National Autistic Society (The)

Stonepit Close

Inspection report

42-44 Stonepit Close
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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 15 and 19 September 2016 and was unannounced.

Stonepit Close is a purpose built residential home registered for up to 10 young adults diagnosed with autism or Asperger's syndrome. The accommodation consists of two houses, known as Holly House and Jan Norton House. At the time of the inspection the service was providing support to 10 people.

The service had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because staff were trained and understood their personal responsibilities within the provider's safeguarding procedure. People's risks of avoidable harm were reduced by the service's assessments and plans put in place to mitigate them. Staff supporting people were recruited safely as a result of the provider's use of appropriate interview, vetting and identity checking procedures. People received their medicines safely and in line with the prescriber's instructions. Staff demonstrated good hygiene practices and the manager audited the cleanliness of the service.

People were supported effectively by a trained, supervised and appraised team. People gave their consent to the care their received and their rights under mental capacity legislation were upheld. People's communication needs were assessed and creatively met. People chose what they ate and were supported with healthy eating options. People had timely access to health and social care professionals and the design and layout of the service met people's needs.

Staff were caring in their delivery of care and support to people. People were supported to nurture relationships and were encouraged to be independent. People made decisions about how their lives and their privacy were respected.

The quality of people's lives was enhanced by the excellent way in which the service responded to people's individual needs. People were supported to be a part of their community and to publicly celebrate their achievements. The service supported people to build their confidence and to view themselves positively. People's diverse interests and hobbies were supported and best practice was used to manage people's behavioural support needs which reduced considerably as a result.

Good leadership was in evidence at the service. People, relatives and staff held the management team in high regard. The registered manager ensured that frequent auditing of service quality was undertaken and actions were put in place to address areas in need of improvement. The service ensured the on-going involvement of health and social care professionals in meeting people's needs.

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

People were safe. Staff had been trained in and understood the provider's safeguarding procedures.

People were supported with plans to manage their assessed risks.

There were enough staff at all times to safely meet people's needs and manage people's risks.

Staff supporting people were suitable because they had been safely recruited.

People received their medicines safely and their administration was recorded appropriately.

The service was clean and staff followed good hygiene practices when supporting people and handling food.

Is the service effective?

Good

The service was effective. People were supported by a supervised and appraised staff team.

Staff received training to meet the specific needs of people living in the service.

People were treated in accordance with legislation and their rights with regards to their mental capacity were upheld.

Staff supported people's communication needs in a personalised and effective manner.

People's health and nutritional needs were met.

The home environment was appropriate for the people who lived in it.

Is the service caring?

Good

The service was caring. People and their relatives told us that the manager and staff were caring.

People were supported to develop and maintain friendships.

People were supported to make decisions and to be independent.

People were treated with dignity, respect and sensitivity.

Is the service responsive?

Outstanding ☆

The service was outstanding in its responsiveness to people's individual needs.

The service supported people to transform the way they viewed themselves and raise their self-esteem.

People's lives were enhanced by the service's success in supporting people's behavioural needs.

People's care was flexible and highly personalised.

People's involvement in their faith and acts of worship were supported by the service.

The provider's complaints process was accessible and people knew how to complain.

Is the service well-led?

Good ●

The service was well-led. The registered manager and senior staff knew people, their needs and their families well.

The care and support people received was regularly audited.

Care records were accurate and the registered manager analysed events within the service to ensure incidents that put people at risk did not recur.

There was a clear management structure and both the manager and staff knew their responsibilities.

The service worked in partnership with other organisations and bodies to raise awareness about people's needs.

Stonepit 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 unannounced inspection took place on 15 and 19 September 2016 and was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about Stonepit Close including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information in the planning of the inspection.

During the inspection we spoke with five people, the registered manager and four staff. We reviewed seven people's care records, risk assessments, person centred plans and medicines administration records. We looked at documents relating to staff and management. We reviewed eight staff files which included pre-employment checks, training records and supervision notes. We read the provider's quality assurance information and audits. We also looked at complaints and compliments from people and their relatives and carried out general observations.

Following the inspection we spoke with one relative and we contacted five health and social care professionals to gather their views about the service people were receiving.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "When I look back at my life I can say this is the safest I have ever felt and feeling safe has really helped my confidence and anxiety." Another person told us, "The staff make sure I am safe all day every day."

People were safe because staff received safeguarding training and knew how to protect people from abuse. Staff understood the provider's safeguarding procedures and were aware of signs that could indicate a person was at risk of abuse. Staff we spoke with told us the actions they would take to protect people from abuse. For example, staff would inform the registered manager or a senior member of staff if they were concerned about a person's safety.

People's safety was enhanced by staff understanding of the provider's whistleblowing policy. Whistle-blowing is the practice of reporting concerns about people's safety to an external organisation if the provider does not address them appropriately. One member of staff told us, "I can't imagine the NAS [National Autistic Society] ignoring a safeguarding concern, but if it happened I would be operating within our policy to whistle blow to the council or to CQC. [People's] safety trumps everything."

People were protected from the risk of avoidable harm. The registered manager and staff assessed people's individual risks and developed appropriate guidance to manage risks. The leadership team analysed accidents, incidents and 'near misses' and updated care records in response to incidents to reduce the likelihood of recurrence. This meant people were safe because the risks to them were identified and mitigated.

People were protected from risks associated with their health needs. People diagnosed with epilepsy were supported with seizure protocols. These identified how people's seizures presented and the support they required from staff to be safe. Care records guided staff in the use of 'when required' medicines and at what point emergency medical assistance should be summoned. Staff received training to support people during seizures and risk assessments included how to keep people safe when they used the bath. This meant staff met people's health needs and followed plans to keep them safe.

The provider ensured there were enough staff available at all times to meet people's needs in a safe and person centred way. We found the service did not go below its minimum staffing requirement and frequently had double that number supporting people. The service was delivered using staff organised over shifts. Waking staff supported people overnight and an on-call service was available during that period to provide staff with management support. When the service was required to cover staff vacancies the provider used the same small number of agency staff. This meant people were supported by an established staff team familiar with their needs.

People were protected by the provider's safe staff recruitment practices. All staff successfully completed pre-employment checks. These included the submission of two references, proof of their identity, address and the right to work in the UK. We saw that where there was a gap in the employment history of one applicant

the manager sought and received a satisfactory explanation. Applicants submitted to checks with the Disclosure and Barring Service (DBS). The DBS provides information about a person's criminal record and whether they are barred from working with vulnerable adults. This meant the provider possessed the information required to make safe recruitment decisions.

The provider's medicines administration procedures ensured that people received their medicines safely. One person told us, "The staff give me my medicine. They tell me what it is and what it's for and ask me if I will take it." Photographs of people were attached to their Medicine Administration Records (MAR). This meant staff knew they were giving the right medicine to the right person. Two staff signed MAR sheets after medicines were administered. The first staff signed to confirm they had administered medicines to people and the second signed to confirm they had witnessed medicines being administered as prescribed. Records of medicines returned were maintained. These detailed the reasons for returning medicines. For example, if medicine was unused or out of date. The registered manager audited MAR sheets to ensure people had received the right medicine at the right time.

Some people were supported to take medicines 'when required'. Protocols were in place to advise staff when this should happen and on how many occasions 'when required' medicines could be administered. The occasions that 'when required' medicines needed to be administered were reviewed by the service and with health and social care professionals. This meant the need and use of 'when required' medicine was the subject of continuous review.

People were safe because contingency plans were in place to protect people in the event of an emergency. For example, people had personal emergency evacuation plans (PEEPs) to ensure they were safe in the event of a fire. They contained essential information to be relayed to emergency services personnel arriving on site. The service had a file for staff which denoted the locations of essential installations including gas shut off points and water stop cocks. Each control was shown in a colour photograph with illustrated instructions on how to turn them off. This meant staff had information on emergency actions to be taken within the environment to keep people safe.

The infection control practices of staff protected people from healthcare-associated infections. Staff wore personal protective equipment (PPE) when supporting people with their personal care needs. For example, staff wore gloves when assisting people to wash. A member of staff told us, "There are three sizes of gloves in each bathroom for staff to use."

People were protected by food hygiene practices of staff. Staff received training in food safety and this was reflected in the services practices. Food was prepared on colour coded chopping boards. For example, raw meat was prepared on red chopping boards, whilst raw fish was prepared on blue chopping boards. Breads and flour were handled on white boards. This meant people were protected from the risk of cross contamination. The service received a top rating of five when checked by the local authority as part of the food hygiene rating scheme in April 2016.

People's bedrooms and communal areas were free of unpleasant odours. The service employed a cleaner and staff supported people to clean their bedrooms. This meant high standards of cleanliness were maintained throughout the service. There was hand wash and paper towels in each of the toilets and bathrooms we viewed.

Good

Is the service effective?

Our findings

People were supported by trained and skilled staff. The registered manager and the service's leadership team developed a training matrix to ensure all staff undertook mandatory, developmental and refresher training. Training included subjects specific to the needs of the people being supported. For example, all staff attended a three day course giving them the skills to support people's behavioural support needs in a personalised and non-restrictive manner. The staff team were also trained to support people's epilepsy, autistic and communication needs. This meant staff had the skills and knowledge to meet people's needs effectively.

The provider supported staff to undertake training and education courses leading to qualifications. We found that eight staff had National Vocational Qualification (NVQ) certificates awarded at level 3 in health and social care, whilst a ninth member of staff was enrolled to study the course. A further two staff had completed the NVQ certificate at level five. This meant that people were supported by staff with up-to-date training and knowledge in the best practice approaches to the delivery of care.

New staff underwent a comprehensive induction when they joined the service. The induction included orientation to the home environment and the needs of people and a chance to become familiar with the provider's policies and procedures. A member of staff told us, "The induction and training set me up well for a good start. Understanding the needs of people with Asperger's and autism, the importance of communication and particularly following the guidelines and care plans made me confident from the get go."

People received care and supported delivered by staff who were supported and supervised. A member of staff told us, "I have supervision about every six weeks or I can request it if there is something that needs discussing sooner." Another member of staff said, "Supervision is a lot of use because we talk about improving things for people and improving the way we work. I find it supportive." We read supervision records and noted discussion about communication methods with people, confidence in supporting people and, for a senior member of staff, the importance of being a good role model."

Staff received appraisals from the registered manager. The registered manager provided staff with annual appraisals to review their delivery of support to people and identify staff training and development needs. This meant people were supported by staff whose performances were monitored and evaluated.

People's communication needs were individually assessed and met. Care records guided staff in the use of the most effective methods of engaging with people. For example, Each person who required one had their own pictorial communication book. These contained photographs related to objects and activities of relevance to the person. For example, pictures of activities, favourite restaurants and personal care items such as toothbrushes. Staff supported people with Makaton sign language. The manager was skilled in this communication method and provided structured training sessions to staff who in turn used the signing skills daily when interacting with people.

Care records noted people's preferred and disliked communication methods. For example, one person's care records reminded staff that the person did not like eye contact. Pictorial notice boards were used through the service. These included, photographs of the staff on shift that day, images of the activities planned for the day and photographs in the kitchen of the meals being prepared.

People gave their consent to the care they received. One person told us, "The staff do ask me do I not want to do things. They are good like that and respect my decision even if it is one they weren't expecting and I made it when I was grumpy." Care records noted people's consent to the support they received.

People's rights were upheld in line with legislation. We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These aim to make sure that people in care homes are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive. Services should only deprive someone of their liberty when it is in their best interests and there is no other way to look after them, and it should be done in a safe and lawful manner. At the time of the inspection DoLS had been granted and reviewed by the local authority to keep some people safe. The appropriate documentation had been completed by the service in respect of other people and assessment by social workers was awaited.

People were supported with best interests meetings were they lacked capacity regarding health treatment. For example, a person was supported with a best interests meeting to discuss a dental procedure. The person was supported by relatives and staff with a healthcare professional being the final decision maker. This meant that decisions made were the least restrictive and in the person's best interests.

People were supported with nutritious meals and plenty to drink throughout the day. One person told us, "The food is well good. I chose the meals I want not the ones I don't so it's always good. "Another person told us, "We choose the menu at residents meetings and a few of us then do the shopping for the ingredients." People who did not use speech were supported to make choices using cards with photographs of dishes. For example, laminated images of plated fish pie, quiche and lamb chops were available for people to select.

People were supported to access health and social care services as their needs required. Each person attended an annual health check at their GP practice. Referrals were made to therapeutic healthcare disciplines in a timely manner. For example, people received input from psychologists and speech and language therapists. The service ensured people had prepared documentation to support them should they need to attend or be admitted into hospital. This meant healthcare professionals would have up-to-date information about people's health needs, medicines and preferences for support.

People and their relatives told us the service was homely and appropriate for people's needs. One person told us, "I love it here, it's great. We have quiet rooms, lively rooms like the games room and there's sensory room." Another person said, "There is nothing about this place I would change. It's my home and I love it. I have space if I need it and I can hang with the others when I want to." A relative told us, "A lot of effort has been put into making this a home for people, not some sort of mini institution. There is artwork all around the house and I just love all of the photos of everyone doing things and having fun."

Good

Is the service caring?

Our findings

People and relatives spoke positively about the staff team and the relationships people had been supported to develop. One person told us, "There is a great staff team. They're fantastic. I am given so much trust and as much freedom as I want." Another person said, "I get things wrong and get humpy from time to time but they don't make a big deal out of it." A relative said, "The staff care a great deal. They work really hard. It is their commitment that has made my [relative's] life as good as it is."

People told us staff helped to create a caring and trusting environment. One person told us, "Even when I am in a bad mood and being a real handful the staff are always nice to me. That hasn't been the case in every home I've lived. I know that can't be easy and I really appreciate it." Another person told us, "Chatting is important. I know it might sound silly, but just talking about things to staff that aren't important is very important to me and the [staff] always make time to do that." Whilst a third person said, "Staff always work out my problems with me." This meant staff had created an environment in which people felt safe and supported.

People were supported to maintain the relationships that were important them. Friendships established with friends at day services were nurtured. One person told us, "I get to meet my friends from the day centre and we have got as far as being able to do things ourselves when we want with a bit of staff support. It's wonderful because I suppose I never really had friends before. Now I have them in the home and from other places." A relative told us the service kept them informed about people's changing needs and overall well-being and that they were made to feel welcome when they visited.

People were involved in making decisions about the care and support they received and how they lived their lives. One person told us, "I am now doing the things I always wanted to do. I promise you that was not the case before I came here." Care records showed the support people required to make choices. For example, following the guidance of speech and language therapy one person's care records stated they should not be overwhelmed with information or choices, therefore staff offered the person two tangible choices at a time. For example, photographs of two activities they enjoyed participating in or of two of their preferred meals. People's families and advocacy services were used to support people with more complex decisions.

People chose how their bedrooms were personalised. People showed us their bedrooms and identified the items they felt made their rooms unique to them. For example, one person had a sofa, plants and disco lights which were used for the service's 80's disco nights. While another person had a light system projecting stars onto their ceiling. Another person was supported to have as many items in their favoured colour as they wished including, bedding, cushions, television and play items.

People were supported to develop their independence. People were supported with assessments which identified their strengths, skills and support needs. Care records guided staff about skills teaching. One member of staff told us, "Most skills teaching comes with a bigger goal in mind. This would be long term and the skills teaching would be incremental, akin to small steps towards that goal." A person explained to us how they had been supported to develop the skills necessary to be more independent, "I started off walking

to the shops with staff. Then after a while they walked a little bit behind me. Then they went half way with me. Now I do it on my own. Isn't that great? I am proud of myself. I bring a phone with me so I can keep staff up to date." We read that the person's use of their mobile phone formed a key part of the risk management plan supporting the person's independence. This meant people were supported to be as safely independent as they chose.

People told us that staff treated them with dignity and respected their privacy. One person told us, "I don't want staff in my room. No way. They wouldn't dream of entering without my permission. I have a key to my room and lock the door. The staff have to knock my door and wait for me to say the magic words 'come in' or they have to wait outside." Another person told us, "The staff treat me like an adult in my own home. That is so important." Relatives told us people's privacy was respected when they visited and they had uninterrupted space if they chose.

Outstanding ☆

Is the service responsive?

Our findings

People told us the service was outstanding in how it had met their needs. One person told us, "This place has been the making of me. When I arrived here I had two to one staff. That means two staff were with me most of the time. I had no confidence, no-one to talk to and lots of behaviours. Now I can go out without any staff. I have friends. No one bullies me anymore. My confidence is high and the sky is the limit for what I can achieve. I can say 100% that is due to the staff here. I am very proud of myself and I want to say thank you to the staff."

People told us that staff had transformed their sense of self- worth. People we spoke with described arriving at the service with low self-esteem and how the service had helped people to re-shape the way they viewed their diagnoses of Asperger's and autism. People were supported to develop positive self-images. One person told us, "Staff have helped me and encouraged me and I know now my Asperger's is not a curse, it's a gift. I know I have weaknesses but the staff show me my strengths. They have shown me I can do things other people can't. I learn and remember facts quickly. For example, I know every team that has won the FA Cup." The provider hosted a 'Celebrating Autism' event in the local town in July 2016 which was attended by large numbers of people from the wider community. As part of the event people and staff performed in the National Autistic Society Choir, people's artwork was displayed and one person delivered a speech to children at a local school about their life and living with Asperger's. The person told us, "I could never have done that a few years ago. I never thought I could have this amount of confidence." This meant the service supported people to be at the heart of their community, to celebrate their talents and increase their confidence.

The service was exceptionally responsive in supporting people to pursue their interests and hobbies. One person told us, "Before I came here I never had any hobbies, now look at me. I write a blog, I sang in a choir and the staff have supported me with my number one passion which is travel. They have taken me to Malta and Denmark and we are going to Italy soon." Another person, who had an interest in the Royal family, was supported to send letters and cards to Buckingham Palace and to wear a 'top hat and tails' when attending horse racing at Royal Ascot each year. A person interested in art was supported to go to exhibitions and galleries, whilst a person fascinated with animals was supported with regular trips to the zoo, including an overnight stay. Similarly another person recalled to us the large number of world famous bands they had been supported to see perform live in concert. This meant the service was person centred and highly flexible in how it met people's needs.

People were sensitively supported with their behavioural needs. People who presented with behaviours that may be difficult for themselves and others were supported with assessments, care plans and guidelines. One person told us, "When I am getting really agitated and feel myself losing it, the staff talk to me and calm me and then it's all good again." Another person told us, "It's not nice when I feel anxious or angry. The staff give me the space to self-calm and I know I will be alright." All staff were trained to manage problematic behaviours and the service emphasised a 'low arousal' response. For example, one person's care records directed staff to speak softly and slowly in response to a person become anxious. Another person was supported with pre-planned verbal responses to a series of repetitive questions that indicated they were

becoming agitated. This technique is called 'social scripting' and staff employed it to reassure and slowly calm the person in line with their care plan. This meant staff supported people using best practice in the management of behaviours which challenge.

People's changing behavioural support needs were supported. The registered manager and team leaders continually reviewed information related to people becoming agitated with a view to identifying triggers. Triggers are factors which may cause people to become anxious and agitated and lead to behaviours being presented. Once a trigger was identified the manager and staff took action to support people to avoid its recurrence. For example, a number of people found any disruption to their routines and environments extremely distressing. The service supported people by anticipating disruptive events and taking action such as arranging for maintenance work to be undertaken when people were out of the home and engaged in activities. Other examples of identified triggers stated in care records included, crowded places, eye contact and the word 'no'. This meant the management team's analysis of events enabled the service to support people to avoid repeated exposure to adverse situations. The number of incidents where people needed behavioural support had reduced, were less frequent, lasted for a shorter time and were less intense than previously. This illustrated that the team's action had improved people's well-being.

People received personalised care and support. People's needs were assessed before they received a service and these were subject to regular review and when people's needs changed. People's care plans met people's assessed needs and care records contained person centred plans (PCPs). These included people's social histories, photographs of people as children, along with their likes and preferences. For example, one person's PCP stated they enjoyed fairground rides whilst another person's noted they enjoyed a glass of Bailey's. A third person's PCP recorded the person's pleasure at playing 'rock-paper-scissors'. This meant people's care records reflected people's personalities and preferences so staff could take them into account when providing care.

People were supported with regular reviews of their needs and support. The service arranged annual reviews to which people, relatives, social workers and healthcare professionals were invited. People's care plans were reviewed and amended to reflect changes in people's needs and new short term goals were set. Goals we read included, accessing the community independently, self-medicating and making a meal without staff assistance. Staff recorded progress towards people's goals in daily records and people were supported to evaluate their objectives each month. This resulted in people recognising and feeling ownership of their successes.

People chose the activities they participated in. People decided which of three local day services they wanted to attend during weekdays, where they were supported by the same National Autistic Society staff who supported them at home. This meant people were supported by staff they were familiar with and who knew them and their needs. At home people told us they enjoyed activities which included, cooking, games, dining out and going to the cinema. One person told us, "For me, most definitely my favourite thing is when we play board games like Monopoly." Another person said, "You can't beat a good disco night here."

People's spiritual needs were supported. People who chose to were supported to go to church on Sundays. One person told us, "Going to church is very important. Staff come with me. It is a good thing." Another person was supported to receive a visit from a local priest each month when he delivered a service and holy communion to the person and their parents.

People gave their views about the service and helped to shape how it was delivered. People were supported to attend frequent residents meetings to discuss and make decisions about matters of importance to them. For example, people discussed meals, the use of communal areas and planned events. In addition each

person was supported to meet with their keyworker monthly. A keyworker is a member of staff who takes the lead role in co-ordinating with people how their needs are met. For example, keyworkers planned activities and holidays and coordinated health appointments.

People helped to select the staff supporting them. People were involved in the recruitment of the staff by participating in candidate's interviews. One person told us, "I have interviewed support workers and seniors. I asked a few questions and the manager wrote down what they [candidates] said. We discussed it all afterwards. You have to pay attention but it's good."

People told us they knew how to make a complaint. One person named all of the staff they would inform of a concern, starting with the team leaders and proceeding through the provider's hierarchy to the head of operations. The provider's complaints procedure had been produced in a easy to read format with colour pictures. It was displayed in the communal area at eye level. This meant people had the information they required to complain about the service they received if they chose to. The provider also retained written compliments and praise from people and their relatives. This meant people were able to share their positive and negative views as they chose.

Good

Is the service well-led?

Our findings

People were supported by an experienced and skilled leadership. The registered manager had worked at the service for 17 years and the two team leaders had worked in the service for a combined total of 15 years. This meant the service leadership knew people and their needs well. The manager trained staff in the use of Makaton sign language whilst a team leader delivered behavioural management training. The manager, team leaders and senior support workers all undertook shifts in addition to their administrative and managerial duties. This meant people were supported by staff who had managers working alongside them, role modelling good practice.

Staff told us the registered manager was supportive. One member of staff told us, "She is by far and away the best manager I have ever had. I cannot overstate how supportive she has been. She is human. She understands that upsetting things can happen outside of work that can impact on you at work and she supports you through it." Other staff we spoke with made similar comments and described the manager as "approachable" and "motivating." Staff told us the open culture in the service made for a positive atmosphere in which to work. One member of staff told us, "I love coming to work every day. There is always something exciting happening and everyone pitches in."

The management arrangements within the service were clear. The service was led by a registered manager, two team leaders and two senior support workers. Each shift had a shift leader who was responsible for specific tasks. For example, shift leaders carried out checks. These included ensuring that people's petty cash balanced, and that maintenance issues were raised or resolved. Staff had access to managers at night and over the weekend through an on call system. This meant people were supported throughout the day and night by staff who had management support and guidance available to them.

The registered manager received support from the provider. The registered manager had supervision meetings and an annual appraisal with their line manager and was supported to develop a training plan. The registered manager attended regular meetings with managers of other services delivered by the provider. This meant the registered manager had the opportunity to discuss best practice with colleagues.

Staff maintained accurate notes in people's care records. For example, staff wrote detailed notes of incidents involving people. These were analysed by the manager and team leaders who updated care records to reflect changes to people's needs and risks. This meant action was taken to prevent the recurrence of events placing people at risk.

The quality of care people received was audited by the registered manager and provider. The manager undertook and coordinated a range of checks of the service, environment, incidents and documentation. Senior managers within the organisation along with other registered managers conducted additional quality audits. We found that actions were put in place to meet any shortfalls. This meant that the manager and leadership team continually tried to drive up improvements in the quality of care and support delivered to people.

The provider collaborated with other agencies. For example, the provider worked in partnership with the local police service by providing police officers with an introduction to the needs of people with autism and Asperger's. In addition the provider worked closely with health and social care professionals including, social workers, care coordinators and mental health specialists. The registered manager understood their responsibilities of registration with the Care Quality Commission and notified us of important changes affecting the service.