Avocet Trust

22a-26 Middlesex Road

Inspection report

22a-26 Middlesex Road
Hull
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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

22a – 26 Middlesex Road is located in the east of the city of Hull and is registered to provide care and accommodation for up to a maximum of six people with a learning disability. Accommodation is provided in four bungalows in a residential area close to local amenities. Two bungalows are designed for single occupancy and the remaining for two people to share.

We undertook this unannounced inspection on the 10 February 2017. At the time of the inspection there were six people living at the service.

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

At our last inspection of the service on 25 February 2016 we found improvements were required to ensure confidential records and monies belonging to people who used the service were held securely in one of the four bungalows. We found the cupboard where personal records were stored was unlocked and the key had been left in the lock, which meant confidential files were not being stored securely. These issues meant the registered provider was not meeting the requirements of the law regarding confidentiality of records.

We found further improvements were also needed to be made to the records maintained within the service. This included allocated work sheets and hot food temperatures not being fully completed and incorrect temperatures being maintained of freezer records. Further improvements were also required to stop the practice of fire doors being wedged open and to the safe storage of disposable gloves and bags.

At this inspection we found the registered provider had fitted a keypad to the outside of the laundry room door, to prevent any opportunity for keys being left in the door and unauthorised access. This meant the registered provider had achieved compliance with the regulation. Fire doors had been fitted with electronic hold back devices and disposable gloves and bags were stored securely. A newly introduced quality assurance system was in place which audited all records maintained within the service and ensured they were kept up to date within identified timescales.

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse and knew what actions to take if they suspected abuse had occurred. Accidents and incidents were investigated and action was taken to prevent their future reoccurrence. Staff had been recruited safely and relevant checks were completed before they commenced working within the service. Medicines were ordered, stored and administered safely and people received their medicines as prescribed.

People were supported by sufficient numbers of staff who had the skills and experience to carry out their

roles effectively and who received effective levels of support, supervision and mentorship. Staff understood how to gain consent from people who used the service; the principles of the Mental Capacity Act 2005 were followed when people could not make specific decisions themselves. People were supported to eat a healthy diet and drink sufficiently to meet their needs and were supported by a range of healthcare professionals to ensure their needs were met effectively.

People who used the service and their relatives told us they were supported by kind, caring and attentive staff who knew them well and understood their preferences for how care and support should be delivered. We saw people were treated with dignity and respect throughout our inspection. It was clear staff were aware of people's preferences for how care and support should be provided. Staff understood their responsibility to ensure people's private and sensitive information was treated confidentially.

We saw records confirming that reviews took place periodically and people who used the service or those acting on their behalf were involved with the planning and on-going assessments of their care when possible.

There was a complaints policy in place at the time of our inspection which was displayed in the manager's office and available in easy to read format within the service. This helped to ensure people could raise concerns about the service or the individual care and support as required.

The registered manager understood the requirements to report accidents, incidents and other notifiable incidents to the CQC. A quality assurance system was in place that consisted of audits, daily checks and questionnaires. Action was taken to improve the service when shortfalls were identified.

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.

Staff were recruited safely and there were sufficient numbers on duty to meet people's needs.

Staff received safeguarding training and knew what to do to keep people safe from the risk of harm and abuse. People had risk assessments to help guide staff in how to minimise risk.

We found medicines were stored securely and administered as prescribed to people. Some minor adjustments were required to ensure staff all recorded 'when required medicines' to ensure recording was maintained in a consistent way.

The service was clean and tidy and equipment used was safe and well-maintained. Improvements had been made to the areas identified at our last inspection.

Is the service effective?

Good

The service was effective.

People liked the meals provided and their nutritional needs were met.

People's health care needs were met and they had access to community health care professionals when required.

Staff had access to training, supervision and appraisal which provided them with the skills, knowledge, support and confidence they required to care for people.

Staff understood the principles of the Mental Capacity Act 2005 (MCA), which meant they promoted people's rights and followed least restrictive practice.

Is the service caring?

Good

The service was caring.

Staff were observed speaking to people in a kind and patient way

and treated them with dignity. People's right to privacy was seen to be respected by staff.

People were provided with information and explanations so they could make choices and decisions about aspects of their lives.

Confidentiality was maintained and personal information stored securely.

Is the service responsive?

Good

The service was responsive.

Arrangements were in place to ensure people had the opportunity to engage in a variety of different activities both within the service and the wider community.

People who used the service were enabled to maintain relationships with their friends and relatives.

Assessments of people's care needs had been undertaken and person centred care support plans were developed to guide staff in how to support people in line with their preferences and wishes.

There was a complaints procedure in place which was available in alternative formats.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems in place were robust and enabled analysis of key data to focus on continuous service development.

The registered manager reviewed all accidents and incidents that had occurred in the service so learning could take place.

Staff told us they felt supported by the registered manager and encouraged people and staff to be actively involved in developing the service.

22a-26 Middlesex Road

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 registered 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 was announced; it took place on 10 February 2017 and was carried out by two adult social care inspectors.

Prior to the inspection, the registered provider completed a Provider Information Return. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local authority commissioning and safeguarding teams to gain their views on the service. We also looked at the notifications we received from the service and reviewed all the intelligence CQC held to help inform us about the level of risk for this service.

We spoke with one person who used the service during the inspection and spent some time speaking with staff and observed how they interacted and supported other people within the service. The registered manager, four staff members and three relatives were also spoken with.

We reviewed the care files for three people who used the service and other important documentation such as accident and incident records and medicine administration records. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure people were not deprived of their liberty unlawfully and action taken by the registered provider was in line with current legislation.

A further selection of documentation relating to the management and running of the service was also reviewed; including, quality assurance audits and questionnaires, minutes of meetings, three staff training and recruitment files and a selection of the registered provider's policies and procedures including; medication, complaints and risk assessment.

Good

Is the service safe?

Our findings

Some of the people who used the service had communication and language difficulties and because of this we were unable to fully obtain their views about their experiences. We relied mainly on observations of care and our discussions with people's friends and relatives and members of the staff team to form our judgements. However we were able to speak with one person and obtain their views about their experience of the service. They told us, "Yes I feel safe and the staff look after me."

Relatives we spoke with told they considered their family member to be safe, comments included, "I've no worries about their safety and know they are happy." Another told us, "I wouldn't question that they are safe, they are happy there." We observed people were relaxed, happy and confident in their own homes.

At our last inspection we observed some practices that required improvement. In one of the bungalows we found a key had been left in the door to an unlocked cupboard, the cupboard contained a small safe which held people's personal monies, the door to the safe was closed, but the safe key had also been left in the door, so finances were not being held securely. We also found some of the doors were wedged open, which meant there may be a delay in closing doors in the event of a fire. Boxes of disposable gloves and clinical waste bags were seen to be openly stored in bathrooms and were accessible to the people who used the service.

At this inspection we found the registered provider had fitted a keypad to the outside of the laundry room door, to prevent any opportunity for keys being left in the door and unauthorised access. This meant the registered provider had achieved compliance with the regulation. We found fire doors had all been fitted with electronic hold back devices that were activated by the fire alarm and disposable gloves and bags were stored securely.

Comments from relatives about the cleanliness of the environment included, "It's clean, tidy and there are no malodours" and "Cleanliness is good." Another told us, "The staff are very good at supporting and encouraging them to tidy their bungalow and keep it clean."

People received their medicines as prescribed. We saw that suitable arrangements were in place for the ordering, storage and administration of medicines. Protocols had been developed to ensure when PRN [as required] medicines were used this was done safely and consistently. The Medication Administration Records (MAR) we saw had been completed accurately without omission.

We found that one 'when required' medication had been prescribed by their GP 'as directed' on the label, while their MAR showed a maximum and minimum dosage that could be given, but without clear instruction as to when the minimum and maximum dose should be administered. When we spoke to the registered manager and staff about this they told us the medicine had been continually reviewed by the GP and when the dosage had been changed, details of these had been recorded in the person's health records.

The registered manager explained this had been raised with the GP they had declined to change the

directions. Following this and other minor issues with the supplying pharmacies the organisation used, a decision had been made by the organisation to change their pharmacy supplier to a pharmacy and system which could accommodate their requirements better. They had trialled the new system at another of the services very successfully and training and introduction to the new system was being rolled out in a planned way to each of the locations. The registered manager offered us assurances that in the interim the person's protocol would be further reviewed to reflect the GP's on going directions. This was fully completed during the inspection.

We noted that the amounts of medicines held were not being carried forward onto the person's new MAR, when we spoke to the registered manager and staff about this they showed us a separate record for all stocks of medicines for the person, which was completed daily and was found to be correct.

We observed the person being supported to take their medicines. The routines identified within their care plan for how they preferred to be supported to take their medicines, was seen to be followed by the staff member who administered their medicines.

We saw there was sufficient staff on duty to meet the needs of people who used the service. Rotas indicated there were five care staff and a senior carer available. The registered manager was supernumerary.

Staff were recruited safely. Full employment checks were carried out prior to staff starting work at the service. These included, references, gaps in employment, identity and when required, assurances the person had a right to work in this country. There was a check made with the disclosure and barring service to ensure the person had not been excluded from working with vulnerable adults and interviews were held to assess values, skills and knowledge.

There was a policy and procedure to guide staff in how to keep people safe from the risk of harm and abuse. Staff confirmed they had received safeguarding training and in discussions, they were able to describe the different types of abuse, the signs and symptoms that may alert them to concerns and the actions they would take to report them. The registered manager demonstrated a good knowledge of local safeguarding procedures.

Records showed risks were well managed through individual risk assessments that identified the potential risk and provided staff with information to help them avoid or reduce risks. We looked at the care plans for people who used the service and found these identified potential risks and gave staff guidance in how to minimise them. These included, moving and handling, nutrition, falls, the use of wheelchairs and going out into the community.

Risk assessments also included plans for supporting people when they became distressed or anxious and detailed circumstances that may trigger these behaviours and ways to avoid or reduce these.

We spent time observing the support staff offered people and the interactions between staff and the people who used the service. This was carried out in a caring and supportive way that ensured choice and inclusion was promoted. It was evident that the staff had a good understanding of people's needs and abilities.

The environment was found to be safe, clean, tidy and overall well-maintained; the service was undergoing a process of refurbishment including redecoration and renewal and one person who used the service was keen to show us their newly fitted kitchen, which they told us they had chosen.

During the inspection we found that two of the base unit doors in one kitchen was damaged and was in

need of repair or replacement. When we spoke with the registered manager about this they showed us a copy of their most recent environmental audit of the services which had identified this issue and the agreed timescales which the work was due to be carried out. Similarly a torn padded cover behind one of the toilets was repaired by the maintenance team during our visit, to prevent any risk of cross contamination, while they were waiting for a replacement cover to be delivered.

Equipment used in the service was checked and maintained such as fire safety, gas and electrical appliances, and moving and handling items. We saw there was personal protective equipment such as gloves, aprons and hand sanitiser for staff to use when required. There were signs above sinks in bathrooms and toilets which reminded staff and other people about good hand washing techniques.

The laundry had washing machines with a sluice cycle and a system to launder soiled linen which meant minimal contact for staff.

Plans were in place to deal with foreseeable emergencies. The registered provider had created continuity plans which staff were expected to follow in the event of an emergency such as the loss of facilities and staffing crisis.

Good

Is the service effective?

Our findings

When we asked people who used the service and their relatives if they were happy with the meals provided for them they told us, "I like the food it is nice and I like doing cooking and baking with staff." A relative commented, "We aren't always there at meal times but we know all the meals are home cooked, and they sometimes have a takeaway or go out for meals which gives them a good balance." Another relative said, "I know they are happy with the food, because the staff know what they like and dislike and make sure they are offered the type of meals they enjoy."

Relatives we spoke with praised the skills and abilities of the staff who supported the people who used the service. Their comments included, "All the staff are very good, they are really well trained, they all seem to know just what to do and understand my family member." A second relative said, "From what I have seen over the years all the staff are very well trained, we couldn't ask for more." Another told us, "The good thing about Avocet is they put a lot of importance on training. Both in the induction of staff and as needs arise and change."

We saw evidence to confirm staff had completed a range of training to ensure they had the skills and abilities to meet the assessed needs of the people who used the service. This included topics the registered provider considered to be mandatory for example, safeguarding vulnerable adults, moving and supporting people, fire, food hygiene, first aid, medication and infection prevention and control. Other person specific training had also been undertaken by staff such as The Management of Actual or Potential Aggression (MAPA), epilepsy, changing behaviour, autism, Parkinson's disease and Makaton.

Staff we spoke with confirmed they received regular supervision and were able to access training. They told us, "The training is really good and we can request any additional training we feel we need or may have a particular interest in. We all have the opportunity for progression within the organisation."

Records showed staff received effective levels of one to one support with individual meetings being used to look at areas staff had performed well in, could improve on, team work and any additional training staff thought would be beneficial to their role within the service. The registered manager explained, "We find these meetings really useful and we have started to look at reflective practice in the team meetings, how we function as a team, what we call do differently to achieve more, that sort of thing. It also gives us the opportunity to ensure all staff are given the right level of support they need to do their jobs effectively."

The senior carer told us, "Because we interact with the staff team every day and we are working alongside them, we are able to observe their practice and identify any issues or any further support needs they may have in order to fulfil their role and responsibilities and put this in place."

Throughout the inspection we heard staff offering people choices and explaining the care and support they wanted to deliver before doing so. Staff gauged people's reactions and it was apparent that staff understood the communication methods of the people they supported. The staff we spoke with told us, "We are constantly assessing what people are communicating to us, we use our body language and tone of voice,

but what works for me does not necessarily work for someone else so we all have to adapt and respond according to the person and what we know about them and what information we have in their care plan."

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 saw evidence that the registered provider followed the principles of the MCA and ensured best interest meetings were held when people lacked the capacity to make informed decisions themselves. The best interest meetings were attended by relevant professional and other people with and interest in the person's life such as their families.

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 are called the Deprivation of Liberty Safeguards (DoLS). 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. At the time of our inspection statutory authorisations were in place for each of the six people who used the service.

People who used the service ate a balanced and varied diet of their choosing. We saw that food was prepared by staff who were aware of people's dietary requirements and personal preferences. During our inspection one person was keen to show us a new cookery book they had purchased and told us they were excited about trying out some new recipes. One of the staff we spoke with told us, "They really enjoy cooking with us and the pictures help them to choose and try new things they may not have previously considered."

Food temperatures were routinely recorded to ensure food had been cooked thoroughly to the required temperature. Staff told us they prepared most meals from scratch and involved people who used the service in developing menus and shopping for fresh ingredients. They explained that people who used the service also enjoyed an occasional take away and went out for meals on a regular basis.

When issues with people's weight were identified appropriate action was taken. For example we saw people had been referred promptly to dieticians when changes had been identified. Records showed the people who used the service were supported by a number of healthcare professionals including GPs, speech and language therapists, community learning disability nurses and epilepsy specialists. This helped to ensure people received the most appropriate care and support to meet their needs.

Good

Is the service caring?

Our findings

One person we spoke with thought the staff team were kind and caring. They told us, "I like the staff they are nice and they help me. They take me out and take me on holiday."

Relatives we spoke with told us, "The regular staff are relaxed and happy and this is good as [Name] picks up on this and will become anxious if he thinks staff aren't confident and can present challenges. It is so much better for him to have the stable staff group he has" and "The staff are kind and thoughtful and I find them to be friendly and welcoming. The staff team show a genuine interest in the people they support." Another told us, "The staff are all very good and a lot of them genuinely care for the people they support, I can't fault them."

We observed staff were kind and caring in their approach and interactions with people. We observed a member of staff approach one of the people who used the service and explain to them that a new piece of bedroom furniture was being delivered. They asked them if they would like to come and sit in their bedroom while they moved their clothes. The staff member waited patiently while the person considered this, before getting up and making their way to their bedroom, chatting with the staff member while they moved their clothing into the new furniture. The staff member checked with them,that they had put their clothing where they wanted it to be, asked if they were enjoying helping them and offeed them options of different things they may like to participate in later on.

We saw staff followed the guidance from people's communication passports in their interactions with people who used the service based on their individual need. Staff communicated with people in a calm and encouraging way. We noted that staff used their awareness of people's body language and vocal sounds to interpret people's wishes and needs. For example when the staff member started offering different activities available, they waited for the person to assimilate the information they had offered and waited patiently for a response. They used a similar approach offering further options until the person responded in an excited way that they would like their friend to come through and have a coffee with them.

When we spoke with staff they told us, "We have a stable staff group with very little turnover and we have all been supporting the people here for some time so we all know them well. One person has had deterioration in their health and we have worked with health professionals so we can support the person whilst still allowing them to maintain any independence skills they still have. All the new information is in their care plan, so we can all use it."

Care files and other private and confidential information were stored safely. The registered provider's IT systems required personal log in and password details to gain access and staff confirmed that confidentiality was covered in their induction. This helped to ensure unauthorised people did not have access to personally sensitive information.

Good

Is the service responsive?

Our findings

When we spoke with one person who used the service they were aware they had a care plan and told us staff would read it to them. They explained they had meetings to talk about things and described the process and who usually attended these.

Relatives we spoke with told us their relatives received personalised care. They told us, "I am fully involved in all aspects of their care and kept up to date with all information." and "They always let us know what is happening, appointments any changes and we are always invited and involved in all meetings. It is very good."

They went on to tell us about the activities their relatives were involved in, including going out, going on holidays, visiting the cinema, bowling and attending clubs within the local community, giving them the opportunity to meet up with their friends.

The registered manager told us that some of the staff team had supported the people who used the service for a number of years and knew their needs well. They told us they used one relief staff member to cover any absence that could not be covered by the staff team. They explained how the staff team had been actively been involved in introducing them to the person who used the service.

The registered provider had a complaints policy in place which was available in an easy read format which ensured its accessibility to the people who used the service. We saw newsletters and minutes from relatives meetings regularly reminded people of their right to raise concerns and how they should expect them to be managed. Staff we spoke with were aware of their role and responsibilities in relation to complaints or concerns and what they should do with any information they received.

We reviewed the complaints record which showed no complaints had been received by the service since our last inspection, but a number of thanks and satisfactions had been received by the service. The registered manager told us that in the event of any complaints or concerns being made, these would be fully investigated by a registered manager from another service and responded to in line with the registered provider's policy, in a timely way. Whenever possible learning was shared with staff to improve the level of service provided.

When we spoke with relatives of people who used the service they told us they were fully aware of the complaints process, but had never had the need to use it. They went on to tell us they would not hesitate to raise any concerns or issues and would be confident in approaching any of the staff team.

People who used the service were supported to attend regular reviews with community psychologists and specific health related reviews were also held annually such as epilepsy and mental health. This helped to ensure people's care was effective and responsive to their changing needs. Records confirmed that relatives were involved with initial and on-going planning of their family member's care.

Staff told us they ensured care plans were followed so that people's needs were met. People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within their home and the wider community.

We found care plans to be well organised, easy to follow and person centred. Sections of the care plans had been produced in an easy to read format, so people who used the service had a tool to support their understanding of the content of their care plan. Easy read information is designed for people with a learning disability and is a way of presenting plain English information along with pictures or symbols to make it more accessible.

Details of what was important to people, such as their likes, dislikes and preferences were also recorded and included, for example, their preferred daily routines and what they enjoyed doing and how staff could support these in a positive way.

When we spoke with staff, they confirmed they read care plans and information was shared with them in a number of ways including a daily handover, communication records and staff meetings. Staff spoke about the needs of the people who used the service and demonstrated a good understanding of their current needs, changing needs and previous history, what they needed support with, what they may need encouragement to do and how they communicated and expressed their wishes. Staff told us that care plans provided them with sufficient information.

We saw people's care plans were reviewed monthly to ensure people's choices, views and healthcare needs remained relevant. When there had been changes to people's needs, we saw these had been identified quickly and changes had been made to reflect this in both the care records and risk assessments.

People who used the service were also supported to attend regular reviews with community specialist health workers who were involved in their on-going assessment of their changing needs. This helped to ensure people's care was effective and responsive to their changing needs.

Daily records showed the people who used the service had recently been on outings to the local social clubs, enjoyed holidays, day trips, shopping trips, visits to see their friends and meals out, as well as receiving regular visitors in their homes. Staff knew the people they cared for including their hobbies and interests and tried to help people participate in activities they were interested in.

The registered manager told us that they used a skill matching of staff to people who used the services, so that staff strengths and skills were used to support people to pursue their preferred interests. They gave an example of one staff member being involved in the development of a pictorial book which detailed the steps involved in planning a holiday from the initial booking through to pictures of the person enjoying various aspects of their holiday.

Good

Is the service well-led?

Our findings

During our inspection we saw the registered manager spent time in each of the bungalows and engaged with the people who used the service. During the times she spent in her office, she adopted an open door policy and people who used the service visited her and spent time with her in a relaxed and comfortable manner.

Relatives told us the registered manager was easily approachable and they met regularly with them and senior staff for their views on the service and the care their relative received. People spoken with knew the registered manager's name and told us they would raise any concerns with them if required. Relatives we spoke with told us, "[Name of registered manager], is always approachable and accessible. I am always able to speak to her and have a chat." Another told us, "I have absolutely no problem whatsoever contacting the manager at any time I need to, and she will always make time for me."

In discussions, staff told us they felt supported by the registered manager and were able to raise concerns; they said they enjoyed working at the service. They also told us communication was good between staff and between staff and the registered manager. Staff used a communication book to pass on important information such as people's hospital appointments or changes in medicine regimes. There were handovers at each shift change so the wellbeing of the person who used the service could be discussed. Staff meetings were held regularly to exchange information and to enable them [staff] to express their views.

Staff told us the registered manager was approachable, supportive and a consistent presence within the service. One member of staff said, "She is always available, whenever we need anything she is there." Other staff commented, "The registered manager never asks us to do anything they wouldn't be prepared to do themselves, they are very supportive of us and interested in what we think could take the service forward."

People who used the service, their relatives and staff were involved in developing the service. We saw that questionnaires had recently been sent to the service by the registered provider to gain people's views on the service. Comments included, "While working with staff at Middlesex Road, I have found them to be welcoming, well informed and knowledgeable about their charges." Responses to questionnaires were reviewed and where any actions were identified to improve the service in any way, action plans were developed and feedback provided to people who had participated in the surveys.

Team meetings were held regularly which were used as an opportunity to discuss training requirements, standards within the service, activities and team work. This helped to ensure staff were aware of their responsibilities and had a forum to raise any concerns or make suggestions about how the service was run.

The registered manager told us, "Since I have been here I have always tried to get staff involved in the development of the service. We recently reviewed the fundamental standards to review what could be done or needed to change. The staff brought ideas back and we have discussed them at the staff meetings. I think this helps staff to take ownership of legislation and make them aware of current guidance and best practice."

The registered provider's auditing system covered all aspects of the service including accidents and incidents, recruitment, health and safety and care planning. Quality assurance checklists were used which ensured the cleanliness and general maintenance of the service. We found care observation reviews assessed staff's abilities to deliver high quality, person centred care that promoted people's dignity and enabled people to make choices in their daily lives.

We saw recently completed quality assurance checklists had highlighted areas of the service that required maintenance and we noted that the work had either been completed in a timely way or timescales had been set for the expected completion of work. The findings of a recent medication audit had brought about changes to the supplying pharmacy in order to provide a more comprehensive system for staff to use, which the previous supplying pharmacy had been unable to provide.

When we asked the registered manager about their management style they told us,"I think I am fair and understanding of the staff. I understand their role as I have done the job myself. I am service based so I'm here and available every day." The registered manager told us they considered themselves to be approachable and that staff could come to them at any time and they would listen to them and look into their suggestions, ideas or concerns. They told us they felt supported by the registered provider and attended regular management meetings where best practice and changes to legislation were discussed. They also told us the organisation was working through accreditation with the National Autistic Society. Managers working within the organisation were also encouraged to attend conferences, were involved in partnership groups and involved in networking with other care providers to share best practice initiatives.

They [registered manager] told us they felt partnership working had developed further and saw this to be a positive initiative. They considered this had led to a more considered approach of trials of new initiatives being carried out to see if they worked, before taking them on board.