people received.

St Edwards Close

Detailed findings

Background to this inspection

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

This inspection took place on 7 and 11 April 2016 and was unannounced.

Prior to our visit we reviewed the information we held about the service. This included notifications we had received from the provider and other information we hold about the service including inspection history. Notifications are information about important events which the service is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR).The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

This inspection was carried out by one inspector. We spoke with two people using the service, the registered manager and four members of staff. Due to their needs, other people we met were unable to share their direct views about the standards of care. We therefore used observations and looked at records about people's care to help us understand their experiences. We reviewed how the provider checked the quality of their service, looked at three staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service and health and safety records. We also checked how medicines were managed.

Following our inspection the manager sent us the latest staff training record and quality assurance information which included the most recent audit and service improvement plan. We also contacted four people's relatives to ask for their views about the service.

Good

Is the service safe?

Our findings

People who were able to comment told us they felt safe living at St Edwards Close. Relatives shared similar confidence about the safety of their family members. One relative said, "I can trust them [staff]." Staff had a good understanding of how they kept people safe within the service and had undertaken safeguarding training. They could describe the different types of abuse they may encounter and how to report any safeguarding concerns within or outside the service. The staff members we spoke with were confident these would be promptly dealt with.

Policies about safeguarding people from abuse and whistleblowing provided staff with up to date guidance on how to report and manage suspected abuse or raise concerns about poor practice. Information and contact details for the local safeguarding adults' team were displayed for easy reference. Where safeguarding issues had been raised in the past the provider had taken appropriate action. Records held by CQC showed the service had made prompt safeguarding referrals when this had been necessary and the provider had liaised with the local authority and other professionals to investigate events. This showed they had followed the correct procedures, including notifying us of their concerns.

Risks to people's health and welfare were identified and managed appropriately in the least restrictive way. Risk assessments were personalised and set out what to do to keep people safe in relation to day to day support and activities. They were tailored for each person as they reflected the specific risks posed by or to them. Assessments covered risks such as using the local community, using public transport, sports activities, taking prescribed medicines, using the kitchen and communication. Risk plans also provided guidance to staff about people's specific health conditions such as epilepsy. Each person had a positive behaviour support plan which explained how to support the person with their emotional and behavioural needs. Staff we spoke with were knowledgeable about people's needs and when a person's behaviour might present a risk to themselves or others. Staff had completed relevant training on how to respond to these types of behaviour and this was repeated every year. All support plans and risk assessments were regularly reviewed and adjusted if a person's needs had changed. Staff had information to provide care safely, and in the most appropriate manner.

The home was safely maintained and there were records to support this. Health and safety checks of the premises were carried out and systems were in place to report any issues of concern. Essential repairs and redecoration were carried out by the provider's own maintenance department and the housing association who owned the property. When we last inspected there was an ongoing refurbishment plan to improve a number of areas in the service. Since then, further improvements had taken place including the redecoration of people's bedrooms and flooring had been replaced in both houses. At this inspection, we found that some parts of the premises remained in need of redecoration or repair. On the first floor in Conifers, flooring in the single toilet was stained and in the bathroom, the radiator had rusted, plaster was missing on the wall and there was no shower attachment for the bath. The registered manager told us that arrangements were underway to redesign and refurbish areas of the Willows and Conifers in consultation with people using the service. This included plans to create a wet room and separate sensory room.

There were arrangements in place to deal with foreseeable emergencies and staff told us on call management support was always available. Staff were trained in first aid to deal with medical emergencies and appropriate arrangements were in place for fire safety. People had personal fire evacuation plans and took part in fire drills.

People were protected from unsuitable staff because the provider had effective recruitment and selection processes in place. Potential new staff were asked to visit the home and meet the people living there before attending an interview. Staff files contained a checklist of all the required employment checks undertaken by the provider and original documentation was kept at head office. There was a record of checks with the Disclosure and Barring Service (DBS) and references to ensure staff were of good character and suitable for the role. Staff had to complete a six month probation period before they were confirmed in post and their performance was assessed at regular intervals during this time.

There were sufficient staff to support people's needs and allocation records showed that staffing was organised flexibly and according to people's needs. On the day of our inspection we saw that staff were available for people when they were needed. There were six staff on duty throughout the day with two staff available at night in Conifers and one member of staff in The Willows. In addition the registered manager worked flexibly throughout the week and was available to provide support if required.

At the time of our inspection there were two staff vacancies. To support continuity of care, regular agency or bank staff were used. Where individual needs directed, staffing levels were increased or adjusted appropriately. For example, where there were planned outings or activities, holidays or where people needed one to one support either at home or in the community. One person received local authority funding for individual staffing. Relatives told us that a number of staff had worked in the home for a number of years and knew people well. This stability helped ensure that people experienced consistent care and support. One relative was pleased that their family member had support from the same keyworker for a long time.

The arrangements for the management of people's medicines were safe. People had profiles which explained what their medicines were for and how they were to be administered. Some people had specific epilepsy guidance in place which gave staff clear direction on how to identify signs people were becoming unwell and how staff should use medicines to respond to these. Where people needed medicines 'as required' or only at certain times there were individual guidelines about the circumstances and frequency they should be given.

People had regular medicines reviews with relevant professionals to promote good health and staff contacted GPs if people's needs changed. One member of staff told us how a change in medicines resulted in a positive impact on one person's wellbeing. They said the person was more settled and as a result, their "quality of life had improved."

Staff had completed training in the safe handling of medicines and their competency in medicines administration was assessed every year by the registered manager or senior staff. We observed staff followed safe practice when administering medicines to people and they showed good knowledge about the reasons why people were prescribed their medicines.

People's medicines were stored safely and securely. Clear, accurate and up to date records were kept on the receipt, administration and disposal of medicines. The sample of records we checked showed that people were receiving their medicines as prescribed. To further reduce the risk of errors all medicines administration was witnessed by a second member of staff. Regular audits were also undertaken to ensure any issues could be picked up quickly and acted on. The supplying pharmacist had recently completed a full

medicines audit and the manager had addressed their recommendations. This included obtaining a copy of the Royal Pharmaceutical guidelines for the handling of medicines in social care for staff to reference.

Good

Is the service effective?

Our findings

People were supported by staff with the necessary skills, experience and knowledge. Relatives felt confident that staff were trained to meet their family members' needs. One relative told us, "They [the provider] are very hot on training in autism." Comments from other relatives included, "The staff understand autism" and "They seem to care a lot about the clients and try to understand their individual needs."

The provider had a training and development programme for staff that included a structured induction and mandatory learning. This included ASK Autism training which is a modular e-learning programme that considers what it's like to live as an autistic person. Staff also completed an introduction to the SPELL framework, developed by the National Autistic Society to understand and respond to the needs of people with autism. SPELL stands for Structure; Positive (approaches and expectations); Empathy, Low Arousal and Links (links with other health and social care agencies and families). Staff completed a six month probationary period which involved shadowing a senior when they first began working in the service. We met with a new employee who told us the induction had been a useful process and colleagues were supportive and available for any advice at all times.

Records showed that staff received the training they needed to support people and meet their assessed needs. Staff demonstrated an understanding of the needs of people who have autism. They explained how structure and routine was key to people and how best to support individuals if they experienced changes. Staff knew about the communication challenges people faced and could describe their different means of expression. Staff told us that training was relevant to their role and they were expected to refresh key areas of training regularly. Examples included safeguarding and behaviour management every year. Staff told us about recent training they had undertaken on active support for people. A training schedule identified when staff had completed training and when it was next due. This helped the registered manager prioritise and plan training that the staff needed.

Staff received supervision and appraisal to discuss their performance with the registered manager. Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually yearly. Supervision records were detailed and included discussions about people using the service and feedback from staff. The registered manager also monitored training attendance and learning through supervision meetings which were held every one to two months. Yearly assessments were carried out with staff to check and confirm their practical competency and knowledge in areas such as safeguarding and medicines administration. The registered manager told us they planned to introduce a similar competency assessment on knowledge of autism.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS is a lawful process whereby a person could be deprived of their liberty because it is in their best interests. 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.

Throughout our inspection staff offered people choices and supported them to make decisions about what they wanted to do. Staff worked in an inclusive way with people and always sought their permission before carrying out any support. Staff we spoke with understood the importance of gaining consent told us they respected a person's decision if they didn't want to do something or changed their mind.

Arrangements were in place to support people and ensure that any decisions were made in their best interests. People's support plans included a decision making profile, which set out the support people needed. Mental capacity assessments, specific to the decision being made, had been completed. There was a Deprivation of Liberty checklist in each person's care file. This covered a range of questions that must be considered when a person did not have capacity to give informed consent. The registered manager had assessed whether any people were deprived of their liberty. Records demonstrated the correct process had been followed and appropriate documentation was in place. DoLS authorisations were in place for two people who were "under continuous supervision and control" as it was unsafe for them to access the community unaccompanied. For other people we saw applications and emails showing that the registered manager had been in contact with the local authorities and was awaiting a response.

Policies and guidance were available to staff about the MCA and DoLS and staff had completed relevant training. Staff understood their responsibilities and how to support people with decision making, which included arranging for further support when this was required. For example, they were aware that family and other professionals must be involved if a person lacked capacity to make a decision. Records confirmed families and professionals had been consulted about people's care and decisions had been made in the person's best interests. One member of staff shared an example where a best interests meeting had been held when a person required treatment in hospital.

People were involved in planning the menus, buying food and preparing meals. There were pictorial menus in the kitchen and prompt cards to help people with communication needs. People who could comment said they enjoyed their meals and were supported to cook. A relative confirmed that the service provided foods their family member liked. Throughout the inspection staff supported people to choose and prepare their meals or make drinks. Staff respected people's choices about what they wanted. People were encouraged to eat a healthy and nutritious diet and their nutritional needs were assessed and monitored. Care plans included information about people's food preferences, including cultural choices and any risks associated with eating and drinking. Records showed people's weights were monitored according to their assessed needs.

People had access to the health care services they needed. Care records described how the staff were meeting individuals' health care needs. Timely referrals had been made to other professionals where necessary and accurate records were kept of these appointments and outcomes. Records showed that staff had followed the advice and guidance provided by other professionals involved in people's care. For example, one person had received input from physiotherapy and occupational therapy following an accidental injury.

People had hospital passports which provided other professionals with key information about their health if

they were admitted to hospital. This included details of their GP, full medical history, allergies and important contacts. The registered manager told us that the provider had developed new health action plan documents and staff were in the process of completing these for each person.

Good

Is the service caring?

Our findings

People and their relatives we spoke with made positive comments about the staff team at St Edwards Close. People described the staff as "nice" and "kind." Relatives consistently told us that people were well treated. Their comments included, "[name of person] seems to be well-liked and well cared-for, and treated appropriately", "Marvellous, they [staff] are lovely with [person] and "Overall we are happy with [person's] care and find the staff caring and professional."

People were involved in making choices about their care and support. During our inspection people chose what activities they wanted to do. One person requested to go for a haircut and staff reassured them they would go later that day. The care records recognised individual preferences and showed how people liked things done, including detailed descriptions of people's routines. Not everybody who used the service was able to express their views verbally. Staff recognised the gestures and reactions that people gave and what these were likely to mean. Staff provided reassurance when people needed it, they knew people's routines well and ensured they followed these.

People had detailed communication plans which gave staff essential information about the methods the person used to communicate. We observed staff followed these plans when supporting individuals. Some people used sign language, others preferred to used pictures and objects of familiarity to help them communicate and some used Picture Exchange System (PECS). PECS is an alternative way of communicating with people with autism. One person could understand a different language as well as English. A member of staff told us they used basic words in both which enabled the person to become more involved in making choices.

Information about the home had been produced in accessible formats for the people who lived there. This was displayed throughout the home to help people make choices and decisions. For example, picture cards and photographs were used to encourage activity choices, places to go and preferred meals. There were easy read leaflets about making complaints and pictorial prompts to help people manage their personal care.

People were given opportunities to share their views about their care. These included one to one keyworker time, annual reviews and meetings with staff and other people using the service where they discussed issues that were important to them.

Staff were caring, they knew people well. They demonstrated a detailed knowledge of people's individual needs and could describe what they liked, disliked and how they preferred to be supported. Staff spoke knowledgably about the different ways people expressed that they were unhappy or upset and how to support them. This included using distraction techniques such as one to one discussion or engaging a person in an activity. Information in the behaviour support plans also supported what they told us. During our inspection one person became unsettled and we observed staff effectively follow guidelines which helped the person relax.

The staff recognised the importance of empowering people and providing person centred care. One member of staff told us about one person's communication chart and how they used pictures to encourage choice and decision making. We observed another member of staff support a person to make a hot drink, they gave the person time to complete steps independently where possible and only gave verbal prompts when needed.

People were supported to maintain relationships with those close to them. Staff actively supported people to keep contact with their families. One relative told us, "[Person] is happy to return to St Edward's after breaks at home and seems to be liked by the staff and to like them in return." Another relative told us they were kept informed about their family member by telephone, text or email.

During our inspection, people chose where they wished to spend their time. The staff respected people's own personal space and allowed individuals time alone if they preferred. Staff gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure the person received personal care in private. A staff member explained how they maintained individuals' dignity by reminding people to cover themselves after taking a shower or bath and supporting them to dress appropriately. We saw that one person had equipment to alert staff to their epilepsy needs and this could compromise their privacy and dignity. The registered manager agreed to address this and develop a risk assessment for its use.

People's personal information was kept private and secure and their records were stored appropriately in the service. Staff had received training on the principles of privacy and dignity and person centred care.

Good

Is the service responsive?

Our findings

Relatives had confidence that the service met people's needs and all spoke about the progress their family members had made since living at St Edwards Close. Their comments included, "[my relative's] talking is really coming on, the vocabulary has improved" and "It took a while for the staff to understand [person's] problems. I think they have improved and are more aware."

People had lived at the home for many years. Their needs assessments provided relevant social and healthcare information and where appropriate, included information from social services. These assessments considered all aspects of the person's life, including their strengths, hobbies, social needs, preferences, health and personal care needs and areas of independence.

Each person had an 'About me' support plan which was personal to them and provided staff with accurate information based upon the needs assessment. Plans included details about people's abilities and the level of support they required. They reflected the person's background, their dreams and aspirations and explained how autism affected the person. There was comprehensive detail about language and communication needs and a sensory profile that explained what the person experienced. An example for the hearing sense referred to a person's sensitivity to sudden, loud noises and the impact this may have on them. The plan gave staff clear information about how to support the person's needs and minimise any anxiety. Another person had a support plan to address needs around accessing the local community and their dislike for crowded environments. A new member of staff confirmed that the care plans helped them to get to know how to support people. They told us, "They are easy to follow and I can find information."

The service took account of people's changing needs and their care and support needs were regularly reviewed. Annual reviews were held and involved people's care managers, family and other professionals to represent people's interests. Care plans were reviewed at least six monthly or more frequently where needs had changed. When this happened, people's records were updated appropriately. People also met with their keyworker staff monthly to discuss their care and support. Staff understood people's individual care needs and responded to any changes. One member of staff discussed the action taken when one person needed medical intervention following an accident.

Care plans recorded what was meaningful to people and how staff should support them with their activities in the home and local community. Activities were flexible but acted as a structure to each person's week as people required routine and consistency in their lives due to their autism. There were pictorial timetables to help people identify with what day their activities took place. These reflected a range of activities based upon personal preferences and interests. At the time of our visit people were engaged in their chosen activities at home or at community day services.

There were opportunities for people to develop their daily living skills. People were encouraged to cook, wash their laundry and help keep their home clean and tidy. Illustrated timetables were used and each person had a designated day to take part. Care plans set out how people should be supported to promote their independence. Staff had recently begun using active support to monitor the progress people made.

Active support is a person centred approach that focuses on making sure people are engaged and participating in all aspects of their life, so they can be as independent as possible. Activities or tasks were broken down into a series of steps and staff record what the person can do for themselves, those they can do with prompts and those they need done for them.

Staff understood the principles of equality and diversity and respected people's different needs. People's care records included information about any specific ethnic or cultural needs and preferences. Staff spoke about how they responded to these needs such as supporting people to attend church and making sure people were given the traditional foods they liked. The service held culture days and events where people had the opportunity to try food dishes, wear national dress and celebrate music from other countries.

People had monthly meetings with the staff to discuss and plan their weekly menu choices and activities. They told us they would speak to their keyworker or the manager if they needed to complain about anything. The complaints procedure was displayed within the service and available in an easy read format to help people understand the information. It had not been updated since 2010 however and the registered manager agreed to review the procedure for accuracy. Relatives told us they knew how to complain, but had not found this necessary. One relative told us they had raised an issue in the past but this had been dealt with appropriately.

Three of the four relatives we contacted felt involved in people's care and told us they were kept informed of any changes. Their comments included, "I visit every week and always ask for information. They [staff] deal with anything and sort out things" , "If there's any incident, they inform me" and "Yes, we are kept up to date, and our views are sought and treated respectfully when non-emergency decisions need to be made." One relative however felt that communication could be improved and told us, "Overall I don't get enough information about what's going on." They said they were not sure if there had been a yearly review for their family member and that they used to receive newsletters from the service but this had stopped. We brought this to the attention of the registered manager who advised there were plans to reintroduce these and that she would look at improving communication. We noted that an area for improvement in the latest quality assurance report also included, "We aim to increase the involvement and response of the people we support, the family and staff."

Good

Is the service well-led?

Our findings

There was a registered manager who had been working in the service since 2014. Throughout our visit, people were relaxed and comfortable to approach the registered manager and staff, seeking them out for support and conversation. Comments from relatives included, "The new manager has a professional approach without being distant. She treats us and [person] respectfully, and the home appears to be well-managed under her leadership. She normally responds quickly to enquiries or messages" and "The manager is nice and pleasant." One relative commented that, over time, they had developed a better understanding with the manager and told us, "We do think the care home is improving quickly."

The registered manager and staff had a clear understanding of the provider's vision and values for the service. These formed part of staff induction and on-going training, and were discussed at team meetings. Staff spoke about these values as "enriching people's lives" and "not to make people dependant on staff, but to encourage independence." The National Autistic Society actively campaigned to promote awareness and change people's attitude towards autism. We saw posters and postcards with the headline "Too much information." This included key points about how people with autism can feel overwhelmed by sensory stimulation and the impact upon them.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. Staff were clear about their roles and told us they had designated duties. One staff member explained they had responsibility for medicines management and were due to undertake an advanced training course to enhance their role. They also took on a hospitality role and organised social and cultural events for people using the service.

The registered manager had a good knowledge of all the people who used the service and was able to offer guidance and support to the staff. Staff confirmed they were supported by the registered manager through one to one supervision meetings and annual appraisals. Comments from staff about the registered manager included, "Very helpful; any advice I need, I can get it", "She will listen and is approachable" and "She has a lot of experience and brought in new ideas."

Staff confirmed daily handovers took place to keep them informed of any changes to people's well-being and other important information. Staff said they were able to contribute their ideas at meetings. A new staff member told us they were welcomed by the manager at their first meeting and the staff team discussed plans for the autism accreditation programme. Records showed that no staff meetings were held between July and December 2015. The registered manager told us that this was due to staff availability during this time. We saw that meetings had been held regularly since however, in January and March 2016.

There was a range of quality checks in place to ensure that people were safe and appropriate care was being provided. People and their relatives or representatives were given yearly questionnaires to share their views. The provider used the information to see if any improvements or changes were needed at the service. We reviewed the previous year's results which showed that the seven people who participated were happy with the care and services provided.

The provider's operations manager carried out a quality monitoring visit every six months. This was based on the fundamental standards set by the Care Quality Commission. This audit identified where improvements were needed with a red, amber or green rating for compliance. We reviewed the report arising from the most recent visit, in January 2016. Priority actions with a red rating had been addressed and other actions were either completed or underway with progress updates recorded. For example, the registered manager had obtained staff recruitment records from the provider's HR department and followed up DoLS applications for people where needed. Medicines competency assessments for all staff had been completed and staff had refreshed their DoLS training.

The staff team completed other in-house audits on medicines and health and safety practice such as fire safety, food storage and infection control. We saw checks were consistently completed and within the required timescales.

The PIR gave us information about how the service performed and what improvements were planned. The registered manager told us about the key achievements in the service. This included increasing activities for people and improving the environment. Staff spoke about changes the manager had made since working at St Edwards Close. One told us, "There are more activities for people and their rooms have been redecorated." Another staff member said, "Paperwork has improved and there is more accurate recording."

At the time of our inspection, the service was preparing for National Autistic Society accreditation. In order to achieve accreditation this means it is required to evidence that it has a specialised knowledge and understanding of autism.

Accidents and incidents were recorded although the detail within the reports varied and did not always provide relevant information about actions taken. For example, not all the reports had been reviewed by the registered manager or senior staff. This meant we were not always able to see where an investigation had taken place or where a review of a person's care had occurred as a result. The registered manager explained that all accidents and incidents were also recorded on an electronic system and reported to the provider every month. We looked at the system which confirmed that any themes or trends could be identified. We found that on one occasion a notification about a reportable incident had been overlooked but that all required action had been taken. A notification is information about important events which the provider is required to send us by law. Following our inspection the manager promptly submitted an appropriate notification form.