

National Autistic Society (The) Merlewood House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Merlewood House is registered to provide accommodation care and support for up to six people. It specialises in providing care for people with autism. The home is a detached property in a residential area of Great Harwood. Accommodation is provided in six single rooms. There are shared bathing facilities and communal rooms. At the rear of the property is an enclosed private garden, which also includes a fully furnished wooden chalet. There are limited car parking spaces on the front driveway. At the time of the inspection there were six people accommodated at the service. The service is also registered to provide personal care in the community, however; this activity was not being carried out at the time of the inspection.

The service was managed by a registered manager. 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 the last inspection on 15 April 2014 we found the service was meeting all the standards assessed. At this inspection we found the service was meeting the current regulations.

People's relatives and staff spoken with expressed confidence in the registered manager and the leadership arrangements at the service. Relatives spoken with indicated they were satisfied with the care and support their family member received. Their comments included, "We are very happy with the service" and "Absolutely brilliant."

Relatives told us they had no concerns about the way people were supported. They considered their family members were safe. Risks to people's well-being were being assessed and managed. We did find some individual risk assessments were lacking, however processes were in place to manage the risks and the registered manager took timely action to rectify this matter.

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff said they had received training on safeguarding and protection matters. They had also received training on positively responding to people's behaviours.

The service provided a calm and settled atmosphere, which aimed to help people with their anxiety and enhance their levels of concentration. Arrangements were in place to provide a safe and well maintained environment.

Relatives made positive comments about the staff team, describing them as kind, caring and understanding. We observed positive and respectful interactions between people using the service and staff.

Arrangements were in place to maintain appropriate staffing levels to make sure people received the

support they needed. Character checks had been carried out before new staff started working at the service.

There were systems in place to ensure all staff received regular training and supervision. This included specific training on autism and Asperger syndrome. We found some basic training was overdue but action had been taken to address this matter.

There was a focus upon promoting people's confidence, independence and developing their skills. Staff expressed a practical awareness of promoting people's dignity, rights and choices. People were supported to engage in meaningful activities at the service and in the community. Beneficial relationships with relatives and other people were supported.

People were supported as much as possible to make their own choices and decisions. We saw staff sensitively consulting with people and involving them in routine decisions and using their preferred way of communicating. We found the service was working within the principles of the MCA (Mental Capacity Act 2005).

People were effectively supported with their healthcare needs and medical appointments. Changes in people's health and well-being were monitored and responded to.

People's individual dietary needs, likes and dislikes were known and catered for. Arrangements were in place to help make sure people were offered a balanced diet and healthy eating was encouraged.

Each person had detailed care records, describing their individual needs, preferences and routines. This provided clear guidance for staff on how to provide support. People's needs and choices were kept under review and changes responded to.

People were receiving safe support with their medicines. Staff responsible for supporting people with medicines had completed training and further training was being arranged. This had included an assessment to make sure staff were competent in this task.

Arrangements were in place to gather information on people's backgrounds, their needs, abilities, preferences and routines before they used the service.

There were satisfactory processes in place to support people with any concerns or complaints. There was a formal system to manage, investigate and respond to people's complaints and concerns.

There were systems in place to consult with people and regularly assess and monitor the quality of the service. We found further quality monitoring processes were being introduced.

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 recruitment processes included the relevant character checks. There were enough staff available to provide people with safe care and support.

Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

Risks to people's individual wellbeing and safety were assessed and managed. People received safe support with their medicines.

Is the service effective?

Good ●

The service was effective.

People were encouraged and supported to make their own choices and decisions. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

People's health and wellbeing was monitored and responded to. People were supported to eat healthily; their preferred meal choices were known and catered for.

Processes were in place to train and support staff in carrying out their roles and responsibilities. Some training was overdue, but action had been taken on this matter.

Is the service caring?

Good ●

The service was caring.

Relatives made positive comments about the kind and professional attitude of staff. We observed positive and sensitive interactions between people using the service and staff.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised support.

People were supported in a way which promoted their dignity,

privacy and independence. People had free movement around the service.

Is the service responsive?

The service was responsive.

Processes were in place to find out about people's individual needs, abilities and preferences. People were involved as much as possible with planning and reviewing their support.

People were supported to develop their individual skills, abilities and confidence, by engaging in their preferred activities at the service and in the community.

Arrangements were in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

Good ●

Is the service well-led?

The service was well-led.

There was a registered manager and deputy manager, who were committed to the continuous improvement of the service. The leadership arrangements aimed to promote a consistent management of the service.

The service's vision, values and philosophy of support were shared with staff. There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Good ●

Merlewood House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 8 June 2016, the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a PIR (Provider Information Return). 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 also reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. In addition, we reviewed the information we held, including complaints, safeguarding information and previous inspection reports. We contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spent time with the six people who used the service. People living at Merlewood could not readily tell us about their experiences; we therefore spoke by telephone with two relatives of people who used the service. We talked with two support workers, a senior support worker, the deputy manager and the registered manager. We looked at a sample of records, including two care plans and other related documentation, three staff recruitment records, policies and procedures and quality assurance records.

During the inspection, we asked the registered manager to send us copies of completed individual risk assessments relating to specific circumstances. We received the information on the agreed date.

Is the service safe?

Our findings

The relatives spoken with expressed satisfaction with the arrangements for keeping people safe and had no concerns about how people were supported. Their comments included, "I don't think he could be safer at the service" and "I feel my relative is safe at the service. 100% happy and safe".

We discussed the safeguarding procedures with the registered manager and staff. Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. One staff member told us, "I would feel confident to report any issues. We are here to protect and support people." Information we held about the service indicated any safeguarding matters were effectively managed and appropriately reported, for the wellbeing and protection of people using the service.

The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. Staff also had access to a 'flowchart' diagram, which provided guidance on responding to concerns and included contact details of the local authority. Staff said they had received training and guidance on safeguarding and protecting people. They had also received training on low arousal techniques and proactively responding to behaviours of concern. This meant they could respond to people by focusing upon defusing tension and using the least restrictive approaches.

We looked at how risks to people's individual safety and well-being were assessed and managed. Each person had a 'keeping me safe' assessment and a support plan in response to their behaviour. There were individual risk assessments and risk management strategies in place, to guide staff on minimising risks to people's wellbeing and safety. Risk assessments had been completed around safely supporting people during activities within the community. The strategies were sensitively written and reflected people's specific needs, behaviours and preferences. One staff member told us, "We have access to all the risk assessments. I think they include enough detail. We are consulted on the content." It was a policy of the service to review risk assessments six monthly or more often if needed. We noted that some risk assessments were being reviewed and updated during the inspection visit.

When reviewing care records, we found there was a lack of appropriate risk assessments in place in response to one person's specific needs. We noted that clear advice and guidance had been appropriately obtained from care professionals and appropriate care plans drawn up to respond to the needs. However assessments of the risks had not been fully completed by the service. We discussed this matter with the registered manager who agreed to take immediate action in response to this matter. Following the inspection we received copies of completed assessments, which indicated all the risks had been identified and assessed in order to mitigate the risks and underpin the planned delivery of care.

We looked at the way the service supported people with their medicines. We observed one person being supported to take their medicines in a safe and sensitive way and noted appropriate procedures were followed. The service had processes in place to routinely assess people's ability and preference to be

involved with their medicines. Each person had medicines profile, which provided staff with information about how to support people with their medicine. There was a photograph available of each person to assist with identification. Some specific information for the administration of medicines prescribed "as necessary" and "variable dose" medicines was available. We noted the individual circumstances in which this type of medicine needed to be offered was detailed in people's care plans.

We checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the key security arrangements were unsatisfactory; however the registered manager took immediate action to rectify this matter during the inspection. There was a MDS (monitored dosage system) for medicines. This is a storage device designed to simplify the administration of medicines by placing them in compartments according to the time of day. The MDS system included a picture of each item, however we did note two items were without a picture and descriptions of the items had not been included. We also noted one label for a topical cream did not include specific instructions on its application. Although we were satisfied the medicines were administered appropriately, the deputy manager was to pursue these matters with the dispensing pharmacist. All the records seen of medicines administered were complete and up to date. The MAR (medicine administration records) provided information on the prescribed items, including the dosage instructions.

We looked at the arrangements for the safe storage of medicines. Storage temperatures were monitored and adjusted in order to maintain the appropriate conditions. Although there were no controlled drugs at the service, we noted there were suitable storage facilities for such medicines. There were systems in place to check aspects of medicine management practices on a daily and monthly basis. The registered manager said that a more comprehensive of audit tool for medicines management practices was available and due to be introduced. This would ensure appropriate action was taken to minimise any risks of error.

Staff had access to a range of medicines policies, procedures and nationally recognised guidance which were available for reference. Information leaflets were available on prescribed items. Staff responsible for administering medicines had previously completed training and further training was being arranged. Practical assessments had been carried out on staff's skills and competence in administering medicines. We were told such assessments were due to be carried out annually.

We looked at the recruitment records of two members of staff. The recruitment process included applicants completing a written application form with a full employment history. Face to face interviews had been held with records kept of questions asked and their responses. The required character checks had been completed before staff worked at the service and most of the checks had been recorded. The checks included obtaining references, an identification check, and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Processes were in place to respond to concerns about staff's ability or conduct. We noted grievance and disciplinary policies and procedures were available in support of this practice.

We looked at how the service managed staffing levels and the deployment of staff. One relative commented, "There are always plenty of staff around." During the inspection we found there were sufficient staff on duty to support people. We looked at the staff rotas, which indicated processes were in place which aimed to maintain consistent staffing arrangements. Staff spoken with considered there were enough staff available to provide safe support. We were made aware of specific circumstances, where staffing arrangements had ensured individual support was provided away from the service. We were told staffing levels were kept under review and were flexible in response to people's needs. The registered manager said staffing arrangements would always be reviewed during the admission process of a new person moving into the service.

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. We found health and safety checks had been carried and we noted the deputy manager was updating these during the inspection. Hot water temperatures to sinks, baths and showers were being checked weekly. There were accident and fire safety procedures available at the service. Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas safety, electrical equipment and fire extinguishers. We found fire safety risk assessments were in place and fire equipment tests had been carried out. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment.

We found the service to be clean and free from unpleasant odours. There was a designated cleaner employed to maintain a clean environment. We looked at the laundry facilities and found suitable equipment was available. Protective equipment was available for staff use, including hand sanitizer and gloves. A brief infection prevention and control audit had been carried out at the service. Kitchen hygiene checks were carried out. The service had attained a food hygiene rating of 5 in October 2013.

Is the service effective?

Our findings

The relatives we spoke with indicated they were satisfied with the service. They made the following comments: "We are very happy with the service" and "I think Merlewood is the best place for him."

We looked at the way the service provided people with support with their healthcare needs. Relatives told us they considered health needs were effectively met. One relative described circumstances where the service had been vigilant in identifying and responding to specific needs. They said, "They are always very quick to jump to it when something happens, it has been fantastic." Each person had an 'Anticipatory Health Calendar'. This was designed to promote the daily observation of people's health and alert staff to any changes in their condition and well-being. This meant staff could readily identify any areas of concern and respond accordingly. People also had a staying healthy plan which provided information on past and present medical conditions. Records were kept of all healthcare appointments, the outcomes and any actions needed. We noted the service had liaised as appropriate with a number of health care professionals, including GP's, district nurses, speech and language therapists and physio therapists.

Information within the Provider Information Return (PIR) indicated the support planning process was being developed to enhance people's involvement with making choices and decisions. We found each person had a capacity screening assessment in place. This highlighted their ability to make their own specific choices and decisions, along with any support they may need and the process for making decisions in their best interest. During the inspection, we observed examples where staff sensitively consulted with people on their individual needs and preferences and involved them in routine decisions. Staff explained the various methods of communication used to support people with making choices and involve them with decisions. This included picture and object references, signing, gestures and mobile digital devices.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. The service had policies and procedures which aimed to underpin an appropriate response to the MCA 2005 and DoLS. There was information to demonstrate appropriate action had been taken as necessary, to apply for DoLS authorisation by local authorities in accordance with the MCA code of practice. Records and discussion showed that staff had received some training on this topic. Staff spoken with indicated an awareness of the MCA and DoLS, including their role to uphold people's rights and monitor their capacity to make their own decisions.

We looked at how the service supported people with their nutritional needs. The care planning process took into consideration people's nutritional needs and food preferences and an in-depth support plan had been devised for each person. This included any conditions which may influence their food and fluid intake. People's weight was checked at regular intervals. Records were kept of meals and drinks consumed. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Healthcare professionals, including GP's and dieticians were liaised with as necessary.

There was a five week rotating menu system. The menu had been devised to provide a balanced diet and included people's known preferences. It was presented in way to make it accessible to people and included an alternative choice." Staff spoken with expressed an awareness of nutrition and healthy eating. They described the support they provided people with in relation to food, diet meal preparation and cooking. We were given examples of the action taken to support people with healthy eating choices, including offering fresh fruit and vegetables. The deputy manager explained, "We are continually trying new things in various ways." People were offered drinks and snacks throughout the day and they were able to make cold drinks whenever they wished. Staff had received training on food hygiene and the registered manager said training on nutrition was soon to be provided.

We looked at how the provider trained and supported their staff. We asked relatives for their views on staff abilities and they said, "They know what they are doing, oh yes they have training" and "We are confident with them." Arrangements were in place for new staff to complete a comprehensive two week induction training programme. This included an introduction to the organisation's policies and procedures and the provider's mandatory training programme. The service's induction training had been further developed to incorporate the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

The induction also included autism specific training and an introduction to the framework known as SPELL, which had been developed by the National Autistic Society to understand and respond to the needs of people on the autistic spectrum. SPELL stands for Structure; Positive (approaches and expectations); Empathy, Low Arousal and Links (links with other health and social care agencies and families).

We were unable to check records to confirm staff had received induction training as they were not available at the service. However staff spoken with said they had completed initial induction training. One said, "It was really useful. It provided good background knowledge. I got to know people and their routines." We noted there was no structured induction training programme for staff who had progressed to new positions at the service. For example, for the role deputy manager and senior support worker. This would be useful in ensuring they are fully trained and supported to undertake the role responsibilities.

We looked at records which showed processes were in place to identify and plan for the delivery of suitable training. The training programme included: basic health and safety, food safety, basic first aid, risk assessments and safeguarding. Specialised training was available and this included Makaton (communication using signs and symbols). Arrangements had also been made to provide specific training and guidance in response to individual needs. We noted from records and discussion that some training was not up to date, including first aid awareness. However, we found this shortfall had been identified and was being rectified. There was information to show further training updates had been arranged.

The service supported staff as appropriate, to attain recognised qualifications in health and social care. Staff had a NVQ (National Vocational Qualification) level 3, or were to commence the QCF (Quality and Credit Framework) diploma in health and social care. The deputy manager had enrolled upon QCF diploma in leadership and management. The register manager said an accredited autism education learning

programme was also being developed within the NAS organisation.

Staff said they received one to one supervisions and they had ongoing support from the management team. This provided staff with the opportunity to reflect upon their conduct and discuss their support of people who used the service. We saw records of the supervisions held and noted there were plans to schedule appointments for future meetings. Arrangements were also in place for staff to receive an appraisal of their work performance and review their training and development needs. The registered manager was able to confirm that staff had received an appraisal.

Is the service caring?

Our findings

The relatives spoken with made positive comments about the staff team at Merlewood. They said, "The staff are fantastic. I don't think I can speak highly enough about any of them" and "They are like family. I am very happy with the care at Merlewood."

We observed positive and respectful interactions between people using the service and staff. Staff showed kindness when they were supporting and encouraging people with their daily living skills. They demonstrated sensitivity and tact when responding to people's emotional needs. Staff spoken with understood their role in providing people with person centred care and support. They were aware of people's individual needs, routines, backgrounds and personalities. They gave examples of how they delivered care and promoted people's dignity and choices. Relatives said, "The staff are always very good, very kind, caring and understanding" and "My family member knows and trusts them 100%."

Staff were trained on the principles of care which included the values of people's dignity, privacy choice and rights. They also had autism specific training, which gave them the underpinning knowledge and skills around supporting people with consistency and in response to individual routines in order to reduce their anxiety. The service had policies and procedures to underpin a caring ethos, including around the promotion of person centred support, equality and diversity and confidentiality.

Each person had a detailed person centred support plan that identified their individual needs and preferences and how they wished to be supported. This included a one page profile and information about their preferences and personal histories. There was in-depth information on how person's autism influenced them. Staff spoken were familiar with the content of people's care records. Staff communicated with people using their individual preferred method of communication. The methods of communication used included, sign language, gestures and 'show and use' cards. During the inspection we observed people doing things independently, including getting drinks and spending time in the garden. One relative told us, "They do encourage him to do things for himself." Staff gave us examples of how they supported and promoted people's independence and choices. We discussed with the manager and staff, further ways of constructively involving and empowering people with day to day matters as part of their ongoing development.

Each person had a keyworker team that worked closely with them and their families as well as other professionals involved in their care. We found positive relationships were encouraged and supported. Relatives spoken with told us how the service actively supported their contact they had with their family members. This included arranging and supporting visits and being provided with regular updates. The chalet in the garden was made available for family visits to take place in private.

The premises were spacious and allowed people to spend time on their own if they wished. People could easily access the enclosed garden and the chalet. Each person had their own bedroom and suitable locks were fitted to promote privacy of personal space. During the inspection we observed people going to their bedrooms, sitting in different areas of the home and accessing the garden. We observed an example of a

staff actively promoting a person's right to privacy.

The décor and lighting was subdued and furnishings minimal. All staff wore dark clothing and spoke in lowered tones. This meant there was a calm and settled atmosphere, which aimed to help people with their anxiety and enhance their levels of concentration. We found people had been actively encouraged to personalise their bedrooms in response to their needs and preferences. They had been supported to make choices of colours schemes and furnishings. One relative commented, "My relative's room is very nice. He has everything he needs."

The service had produced a guide for people about Merlewood which provided an overview of the service. The information was set out in an easy read format with photographs and pictures used to illustrate the main points. The guide described the accommodation available, staffing arrangements and the provision of individual activities. Reference was also made to house policies. There was a notice board and a display screen monitor, which were used to convey information for people using the service and relatives. The service had up to date information on local advocacy services. Advocates are independent from the service and provide people with support to enable them to make informed decisions.

Is the service responsive?

Our findings

The relatives spoken with indicated the service was responsive to people's needs and they appreciated the support provided by staff. One person told us, "They have been absolutely brilliant."

We looked at the way the service assessed and planned for people's needs, choices and abilities. There had not been any new admissions to Merlewood for several years. However, the registered manager described the process of assessing people's needs and abilities before they used the service. This would involve gathering information from the person and other sources, such as care coordinators, health professionals, families and any support staff from other settings. Transitional arrangements would be made and people would be encouraged to visit, for meals and short breaks. Careful consideration would be given to the person's compatibility with other people. This meant people would have the opportunity to experience and become familiar with the service before moving in.

We looked at two people's care and support plans and other related records. This information identified people's needs and provided in-depth and detailed guidance for staff on how to respond to them. The care plans were written in a person centred way and included pictures and diagrams to help make them more accessible to the person. Staff spoken with told us the care plans were useful and informative, they said they had access to them during the course of their work. People's support needs, lifestyles and circumstances were regularly monitored and reviews of their care and support were held every six months or more frequently if required.

People were supported to prepare and contribute to their reviews by using various methods of communication. This helped people to have as much involvement as possible in the planning and reviewing their care and support. The relatives we spoke with were aware of the care and support plans and confirmed they had been previously discussed with them. They told us how they were kept involved with their family members support. One relative told us, "They keep in touch about everything, we are very much alerted as needed" and "I have a letter every month, they keep in regular contact."

Records showed people's individual needs and circumstances were monitored and kept under review. There were processes in place to monitor and communicate people's individual needs and abilities. Records were kept of people's daily living activities, their emotional health, general well-being and the care and support provided to them. There were also additional monitoring records as appropriate, for example, relating to specific behaviours and other identified needs.

We found arrangements were in place for staff to be assigned designated responsibilities for the care and support people on each shift. This meant the provision of care and support could be more effectively managed and monitored. There were ongoing discussions, including 'handovers', staff meetings and keyworker meetings to ensure people received coordinated and personalised support in response to their needs.

Staff described how they delivered support in response to people's individual needs, routines and

aspirations. We were given examples of the progress people had made by staff being responsive to people's needs and developing ways of working with them. This had included support with physical and emotional needs, promoting independence skills, confidence building, reducing anxiety and encouraging social interaction. People were supported to participate in a range of meaningful activities, in line with their interests and preferences. There were activities away from Merlewood to ensure people had opportunity to be part of the local community. These had included hydrotherapy, swimming, shopping, cycling with adapted bikes, local walks, cafés and holidays. There was also a range of activities provided at the service, including art/crafts, baking, jigsaws and tactile and sensory items. We saw records which confirmed each person had a varied programme of activities. Each activity included a learning objective to focus upon the person's individual skill development and recognise their achievement.

We looked at the way the service managed and responded to concerns and complaints. The relatives we spoke with had an awareness of the service's complaints procedure and processes. We got the impression the relatives would feel at ease and confident in raising any concerns. They told us; "Not had any complaints, but would contact the deputy manager or registered manager" and "I would get in touch if I had any complaints." An 'easy read' version of the complaints procedure was on display at the service. The registered manager said other formats of the procedure were available to help make it more accessible to people. We discussed with the registered manager ways of responding to people's non verbal expression of dissatisfaction using the complaints process. This would further empower them and show their complaints were being taken seriously.

The service had policies and procedures for dealing with any complaints or concerns. There were processes in place to record, investigate and respond to complaints and concerns. There had been one formal complaint received at the service in the last 12 months. Records seen included the nature of the complaint, the investigation required and the action taken to resolve matters. The process included informing the complainant of the outcome of the investigation. This confirmed that the matters raised had been fully investigated and responded to.

Is the service well-led?

Our findings

The relatives spoken with had an awareness of the overall management structure of the service. They made positive comments about how the service was managed and the leadership arrangements. One relative told us, "The management of the service has been okay, they are very approachable." We asked relatives about their overall view of the service. One relative commented, "We have been 100% happy with everything."

There was a manager in post who had been registered with the commission since October 2015. The registered manager had responsibility for the day to day operation of the service. Throughout the inspection she expressed commitment to the ongoing improvements and explained the plans in place to develop various systems and processes. The registered manager was qualified, competent and experienced to manage the service effectively. The registered manager had responsibilities for two other residential services in the NAS organisation and therefore had limited allocated time to spend at Merlewood each week. However during the inspection we were made aware of proposed changes to the management arrangements. This was to include the recruitment of an additional manager who would apply for registration with the commission. This would provide a more consistent approach to the management and leadership at Merlewood.

The management team in place at the time of the inspection included the registered manager, deputy manager and senior support workers. The deputy manager was based at Merlewood and managed the day to day operation of the service with support from the registered manager. The staff rota was arranged to ensure there was always a senior support worker on duty to provide leadership and direction. Additionally, a member of the management team within the NAS organisation was also on call at weekends and during the night. This meant a member of management was always available for support, direction and advice.

Management team meetings to coordinate the three residential services were held on a regular basis. The registered manager also attended and meetings with managers from other services within the NAS organisation. All the staff spoken with considered the registered manager and deputy manager were approachable and supportive. One staff member said, "The managers and seniors are really approachable. There is always someone to talk to if we have any problems." The registered manager indicated there was an 'open door policy' at the service, to promote ongoing discussions and openness.

The service had previously attained the Investors in People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.

We found staff were enthusiastic and positive about their work. They were well informed and had a good working knowledge of their role and responsibilities. Staff had been provided with job descriptions, contracts of employment which outlined their roles, responsibilities and duty of care. They had access to the service's policies, procedures and any updates. The service's vision and philosophy of care was reflected within their written material including, the statement of purpose and policies and procedures. We noted the service's vision and mission statement was on display in the office. One staff member told us, "We need to be the best in offering people individualised care and support."

All the staff we spoke with told us the team work and communication at the service was good. Staff meetings were being held three monthly. One member of staff told us, "We can speak up on any issues. Any ideas and suggestions to benefit the people here would be listened to and acted upon." Staff were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting concerns.

The registered manager and deputy used a range of processes to monitor the effectiveness and quality of the service provided to people. This included gaining feedback from people who used the service and staff. The registered manager said a consultation 'inclusion event' was being arranged for people to share their views on the service and make suggestions for improvements. The relatives spoken with confirmed they had previously completed satisfaction surveys about the service. The last survey was carried out in September 2015. Staff also had opportunity to share their views annually via a national computer based staff survey within the NAS organisation. Results of the surveys were shared in the service's 'newsletter' and annual quality assurance report.

There were ongoing audits and reviews of various processes, including care plans, risk assessments, health action plans, financial records and health and safety checks. There was a computer based 'dashboard' monitoring system. This included month on month recording and monitoring of incidents, notifications to CQC (Care Quality Commission), inspection visits, staff sickness levels, staff training and complaints. The dashboard provided the registered manager and provider with statistical information for monitoring the quality of the service provided.

Quality monitoring auditing visits and reports were being carried out at the service by other managers within the NAS services organisation every six months. Reports following visits included any recommendations and follows up on previous reports.

We found some of the service's auditing processes could be further developed to provide a more effective and comprehensive governance system. However information within the Provider Information Return (PIR) showed us the registered manager had identified several matters for development within the next 12 months and this included the introduction of additional audit tools. Further planned developments included, providing ramps to improve access to the garden, further training on supporting people with complex autism and health care needs and enabling people to have more of a say about how their care and support is delivered.