The Kingwood Trust

Kingwood - Domiciliary Care

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 23 and 24 November 2015 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We last inspected the service on 2 and 3 December 2013. At that inspection we found the service was compliant with the essential standards we inspected.

Kingwood – Domiciliary Care provides personal care to people living in their own homes. They specialise in providing services to people with autistic spectrum disorder, some of whom may also have learning disabilities. At the time of our inspection there were 39 people using the service. Of those, 23 people lived in shared accommodation in supported living facilities and five people had their own flats in an extra care setting. The remaining people either lived on their own or with their family. The provider, The Kingwood Trust, provides support to 102 people with autism living in the community. However, this inspection and report only relates to the 39 people receiving the regulated activity of personal care. Those receiving support but not receiving personal care are outside the regulatory remit of the Care Quality Commission (CQC).

The service had a registered manager. A registered manager is a person who has registered with the CQC 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. The registered manager was present throughout the inspection.

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. They were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals.

People received effective care and support from staff who were well trained and knew how people liked things done. Staff received effective supervision and their work was reviewed in yearly appraisals.

People's rights to make their own decisions were protected. Managers and staff had a good understanding of the Mental Capacity Act 2005. They were aware of their responsibilities related to the Act and ensured that any decisions made on behalf of people were made within the law and in their best interests.

People were treated with care and kindness and they were supported to be as independent as possible. Their wellbeing was protected and all interactions observed between staff and people using the service were caring, friendly and respectful. They benefitted from having staff who had an in-depth understanding of their individual problems and challenges and who were skilled at minimising the effects of those issues on their daily lives. Staff showed great skill in helping people remain calm and not get anxious in situations that were difficult for them. Staff were also very good at helping people understand what was happening so that they were not anxious or uncomfortable.

People received support that was individualised to their personal preferences and needs. They benefitted from a service that was responsive and innovative in finding new ways to help people reach their full potential and live the life they wanted. The provider had initiated and taken part in a number of research projects to help find ways to improve and explore ways of working with people. A social care professional told us the service was led well from the top and were fantastic at doing things differently. A relative commented that their family member did a lot more for himself and that staff were very good at giving him the opportunity to do as much for himself as he possibly can

People benefitted from receiving a service from staff who worked in an open and friendly culture and were happy in their work. Social care professionals felt the service demonstrated good management and leadership and worked well in partnership with them. Relatives also felt the service was well managed and that they were involved in the development of the service. People were supported to express their views and be involved in decisions related to the planning of their care and the running of the service.

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 were protected from abuse and supported to make their own choices. Risks were identified and managed effectively to protect people from avoidable harm.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service. There were sufficient numbers of staff and staff were trained to handle medicines correctly.

Is the service effective?

Good

The service was effective. People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and to make their own decisions. The management had a good understanding of their responsibilities under the Mental Capacity Act 2005. The registered manager was aware of the requirements regarding any potential deprivation of people's liberty and was taking appropriate action where indicated.

People were supported to eat and drink enough. Staff made sure actions were taken to ensure their health and social care needs were met.

Is the service caring?

Good

The service was caring. People benefitted from a staff team that was caring and respectful.

People benefitted from staff who knew them well and worked with them in a calm, caring and professional way. Staff were skilled in recognising situations where individual people could become anxious. They showed empathy and understanding when supporting people to cope with and reduce their levels of anxiety when the need arose.

People's rights to dignity and privacy were respected and they were supported to be as independent as possible.

Is the service responsive?

Outstanding

The service was responsive. People received care and support that was personalised to meet their individual needs.

People benefitted from staff who had an in depth knowledge and understanding of people with autistic spectrum disorder. Staff used those skills when developing care plans that were highly individualised to each person.

People led as active a daily life as possible, based on their known likes and preferences. The service was responsive and proactive in recognising and adapting to people's changing needs.

Relatives knew how to raise concerns and confirmed they, or their family member, were listened to and taken seriously if they did.

Is the service well-led?

Good

The service was well-led. People benefitted from a service that was managed well and had a strong leadership.

Staff were happy working at the service and there was a good team spirit.

Staff felt supported by the management and felt the support they received helped them to do their job well.

Kingwood - Domiciliary Care

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 23 and 24 November 2015 and was announced. This was a comprehensive inspection which was carried out by one inspector. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we sent survey questionnaires to 42 members of staff and received 14 back. We also sent survey questionnaires to 23 community professionals and received six back. During the inspection we spoke with three people using the service and five care workers, one in depth. People were not always able to give us details of what it was like to receive a service from Kingwood – Domiciliary Care. However, they were able to tell us their views on what was happening at the times we spoke with them. We also spoke with the registered manager and members of the head office staff team. We observed people and staff working together during the two days of our inspection.

We looked at four people's care plans, daily records, health action plans and medication administration records. We also looked at the recruitment files of six care staff and staff training records. We saw a number of documents relating to the management of the service. For example, health and safety audits, quality audits, newsletters, quality assurance surveys of relatives, whistleblowing record, complaints and compliments records.

Following the inspection we sought and received feedback from six relatives. We requested feedback from seven Kingwood – Domiciliary Care workers and 15 health and social care professionals. One Kingwood – Domiciliary Care worker and two health and social care professional responded to our request for feedback.

Good

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. One person told us they felt "very safe" when with staff. Relatives told us they felt their family members were kept safe by the service. In the survey carried out by the provider in December 2014, all nine relatives who responded rated the service either good or outstanding when asked if they felt the staff kept their family members safe. Social care professionals felt people were safe at the service and that risks to individuals were managed so that people were protected.

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals. For example, risks associated with bathing or related to specific health conditions such as epilepsy.

Before offering a service, risk assessments of the person's home were carried out to identify any risks to staff when providing the care package. Staff were aware of the lone working policy in place to keep them safe in their work.

The provider employed an external company to assess the organisation for their health and safety practices. In December 2014, the provider was awarded certification in the Occupation Health and Safety Assessment Series (OHSAS) 18001 for health and safety management systems. The key areas assessed for the certification were: the management systems in place; planning and risk assessment; staff training and awareness; communication of safety management systems; response to emergency situations and monitoring and continual improvement.

People were protected by robust recruitment processes. People could be confident that staff were checked for suitability before being allowed to work with them. People were also involved in the recruitment of staff during the interview process. Staff files included all recruitment information required by the regulations. For example, proof of identity, criminal record checks, full employment histories and evidence of their conduct in previous employments.

Staffing was provided in line with the hours of people's individual care packages. Some people had as little as four and a half hours per week. Others had care packages that were 24 hours a day, seven days a week. Staff said they had enough time to provide the care people needed within the time allocated to them. Relatives felt there were enough staff and one told us staff always turned up on time and were very reliable. Social care professionals felt there were enough staff to keep people safe and meet their needs.

Incidents and accidents were recorded on an investigation sheet and a thorough investigation took place. Part of the investigation included identifying the cause and putting in place measures to reduce or prevent a recurrence, where possible. For example: an audit of medicine errors for the 12 months ending 23 November 2015 showed there were four occasions where medicines had been missed. Each incident had been investigated and addressed with the staff members involved. As a result of the investigations, the medicines annual assessment of staff practice had been expanded to make it more thorough. Incidents and accidents were analysed and included in an ongoing report to identify any patterns. The analysis of incidents was presented to the quarterly risk and care practice committee meetings. The registered manager told us that recently they had added any physical intervention or restrictive practice occurrences to the agenda for those meetings so that those interventions could be monitored. The risk and care practices committee also looked at any safeguarding concerns and health and safety audits.

People's medicines were handled safely. Only staff trained and assessed as competent were allowed to administer medicines. Staff confirmed they had received training and that their competence had been checked by a manager observing them administering medicines. Staff training records confirmed that all staff had received the training before handling medicines. Medicines administration record (MAR) sheets were up to date and had been completed by the staff administering the medicines. Relatives said their family members received their medicines when they should. One relative commented: "They are very good with [Name's] medicine routine." and pointed out how important that routine was to the person.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. In the survey carried out by the provider in December 2014, all nine relatives who responded rated the service either good or outstanding when asked how effective they believed the service was for their family member. Community professionals told us the staff were competent to provide the care and support required by people who use the service.

New staff were provided with induction training which followed the Skills for Care Common Induction Standards (CIS). In April 2015 the Skills for Care new Care Certificate replaced the CIS. Every year the provider has an 'excellence plan' for the organisation. For 2015 the biggest focus of the plan for the year was the implementation of the new Care Certificate. The registered manager told us the Care Certificate training has been implemented with new staff. The long term plan for the service was to make the certificate achievable for all staff. Staff told us they completed an induction which prepared them fully for their role before they worked unsupervised. Practical competencies were assessed for topics such as moving and handling and administration of medicines before staff were judged to be competent and allowed to carry out those tasks unsupervised.

Ongoing staff training was monitored and overseen by local support managers, area managers and the human resources department. The provider had a number of mandatory training topics updated on a regular basis. For example, training in fire safety, first aid, safe moving and handling and safeguarding adults training. Other mandatory training included medicine administration, food safety, health and safety and the Mental Capacity Act 2005. The training records showed staff were up to date with their training. Where staff were due to have refresher training, places had been booked.

In addition to induction and mandatory training the staff were provided with training related to the people they supported. All staff working at the service had attended training in autism. Depending on the people they worked with, additional training on caring for people with specific needs was provided, such as training in epilepsy and diabetes. Staff were supported to obtain further qualifications. For example, 15 care workers held a national vocational qualification (NVQ) or Qualifications and Credit Framework (QCF) level 2 in care, 21 care workers held an NVQ or QCF level 3 in care and two care workers held a QCF level 5 in care.

Staff told us they got the training they needed to enable them to meet people's needs, choices and preferences. In the compliments folder we saw a compliment that had been made to the service by a doctor complimenting the staff on the 'sterling' job they were doing managing someone's health condition. Social care professionals thought the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One social care professional commented: "I think they deliver a really good training programme." Relatives told us they felt the staff had the training and skills they needed when looking after their family members.

People benefitted from staff who were well supervised. Staff told us they had one to one meetings (supervision) with their manager every two to three months. Staff also confirmed they had yearly performance appraisals of their work carried out. Staff told us they felt the regular supervision and appraisal enhanced their skills and learning.

People's rights to make their own decisions, where possible, were protected. 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. We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of the MCA and all staff had received MCA training. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. During the inspection we observed staff asking people's permission and consent when working with them.

People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. In March 2014 there was a Supreme Court ruling that held that a deprivation of liberty could occur in domestic settings, including supported living facilities. After that ruling the registered manager reviewed the care provision for all people using the service to ascertain if any people were being deprived of their liberty. The registered manager identified 28 people who were potentially being deprived of their liberty and approached the relevant three funding authorities to have appropriate assessments carried out. One funding authority carried out the assessment and had made an application to the Court of Protection for a deprivation of liberty order. The registered manager was waiting for the remaining two funding authorities to carry out the required assessments and, where indicated, make applications to the Court of Protection for a deprivation of liberty order. This would then mean that the service could be sure they were not depriving people of their liberty unlawfully.

Where people were supported with their meals staff supported them to make choices from their known preferences where necessary. Where there were known issues with a person's nutritional intake, this was detailed in care plans. People's preferences and likes and dislikes were detailed in their care plans along with any special dietary needs. Relatives were happy with the support their family members received regarding nutrition. One relative told us how their family member had previously been underweight but was now "just right". Two relatives commented on how their family member's diets had become more varied and that they were more willing to try different foods.

All people had health action plans. We saw people's health was monitored where needed and routine health check-ups were recorded and appointments booked when routine checks were due. Social care professionals felt the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good

Is the service caring?

Our findings

People were treated with care and kindness. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. Care plans contained details about people's histories and personal preferences. All interactions we observed between staff and the people using the service were calm, caring and professional. People said staff were caring when they supported them. One person commented: "Staff are very nice, they look after me. The best thing is the kind staff." Relatives told us staff were caring when supporting their family members. One relative commented: "They clearly care for [Name]." another relative added that staff were extremely caring. Social care professionals felt the service was successful in developing caring relationships with people they support with one saying: "Yes definitely, I think it is one of their strengths." Community professionals confirmed the staff they meet: "are kind and caring towards the people who use the service."

Staff training, systems and practices within the service were designed to take into account that anxiety was a real difficulty for many adults with autism. Care plans contained detailed anxiety assessments which had enabled staff to identify the things and situations that made the individual anxious. When talking with staff it was clear they had an in depth knowledge of the people they worked with and what each person's specific anxiety triggers were. Actions for staff to take to help the person cope with and reduce their anxiety were included in the care plans. This meant staff were aware of what made individuals anxious and how best to help them avoid or manage their anxiety. In the compliments log we saw a relative had left thanks for "how wonderful" a member of staff had been when supporting their family member with a hospital visit for treatment. They said the staff member had: "put [Name] completely at ease, facilitating a great session of treatments, which may otherwise have been horrendous."

The registered manager explained how weighted blankets and squeeze vests were thought to assist some people with autism with calming and relaxation. Staff identified people they thought may be helped by those tools and worked with them to see if the blanket or vest would help. There were 11 people involved in the exercise and six found the blankets or vests helpful. Of those six, three chose not to continue but three found them useful and continued to use them to help reduce their anxiety and relax at certain times. Helping people cope with their anxieties helped them to express their views and participate more easily in things that were happening.

People benefitted from having staff with an in-depth understanding of their individual problems and challenges. We observed staff working with people using the service during the two days of our inspection. They used their knowledge of individual people to help them communicate and interact with us and help us gain their views. Staff showed great skill in helping people remain calm and not get anxious in a situation that was very different for them. Staff were also very good at helping people understand why we wanted to talk with them so that they were not anxious or uncomfortable. We saw staff worked differently with each person depending on their particular need. We saw this way of working corresponded with the different strategies set out in people's care plans. We also saw head office staff interacting with the people who came to see us and it was clear they also had a good knowledge of each person as an individual.

Comments in the service's compliment log included one from someone's GP who said they could see the accompanying staff member: "had a good relationship with [Name], and that [Name] was very happy." A relative sent comments to the service complimenting the staff team on the progress their family member had made since coming to the service and adding: "[Name] has excellent care and it is consistent." Another relative commented: "The staff team currently supporting [Name] are absolutely lovely. Very caring, they know [Name] well." In response to the 2014 Kingwood quality assurance survey question: "Do you believe the staff and service are caring?" six of the nine relatives who responded rated the service and staff as "outstanding" and the remaining three who responded rated them as "good".

People were supported to be as independent as possible. Staff were aware of people's abilities and care plans highlighted what people were able to do for themselves and where they needed help. This ensured staff had the information they needed to encourage and maintain people's independence where possible. Relatives felt staff encouraged their family members to be as independent as far as possible. One relative commented: "[Name] has settled in well and has come on leaps and bounds." Another told us: "[Name] now does a lot more for himself. They are very good at giving him the opportunity to do as much for himself as he possibly can." We saw care staff speaking with people all the time they were working with them, taking care to explain what was happening. We saw staff were aware of the need to let the person determine the pace of what they were doing, rather than staff hurrying them, or doing things for them they could do themselves.

People were involved in the running and development of their services. For example, people who use the service were on interview panels and presented to new staff on their induction training. People also took part in the provider's annual general meetings (AGM). For example, one person helped to introduce a presentation to the July 2015 AGM on the work the provider was doing with the Dogs for Good organisation.

People's right to confidentiality was protected. All personal records were kept securely and were not left in public areas of the service. Staff were all issued with a copy of the provider's guide to security which covered emails, laptops and dealing with confidential and/or sensitive data. People's wellbeing was protected and all interactions observed between staff and people using the service were respectful and friendly. Relatives confirmed staff respected the privacy and dignity of their family members.

Outstanding ☆

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Care plans were geared towards what people could do and how staff could help them to maintain their independence wherever possible. The care plans gave details of things people could do for themselves and where they needed support. People's abilities were kept under review and any changes were noted in the daily records, care plans were updated if indicated. Where people were assessed as requiring health or social care specialist input, this was provided via referral to their GP or by asking relatives or commissioners where appropriate.

People benefitted from care plans that were detailed and very person centred to them as individuals. Care plans were based on information from the person and from others that knew them well, such as relatives and staff who had previously worked with the person. When completing care plans the staff incorporated the principles of active support. Active support is a way of working with people with learning disabilities. It is designed to make sure that people who need support have the chance to be fully involved in their lives and receive the right range and level of support to be successful. Active Support has three components: "Interacting to promote participation, activity support plans and keeping track." In the care plans we saw, and observations of staff working with people, we found the service followed the principles of Active Support. For example, Interacting to promote interaction: care plans gave details, and staff were aware, of how to give people the right level of assistance so that they could do the typical daily activities that arise in life. The registered manager explained how one person required their breakfast to be set out in a certain way. If this was done correctly by staff the person would be able to eat breakfast and then carry on with their day. If this was not done correctly, the person could become anxious and may not be able to move on with the activities planned for the day. Activity support plans. personal care and other activities were organised in a way that enabled staff to determine the support needed and make sure staff were available. This meant that activities could be accomplished successfully. Keeping track: daily records and reviews recorded the opportunities people had each day that enabled the quality of what was being arranged to be monitored.

Each person had a personal portrait or 'book about me' that contained a summary of important things. For example, how the person communicated, their food likes and dislikes, places they liked, things they could do and were good at and things they found difficult. This enabled staff, especially new staff, to have an easy reference summary. The information was also taken with the person if they were admitted to hospital for any reason. This meant hospital staff could have a clear idea of what they needed to know when caring for the person.

As many of the people using the service had different communication abilities, a large part of the needs assessment process dealt with how best to communicate with the person. Care plans included detailed communication sections. Due to the complex nature of autistic spectrum disorder the assessment for communication covered many different areas. For example verbal communication, understanding of verbal language, body language, sign language and other methods of communication such as Makaton and different behaviours. The care plans and instructions to staff took into account how different factors affected people's ability to communicate. For example, raised anxiety could affect a person's ability to communicate. In order to maximise the staff's ability to communicate with the person, care plans included instructions to staff on how to support people to reduce their levels of anxiety if necessary.

Care plans also took into account that different sensory stimuli could have a positive or negative effect on people's ability to communicate. Staff assessed and identified people's sensory preferences and incorporated their findings into their care plan where relevant. To do this staff sometimes used "What do you like?" cards. These cards were developed as part of the "Exploring Sensory Preferences" work of the Helen Hamlyn Centre for Design at the Royal College of Art carried out in collaboration with the provider, The Kingwood Trust. To help identify the sensory preferences of adults with autism, the research team designed the set of 75 cards. Each card shows a different type of sensory experience, which is described in simple words and illustrated by photographic images. Using the cards helps to find out more about how people with autism experience the world through their senses. Knowing how people responded to sights and sounds, textures, touch and smell helped staff to communicate and work effectively with people using the service. The registered manager explained how the assessments could be used: "If someone was appearing to struggle with motivation/interest to have a bath or shower and the visual elements of the assessment suggested someone doesn't like red, we can encourage them not to have red items in their bathroom i.e. towels. If the element of the assessment relating to smell also suggested they found the smell of apples or fruit unpleasant, we would steer them away from shampoos and shower gels with that smell. It is possible that in combination, red towels and fruity smells could cause a sensory overload and this would be enough to dissuade someone from entering the bathroom."

The service was working on video portraits with some of the people. The registered manager explained this was to enable people to be involved in training new staff and to help them get across to staff what was most important to them in their lives. We viewed one of the videos and found the person, with the support of staff, described what they could and couldn't do. They also described how they communicated, what they liked and didn't like, what activities they enjoyed and what help they needed with personal care. At the time of our inspection ten people had video portraits and two people were working on theirs. The service planned to have video portraits for all people eventually. The registered manager was looking at ways of including in the videos more details of the level of assistance people needed with personal care and hoped to develop and refine the content of the videos over time.

The provider, The Kingwood Trust, and Dogs for Good had been working together to provide a project involving bringing dogs into goal orientated weekly sessions with adults with autism. The provider approached Dogs for the Disabled (now Dogs for Good) in 2010 to propose a joint venture to explore the potential benefits that dog assisted intervention may bring to adults with autism. This was following the findings of Dogs for the Disabled that children with autism could find the animal's presence calming. In July 2013 the first Kingwood instructor was recruited for a 3 year contract as a specific part time role to enable the project to develop consistency and work with more of the people the provider supports. The project had been running for two years and included five of the people using the service. All people had individual goals set. The main goals which had been worked towards were road safety, reducing anxiety and increasing confidence to go to new/busy places, social skills/relationships and taking responsibility to aid independence, health and self-care. One of the five people had a goal that related to self-care. Working towards the goal involved caring for the dog and then transferring those skills to caring for themselves. This work was ongoing at the time of this inspection. However, to date staff reported, and the study found, that the person had increased in independence regarding self-care and was doing more for themselves without prompting.

Relatives were aware of how to raise a concern and told us they would speak to one of the managers or the registered manager. Relatives who had raised concerns told us they were happy with the way they were dealt with. There were three complaints recorded in the complaint log for 2015. We saw the complaints had been dealt with quickly and resolutions were recorded along with actions taken. During our inspection we saw people expressing concern or discomfort. Staff were always very responsive and quick to take action to identify the cause of the concern and deal with it. For example, one person came to the office to speak with us. However, on arrival the person decided they did not want to speak with us after all. Staff were quick to identify this, they spoke calmly with the person and they went to do something else.

Good

Is the service well-led?

Our findings

People benefitted from receiving a service from staff who worked in an open and friendly culture. Staff told us they got on well together and that management worked with them as a team. A relative told us: "It is a very well run organisation, we are well informed. Staff and clients get on very well together."

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working for the service. They were confident they could take any concerns to the management and would be taken seriously. They were sure managers would take action where appropriate. Staff members told us their managers were accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to their managers.

Staff told us managers were open with them and always communicated what was happening at the service and with the people they support. They felt well supported by their managers. The provider recognised that the intense nature of the work staff do could be stressful. Staff forums had just been introduced to give staff an opportunity to communicate with colleagues. The provider had conducted a staff wellbeing survey and the report was presented to the organisation's board meeting in November 2015.

The staff group were divided into a number of staff teams, based on the people they worked with. Each staff team had a manager and the managers were supported by area managers. Staff meetings were held every two months in local staff teams. The area managers held team meetings with the managers every two months and the registered manager met with the senior management team every month. Agendas for these meetings had been redesigned into five headings, covering the five questions CQC ask at inspections. The service held mid-year and annual review meetings where they looked at incidents and accidents, complaints, compliments and determined goals for the following six months.

The service kept people and their relatives informed on what was happening with the service in a number of different ways. There were local meetings for people they support, parent and family meetings and a quarterly newsletter sent to all people and their relatives.

Staff felt they were included in taking the service forward and told us management asked for suggestions on how to improve the service provided. Relatives confirmed they had been asked for suggestions on improvements they thought would be useful. The organisation had developed and introduced a "Family Charter" in August 2015. This had arisen from discussions on how to improve communication and understanding between the organisation and families at a families and parents evening workshop. All those in attendance felt the development of a family charter, which identified both sets of responsibilities and obligations, would be useful.

Care plans, daily records and risk assessments were reviewed on an ongoing basis, any changes were recorded on the care plan and in daily records. The local managers, area managers and human resources department oversaw and monitored staff training and kept a log of what training people had received or needed to be booked.

Quality assurance survey forms were sent to people and their families annually to assess their satisfaction with the service. The forms asked questions relating to different aspects of the service provided and were based on the five questions CQC ask at each inspection. We saw the report for 2014 on survey forms from relatives of nine of the people who use the service. Responses to the questions on the survey forms were positive. The provider participated in the International Organisation for Standardisation ISO 9001 accreditation scheme for their Quality Management System and had been awarded certification in December 2014.

At the time of this inspection all quality assurance systems in place were designed to assess the services provided by the organisation as a whole. This made it difficult at times to filter the reports and audits to identify the results that applied only to the provider's provision of personal care. It also meant there was no system in place to determine people's satisfaction with the delivery of personal care alone. The registered manager told us she would consider how this could be done in future.

Social care professionals said they felt the service demonstrated good management and leadership and worked well in partnership with them. One commented: "The registered manager seems very informed, open and honest. The managers seem to know their roles and responsibilities and they have good staff." Another told us: "They are really well led from the top. They are fantastic at doing things differently." Relatives also felt the service was well managed. Comments receive from relatives included: "We feel very happy with the service. We would struggle without them." and "They understand autism. I am extremely grateful to all of them."

All of the service's registration requirements were met and the registered manager was aware of incidents that needed to be notified to us. Records were up to date, fully completed and kept confidential where required.