Autism Initiatives (UK)

Outreach Services

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 21, 23 29 November and 18 December 2017. The inspection was announced, which means the provider was given 48 hours' notice as we wanted to make sure someone would be available.

The service was re-registered by CQC in March 2017 due to a change of address. This was the services first inspection under the provider's new registration.

This service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

People using the service lived in a single house in multi-occupation shared by no more than six people in one house. Houses in multiple occupation are properties where at least three people lived in one household shared a toilet, bathroom or kitchen facilities. However, other people lived in single occupancy flats, with a room for staff to use. Some of the houses had large shared communal rooms and grounds.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy

There was a manager in post at the time of this inspection who's application to become registered manager was being processed by the Commission. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection, we received positive feedback from the local authorities regarding the service, and improvements they had made. There were still some concerns in one area, however, and the provider was working closely with the local authority in this area to ensure that improvements were sustained. We felt reassured speaking to the local authority and visiting some people's homes in this area, that the provider was making good progress with their action plan. However we have requested to be kept updated with regards to this . The provider was open and honest about these concerns, the local authorities were positive regarding this service, and were happy to support the service to improve.

Everyone we spoke with said they felt safe and happy being supported by Outreach Services.

Staff we spoke with were clearly able to explain the course of action that they would take if they felt

someone was being harmed or abused, and how they would report it, including whistleblowing to external organisations.

There was enough staff employed by the service to provide a good service, however in some areas, agency staff were being used. The provider explained the staffing situation and told us how they tried to minimise the impact of using agency staff on the people they supported. They told us they were deploying staff from one agency to provide consistency and familiar staff.

Medicines were well recorded and managed for people who required support. Assessments were being completed to support people with their medication needs.

Risk assessments were clear, concise and explained the impact of the risk as well as how the staff should support the person to manage the risk. Risk assessments were regularly reviewed with the input of the people who used the service and their families.

There where enough suitably trained staff to meet their individual care needs. Staff where only appointed after a thorough recruitment process. Staff where available to support people to go out on trips or visits within the local and wider community and to attend medical appointments.

Staff recruitment records showed that staff were recruited safely after a series of checks were undertaken on their character and work history.

Staff where supplied with personal protective equipment (PPE). This included gloves, aprons and hand sanitizer. Staff we spoke with told us they were always able to ask for more PPE when needed. Staff had completed infection control and prevention training and understood the importance of reporting outbreaks of flu and vomiting to the registered manager.

The manager and the staff understood the principles of the Mental Capacity Act 2005 and associated legislation and had taken appropriate steps to ensure people exercised choice where possible. Where people did not have capacity, this was documented appropriately including decisions made in their best interests. The best interests process was being documented to demonstrate the involvement of family members and relevant health care professionals where appropriate. This showed the provider understood and was adhering to the Mental Capacity Act 2005.This is legislation to protect and empower people who may not be able to make their own decisions.

The provider was meeting their requirements as set out in the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005).

Staff undertook training in accordance with the providers training policy; we observed some training which had took place at the time of our inspection. Staff told us they enjoyed the training.

Core Skills training took place over the course of five four days as part of the twelve week induction programme, and this training was accompanied by assessments booklets for various subjects which staff were required to complete. Additionally, there were further subjects staff were required to attend training in, to ensure they were skilled enough to support people with different levels of understanding and diagnosis autism.

Staff where caring and supported people respectfully and kindly always upholding people's dignity.

Support plans were exceptionally well written and where being fully utilised by staff, people themselves and their family members to ensure the best possible outcomes for people receiving a service from their support with Autism initiatives. Support plans with regards to people's preferred routines and personal preferences were well documented and plainly written to enable staff to gain a good understanding of the person they were supporting. Support plans contained a high level of person centred information. This information and the way staff supported people had positively affected people and they shared some of these examples with us.

Activities were always meticulously planned and coordinated by the people themselves to ensure they had full control of their lives. The service worked well to ensure that strong community links were forged. This was clearly evidenced in some of the projects available for people to become involved in. We saw examples of how this had worked positively for people.

Complaints were responded to and recorded in line with the organisations complaints procedure. The procedure was also made available in an easy read format to help support people's understanding.

A robust quality assurance system was in place and the manager looked at ways they could continuously improve the service people received.

Good partnership working was evident in recent pieces of work which took place outside of the organisation.

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.

Risk assessments were accessed and reviewed as part of people's care needs, these were detailed and gave staff clear instruction of how to manage and minimise assessed risks.

There was enough staff on shift to meet people's needs. Some areas used agency staff. The use of agency staff has decreased in the last few weeks.

Medicines were managed safely and stored appropriately in people's homes. Medication was only given by staff who were trained to do so.

People were supported to ensure repairs and maintenance were reported to the housing provider when needed.

Staff were only offered employment once suitable pre-employment checks had been carried out which included an assessment of their suitability to work with vulnerable people.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained in a variety of subjects relevant to their role.

Staff contacted medical professionals for advice and referrals / appointments when needed to ensure people had access to healthcare services.

Staff had knowledge of the Mental Capacity Act. Where people lacked capacity to consent this was documented in their care plans.

Is the service caring?

Good

The service was Caring

People received care which was kind, compassionate and met their needs. We heard people were spoken to with respect by staff.

Staff were able to describe how they promoted people's dignity and respected their privacy.

People told us they were routinely involved in decisions.

Is the service responsive?

Good

The service was responsive.

People and their relatives were fully involved and included in all aspects of service provision.

Support plans were very carefully tailor made to suit the needs of the person primarily focusing on their needs and how support can be adapted and changed depending on their wishes, preferences and aspirations.

Staff went the extra mile and provided creative solutions to barriers to ensure people were empowered as much as possible.

Staff where sensitively supporting people who were at the end of their life and had chosen to remain in their own homes.

The was a huge emphasis on encouraging people to become part of their local community and links were established.

Complaints were listened to, addressed, and responded to in line with the providers policies and procedures in a way which took into account people's individual communication needs.

Is the service well-led?

Good

The service was well-led.

There was a manager in post who was in the process of applying as registered manager.

There was a process in place to check the quality of the service and action plans were formulated to address any highlighted concerns. We discussed some recent action plans set by the Local Authority as part of this inspection.

People spoke positively about the manager. The culture of the organisation was very person centred, and the managers had a good level of knowledge of each person and their support needs.

Team meetings took place; additionally people were encouraged to share their views regarding service provision.	

Outreach Services

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 arranged to bring this inspection forward, due to concerns raised with us by one of the local authorities which contracts with the service. We did receive feedback during this inspection from the local authority that the service had improved.

This inspection took place on 21, 23 29 November and 18 December 2017.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure someone would available.

This inspection was conducted by two adult social care inspectors. The service provides support to people in different geographical areas, so we arranged some home visits with people on the second day of our inspection with their consent. We also made some phone calls to family members, the local authority, and contract monitoring officers for feedback.

Before our inspection visit, we reviewed the information we held about Outreach Services. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who used the service. We accessed the Provider Information Record (PIR) we received prior to our inspection. 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. The provider had not received the PIR because we had not requested one.

We visited and spent time with five people, two relatives (one we contacted by phone), we viewed seven care plans, four recruitment files, spoke and met with 19 staff including the manager, quality manager, training manager, Autism Ventures manager, area managers, senior support workers, HR personal and support staff. We looked at other documentation relating to the running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe being supported by staff at Outreach Services. Comments included, "There is no reason why I don't feel safe." Someone else said, "I feel safe because I know that the staff are there if I need them." Also, one relative told us, "I feel completely at ease, I know they get the support they need." Two people answered "Yes" when we asked them if they felt safe, and someone else said "I love my flat, it's amazing."

Staff where able to explain the course of action that they would take if they felt someone was being harmed or abused. This was reflected in the organisations safeguarding policy. Staff we spoke with said they would 'whistle blow' to external organisations such as CQC if they felt they needed to. Staff had received training in safeguarding and their responses were in line with procedures set out in the service's safeguarding policies. Information regarding safeguarding for people who used the service and relatives was readily available on the noticeboards in the office and the service user guide. People we spoke with confirmed they knew how to raise concerns should they have any.

We discussed the outcomes of some recent safeguarding's with the manager, as we wanted to be sure that the opportunity for lessons learned had been shared with frontline staff. We saw some evidence that changes had taken place at service level, and systems had improved. The manager also shared some feedback from a recent contract monitoring visit where it was identified that people's medication support plans were too confusing. This was shared with the clinical lead, who developed and implemented new medication support plans which had now been rolled out across the organisation to help improve service provision.

We checked to see how the administration of medication was being managed at the service. People's medications were stored in their own homes, which we checked during our visits; we also spot checked some completed Medication Administration Records (MARs). We saw staff underwent training via face to face training sessions and had to undergo competency assessments before they could administer people's medications. People's capacity in relation to self-administration of medication had been assessed. We saw the reasons for people self-medicating or not, were clearly documented. People prescribed PRN (medication when required) and had a detailed protocol in place which explained when the PRN was needed and why.

Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied.

Staff records viewed demonstrated the manager had robust systems in place to ensure staff recruited where suitable for working with vulnerable people. The manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had references on file.

The manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enables the manager to assess their suitability for working with vulnerable adults. This confirmed there were safe procedures in place to recruit new members of staff.

We saw that staff recruitment was well organised, and there seemed to be enough staff in post to cover most of the contractual hours. However, we saw that one area in particular had struggled with staffing. The provider was working hard to address these issues, and had recently recruited new staff to fill some of the vacancies. The manager informed us that agency cover was always a last resort. However, the organisation worked with one particular agency who sourced suitable staff with the correct skill set.

We looked at a number of support records and their accompanying risk assessments. We saw that each risk assessment was reviewed regularly by the person's keyworker and the person. We saw that risk assessments covered all aspects of people's care and support needs, and contained relevant links to staff training protocols when needed. For example, we saw that one person had a Positive Intervention Support Plan (PISP). This clearly detailed the areas the person would most likely be at risk to themselves and others, which included noisy places, or crowds. There was a procedure in place which had been developed with the person's needs and understanding. We saw that staff were expected to respond to this person by using this procedure to help minimise the impact of harm occurring. We checked some post incident documentation which confirmed that staff had responded appropriately. When we visited this person, they were able to describe this procedure and how it helps them to 'cope'.

As staff where expected to carry out their duties in people's own homes we asked the manager how they ensured the staff had a safe environment to work in. We saw that an environmental risk assessment was completed for each person's home the staff visited, including any parking restrictions, distances staff were required to walk to the person's home and any hazards in the home, such as damaged flooring or pets. People were also supported by staff to contact the housing provider and report any concerns, repairs or damage in accordance with their own tenancy agreement.

Even though the provider is not responsible for repairs and maintenance of the properties, we checked to ensure procedures, such as fire safety and smoke alarms were in place. We had received feedback from the local authority that this had to be improved in one area. We saw this had now been actioned.

Good

Is the service effective?

Our findings

People were complimentary about the skills of the staff who supported them. One person said, "It is really helpful that the staff know about me beforehand, I feel like they can support me." "I feel like the staff get the time to read up about me. They read my support plan."

We looked at the training matrix which showed that all staff had attended training in subjects such as first aid, safeguarding, medication, autism, and conflict. Other specific training included a training programme solely based around reducing the need for restrictive practices for people with autism, (PROACT-SCIPr-UK®) The organisation was a recognised centre for excellence for this training, as well as also being accredited by the British Institute for Learning Disabilities (BILD). We observed a training course taking place at the registered location during our inspection, and we observed staff were engaged with and enjoying the content of the training. The training was specifically designed to help staff support people with autism.

We saw that each staff member had a file with all of their certificates stored. Of the staff files we checked we viewed all of their certificates. New starters completed an induction over the first twelve weeks of their role which was aligned with the principles of the Care Certificate. The Care Certificate is a set of standards health and social care workers can adhere to as part of their role. Staff we spoke with said their training and induction was thorough, and they felt skilled once they had completed this. One staff member said, "There is always the opportunity to develop here."

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). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. We saw that there was relevant paperwork in place for one person who was subject to a DoLs and this had been agreed through the Court of Protection, due to the person living in their own home.

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. All the staff team had received training in the principles associated with the MCA and DoLS. We saw that the process for 'best interests' and decision making was included in people's support plans. Best interests decisions were well documented, and a there was an explanation of why the considered decision was in the persons best interests, signed by all involved. This demonstrated that the organisation understood the principles associated with the MCA, and was supporting people to make more complex decisions themselves with support from any required communication aids. For example, one person regularly chose what they wanted to do, or if they wanted to

go out alone. Their capacity assessment determined that sometimes this person would need additional support depending on the risk of the decision. The support this person required was well documented, including references to their visual aids, planners, and objects of reference.

People were supported to access medical care when they required it. Each person had a health record in their care plans detailing their last appointments with GP's, district nurses, opticians and chiropodists.

People had access to food and drink whenever they wanted it. People chose when they wanted food and were supported to make healthy lifestyle choices. We saw that people's likes and dislikes were documented and menus were chosen taking this into account. People took turns to complete the weekly food shop if they lived in a house of multiple occupancy. We saw that one person was being supported to follow a healthy eating programme, and they had been involved in choosing foods which were lower in fat.

People's homes were decorated to a high standard. Each person had fully chosen the furniture and colour schemes of their own rooms.

Good

Is the service caring?

Our findings

We received positive comments about the staff. One person said, "They are fantastic" "Top marks" "Amazing" "Couldn't ask for better."

Staff were passionate when the spoke to us about the people they supported. They used respectful language and phrases such, 'promote dignity' 'empower' 'choice' 'respect everyone is different.' One staff member told us "You have to respect that no two people are the same, so you have to make sure you support people in a way which is right for them, it might not be right for the next person." This shows that staff where aware of people's diverse needs and choices.

Staff had a common approach and shared culture which was to achieve positive outcomes for people. They provided consistency which had a positive impact on people's wellbeing. For example, we saw staff showing empathy and compassion towards one person who was becoming anxious. We observed the staff reacted in accordance with the persons support plan and gave them the space they needed. This showed that staff demonstrated a clear understanding of the person's needs and how to manage the anxiety they were experiencing. The person became calm and relaxed with the interventions from staff and continued to talk to us.

People told us they were provided with a choice of a male or female carer to help them. This was also clearly documented in people's support plans.

We saw minutes from numerous multi-disciplinary meetings where staff were complimented for their in depth knowledge of the person they were supporting. We also saw a medication review for one person which had led to a reduction in their PRN medication, due to the different techniques the staff had adapted from their training. This then they led to positive reviews for people, and in some cases a reduction in medication and PRN.

People were consulted and involved in decisions about their care. Each person had a key worker who coordinated reviews about their care and support. Support plans had been signed by family members where legally allowed to do so or via a best interest process where people could not consent themselves.

Key workers reviewed and updated each person's care plans with them regularly. People were supported to express their views about their care and support during these meetings.

The manager told us if someone did not have access to family or friends who could support them, they would arrange for an advocacy service to offer independent advice, support and guidance to people. There was advocacy information displayed for people who required this type of support.

We observed staff where very good at supporting conversations with people and we saw they were patient and took time to let people respond. We observed staff used the correct terminology and made used the strategies documented in one person's support plan to help them focus and engage with us. Some people

were able to communicate in their own way, and the staff asked those people if they required some support to make their views known when speaking with us.

People had information presented to them in a way which they understood. For example some of the documentation, such as information regarding the Mental Capacity Act, had been re-formatted into an easy to read document, using pictures and symbols that people living at the home were familiar with. The area manager discussed that this was going to be implemented across most of the documentation so people can become more involved in their support plans.

We saw that people's confidential and personal information was either stored in a locked room or a password protected laptop. There was no confidential information left in any of the communal areas in shared properties.

Good

Is the service responsive?

Our findings

We received the following exceptionally positive comments from people who used the service. "Being with this company has changed my life." Someone else told us, "What I love the most about my support is I feel like I am listened to, and I know the staff are there to help me." Another person said, "It is the best thing to ever happen to me, I am doing things that I did not think were possible, and I love the fact my family can come anytime and see me." One family member we spoke with said, "The support [person] gets is truly exceptional. I also feel very comfortable knowing that if something is not working for them, we can just get it sorted out." Also, "I am really happy. I just live a normal life. I always feel like it is my home, not the staffs home, they are very respectful."

Throughout our inspection we saw that people received care and support which was extremely person centred to their needs. Person centred means support or care which is made to fit around the life and choices of the individual and not the organisation. This means that people's choices and needs were taken into account in all aspects of support planning.

The staff we spoke with told us that they felt it was important to remember they were guests in people's homes. One staff member said, "I would always treat their home as if I was a visitor, it doesn't do well to get complacent."

Support plans we viewed contained a high level of detail and most of them had been written with the direct involvement of the person themselves. This meant that people were able to discuss their support plans in detail with us, and how the information in the support plans encouraged them to achieve their maximum potential. For example, we saw a record that detailed how staff could encourage someone to engage with their daily activities and keep to time, as this was important to the person. There was an 'adapted copy' of the persons support plan they kept for themselves to use as a reference. This helped the person to understand how to structure their day. We saw that there was also an events planner that this person kept on their wall, which they would add to every time they completed an activity. One person also told us that the staff had helped them find some volunteer work, because their college course had recently ended and they were feeling slightly isolated. The person said how the staff came into their flat with various forms of information which they discussed until the person found something that they wanted to do. This meant that the staff were encouraging people to form new friendships by signposting them to various forms of information and explaining it in a way they understood.

In addition to support plans, we also viewed a document called, 'Record of change in Quality of Life.' This focused on receiving positive outcomes for people in three different key areas, Physical well-being, Material well-being and Emotional well-being. The document was completed by key workers and described what outcomes the person had achieved, and the support they required to achieve them. We saw samples of completed documents. One outcome for a person was to support them with healthy eating, which also linked into supporting their understanding as to why they chose to eat healthily. We visited this person who was proud of their recent weight loss, and shared some before and after photographs with us. This meant that the person had understood and become involved with their outcome. We saw that the support the

person required from staff had been explained in a way which the person understood. This involved using visual stimulation such as photographs of the foods to eat, and foods to avoid.

We spent some time with one person in their own home, and also viewed their support plan beforehand. Staff were required to support them in a specific way due to their complexity. We saw that this person had spent a long period of time in a hospital setting. There were numerous transition meetings which took place before the person was able to live independently in the community. We observed that the staff team interacted with the person using the same words and phrases, which were detailed in the person's support plan. We saw specific objects, such as Ipads and wall charts being fully utilised in the person's home. We spoke to this person, who was able to tell us what new things they had been able to try because of the support from a consistent team of staff. This included a recent trip to Liverpool ONE shopping, which would not have been possible a few weeks ago due to a decline in the person's mental health. We saw the incidents and accidents record which clearly identified a trend in the reduction of incidents the person had experienced since this support had been adapted. This meant that the person was supported to try new experiences and felt well supported by a consistent staff team who understood them. The person told us they knew what to do if they felt 'unable to cope' during the shopping trip, which involved speaking with the staff.

Another person we spoke with shared their personal scrapbook of memories with us. It contained things they had accomplished since being supported by the organisation. This included undertaking a training programme to enable them to train new staff who came to work at the organisation. We saw that this was also extended to stakeholders and social care professionals from different establishments on how to support someone with autism. We saw an overview of the training programme, which was already being conducted by another person supported by the service, and saw that the training consisted of a very personal explanation of what being diagnosed with autism meant for that person. Also how they had faced challenges in the past. The person was working towards becoming an accredited trainer, and they had been supported to pursue this by the organisation. This meant that the organisation was going the extra mile to ensure people were empowered to develop their skills by providing opportunity and encouragement. The person was exceptionally proud of their achievements.

People's transition into the service varied as it was dependent on each person and how they felt about moving into the service. One person we spoke with told us they were not happy living at a previous address, as they felt the service was just not for them. This was because they struggled to develop and maintain relationships with the people they lived with. This led to the person becoming socially isolated in their own home. The organisation arranged for the person to move into a new property. The organisation also facilitated them meeting their new house mates beforehand so they could ensure they all had similar interests and got along. The person told us they were really happy at the new service, and had made friends with someone who has similar interests to them. They said, "It is much better now." This meant that the organisation was listening to people and facilitating opportunities for people to speak out about their support. Even if this means the person is not always happy. The organisation had evidenced they had worked with people to ensure they were supported in the right way, by the right staff.

Our conversations with staff clearly showed their in depth knowledge and passion for the people they supported. Staff had an excellent understanding of people's backgrounds and they supported people to pursue their interests and hobbies, try new things and learn new skills. People were encouraged to pursue the activities they liked and the activities they would like to try. Staff where keen to tell us about how they had adapted their support strategies to enable them to get the best possible outcomes for people. For example, one staff member told us about two people who had recently had a Halloween party at the other ones home. "They would usually never do that, but we just kept it quite laid back, and they really enjoyed it."

Another staff member explained how the team of staff sometimes had to be creative around the rotas and support. "We know that the shifts have to fit in around what they want to do, and I think we all are fine with that, so it is never a problem." We saw evidence in recruitment records which clearly included people who used the service and their families being involved in their process and often sitting on the interviewing panels for new staff interviews. Each of the people involved in interviews had identified a small group of staff that supported them and this provided great consistency and continuity. This meant staff provided a responsive and proactive approach in the support they provided to people. Therefore, people could be assured the staff that supported them knew them exceptionally well.

We checked to see what training the service gave staff to enable them to have the right level of skills and to be able to go above and beyond what would usually be required.

We saw a significant amount of high level training programmes including mental health and Asperger's, supporting people with Asperger's to communicate, and 'specialist services,' which was in depth training for managers within the organisation. This was to enable them to take the step into management. We spoke to managers who had this level of training and all told us they found it very effective in enabling them to be more responsive and efficient at their roles. One manager said, "We are not expected to just get on with it, some people are quite complex, and we are given good support."

We saw that people were supported to follow their interests and engage as members of their community. This included opportunities for employment. Autism Ventures, which is another part of the organisation, had different venues where people could meet friends, gain work experience, or become skilled in a trade. For example, MeCycle, a café and bike workshop, restores bikes to sell. This was overseen by trained mechanics, and gave people the opportunity to develop this skill. The Café is run by people with autism who may wish to seek employment, so they completed a work experience at the café, for a few weeks. During this time staff helped them develop their skills which would lead to another career path. This meant that people were given opportunities to access paid employment by first gaining confidence in a familiar setting. We saw how one person gained experience working at the café, and then went on to engage in paid employment. Additionally, there was a vegetable shop ran by Autism Ventures called 'We Grow Co' for people who might be interested in gardening. The produce grown was bought and delivered around the local area, including the café. The café was open to the public and not just people with autism. The manager felt this was important because they wanted to encourage people to become part of their local community. This demonstrated how the service provided opportunities people to participate in a range of social activities, reducing the risk of people's becoming isolated.

The service prided itself on being able to support highly complex people. Staff were observed being responsive to people's needs and assisting people with their support. Each person had a key worker and staff knew how each person wanted their support to be provided. Daily notes were maintained for people and any changes to their routines recorded. These provided evidence that staff had supported people in line with their support plans and recorded any concerns. The meant that if people required additional support around new behaviours or a decline in their mental health this could be identified quickly. Therefore people would receive the support they required quickly because staff communicated well and worked as part of a team. We saw that one person was currently being supported around a increase in behaviours. This included the staff attending meetings with external health care professionals and implementing new strategies to support the person.

There were numerous compliments and letters of thanks, which had been sent to the organisation from family members of people who used the service, and the people themselves. We saw one compliment, which thanked a staff member for supporting someone to attend their medication reviews, and now their

medication had been reduced due to them becoming stabilised. The person was very happy about this, and made it very clear in an email they sent to the organisation. Additionally, we saw complementary emails sent from other medical professionals complementing the staff on their hard work and professionalism during reviews and meetings. One professional had wrote, 'The improvement in [person] is remarkable.' Also, one medical professional acknowledged that one person had had a reduction in the amount of times they had been offered PRN medication. Instead, the staff had found creative ways to help support the person when they were displaying challenging behaviours, including diversional support. This meant staff knew and understood the people they were supporting very well and had used their skill from the training courses. Therefore evidencing that the training was effective and responsive to people's needs.

People, relatives and visitors told us they were routinely listened to and the service responded to their needs and concerns. One person said, "I made a complaint and the manager sat down with me and we talked about it." People and their relatives told us they were aware of how to make a complaint and they would have no problem in raising any issues. The complaints and comments that had been made had been recorded and addressed in line with the complaints policy. The complaints policy was also available in easy read format to support people's understanding. The policy contained details of the Local Authorities safeguarding procedures as well as the contact details for the Local Government Obudsman (LGO) if people wished to escalate their complaint.

We looked at the procedure for supporting people with their end of life choices and wishes. There was no one currently receiving end of life care from the service. However, we saw that there were documents which were in place at an organisational level, which would take into account the needs and wishes of people and their families. Additionally, staff had been trained in 'six steps' which was an end of life training programme.

Good

Is the service well-led?

Our findings

We received positive comments from people who used the service regarding the management of the service. "The managers are all lovely, they will pop in and see how things are." "I have no issues approaching the managers for support, they are very nice." Staff were equally as positive, comments included, "[Managers name] is lovely, they are very knowledgeable about everyone here." "You can call them anytime, no one is out of bounds."

There was a manager in post who had been working at the organisation for a long time. They had recently applied to become the registered manager and were in the end stages of their registration with us.

Before our inspection, we had been informed of some concerns from one of the local authorities in relation to staffing, documentation, and suitability of some of the premises. The provider had completed an action plan of how they were going to address some of these concerns. We looked at the provider's action plan as part of this inspection, and saw that they had taken reasonable steps to try and address the shortfalls identified. We spoke to the local authority who informed us they were pleased with the progress the service had made.

We viewed other quality assurance procedures and frameworks in place at the service. We saw each of the service provisions had a quality assurance document in place which was specifically adapted to suit the need of the service. This document was spilt up into five specific areas, which were mapped against CQC's domains for inspection. For example, the 'is it safe' section on the quality assurance document focused on checks such as medication training for staff, and the quality of risk assessments. The manager of the service filled this quality assurance document in, this was then accessed by the Head of Quality, who checked the progress of actions, and set time scales for completion. This information then fed into the organisations own KPI system, and any areas of concern or none compliance were flagged to the relevant Area Manager and Registered Manager.

In addition to this, there were other quality assurance processes in place, such as peer to peer audits, which was a buddy system of managers who checked the services each other was responsible for. Audits took place in other areas, such as incident and accidents, and restrictive practice. The Head of Quality explained that they spot checked the quality assurance document submitted by managers at random to ensure it had been completed correctly, and complete unannounced visits.

Team meetings took place every two months at each provision. We viewed a sample of minutes from different provisions. In addition, senior managers meetings also took place every other month, as well as Service Manager Forums every month.

There was a process completed annually where staff had the opportunity to voice their opinions about the service. This was in the form of a questionnaire, which asked about specific areas of the organisation. The results for which were presented in a chart with least scoring answers action planned and explored for further improvement. For example, not always enough regular staff was a low scoring answer. We saw that a

role had been created for helping to support the organisation with their recruitment needs. This involved attending job fares, creating flyers for colleges or other events. Feedback was gathered informally from people who used the service, and there were regular coffee mornings which were held, and feedback was gathered then.

The culture of the service was person centred. People with autism and complex needs were clearly at the heart of the organisation, and they went the extra mile to help external agencies as well. For example, we saw a piece of work which had been completed by Edge Hill University which explored some of the issues around sexual consent and relationships from a healthcare workers point of view. This piece of work was undertaken independently by people at Edge Hill University and can be used going forward to help change the way support workers and other professionals deal with this issue when they come across it. This showed that the organisation was working in partnership with different establishments, to help shape and develop the future of support.

The service had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, compassion, dignity, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

The registered manager was aware what was required to be reported to CQC by law. As this was the services first inspection under the new provider's registration there were no requirements for previous ratings to be displayed.