

Wider Options Limited

Applegate House


Inspection report






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Ratings

Overall rating for this service

Outstanding 

Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Good 

Overall summary

We undertook this inspection on 15 December 2014 and the inspection was unannounced, which meant the registered provider did not know we would be visiting the service.

The service was last inspected on 6 September 2013 and was meeting all the regulations assessed during the inspection.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC); they had been registered since 15 May 2013. 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.

Applegate House is a community support service providing accommodation and personal care for up to six younger adults with a learning disability and autistic

Summary of findings

spectrum disorder. There were four people living at the service on the day of our visit. Applegate House consists of six individual self-contained flats each with a bedroom, en-suite bathroom, kitchen/diner and lounge.

Personalised programmes and flexible staffing enabled people to learn to live as independently as possible with the minimum of support. This was based on the philosophy of the organisation 'fitting a service around you, not fitting you within a service.'

There was a strong person centred culture apparent within the service. (Person centred means care is tailored to meet the needs and aspirations of each individual). Personalised programmes and flexible staffing enabled people to learn how to live as independently as possible with the minimum of support. People told us they felt included in decisions and discussions about their care and treatment. Staff described working together as a team, how they were dedicated in providing person centred care and helping people to achieve their potential. Staff told us the registered manager led by their example and were supportive of them.

People lived in a safe environment. Staff knew how to protect people from abuse and they ensured equipment used in the service was regularly checked and maintained. Staff made sure risk assessments were carried out and took steps to minimise risks without taking away people's right to make decisions.

The registered provider had policies and systems in place to manage risks, safeguard vulnerable people from abuse and the safe handling of medicines. Care plans had been developed to provide guidance for staff to support in the positive management of behaviours that may challenge the service and others. This was based on best practice guidance and least restrictive practice to support people's safety. This guidance supported staff to provide a consistent approach to situations that may be presented, which protected people's dignity and rights.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The registered manager had a good understanding of the MCA 2005 and DoLS legislation, and when these applied. Documentation in people's care plans showed that when decisions had been made about a person's care, when they lacked capacity, these had been made in the person's best interests.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

People who used the service spoke positively about the care they received. People's comments and complaints were responded to appropriately and there were systems in place to seek feedback from people and their relatives about the service provided.

People's nutritional and dietary needs had been assessed and people were supported to plan, shop for ingredients and to prepare their own meals. People spoke positively about the choice and quality of food available.

People were able to discuss their health needs with staff and had contact with the GP and other health professionals as required. The service made appropriate and timely referrals to healthcare professionals and recommendations were followed. People were supported to attend routine health checks.

There were sufficient staff on duty to meet people's needs. Staff received training and support to enable them to carry out their tasks in a skilled and confident way. People who used the service were matched with staff who had similar hobbies and interests in order to support them with their preferred activities. These included; furniture restoration, radio, visiting radio stations, theme parks and voluntary and paid work placements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. The registered provider had systems in place to manage risks and for the safe handling of medicines. People told us they felt safe and the service was good.

There were sufficient numbers of staff, with the right competencies, skills and experience available at all times to meet the needs of the people who used the service.

Staff displayed a good understanding of the different types of abuse and were able to describe the action they would take if they observed an incident of abuse or became aware of an abusive situation.

Good



Is the service effective?

The service was effective. People made decisions about their care and treatment, and arrangements were in place for them to receive appropriate healthcare when this was required.

We found the service was meeting the requirements of the Deprivation of Liberties Safeguards (DoLS). Staff we spoke with understood how to protect the rights of people who had limited capacity to make decisions for themselves.

The environment had been arranged to provide appropriate, individual, private accommodation for each person who used the service. This provided them with a setting where they were able to practice and develop skills they would need to live independently.

People were supported by staff who received a wide range of relevant training. Training was based on best practice and guidance, so staff were provided with the most current information to support them in their work. Staff were supported through regular supervision to reflect on their practice and a mentorship scheme was in place to help them to progress with their career.

Outstanding



Is the service caring?

The service was caring. Staff were enthusiastic and well-motivated; people who used the service told us that the service was 'fantastic.'

People who used the service were supported to maintain important relationships. People's opinions were important to staff and they were supported to express their views in a variety of ways appropriate to their individual communication skills and abilities.

People were encouraged to be as independent as possible, with support from staff. Staff were knowledgeable about people's individual care needs.

Outstanding



Is the service responsive?

The service was responsive. People's care was based around their individual needs and aspirations.

Care and support needs were kept under review and staff responded quickly when people's needs changed.

Good



Summary of findings

The service had creative ways of ensuring people led fulfilling lives. People were supported to make choices and have control of their lives.

People were encouraged to take part in chosen activities and visitors were made welcome at the service.

Is the service well-led?

The service was well led. The management team provided strong leadership and led by example.

Staff worked as a team; dedicated to providing person centred care and helping people achieve their potential.

The premises and environment were regularly checked to ensure the safety of the people who worked there.

Staff were encouraged to challenge and question practice. The service followed national guidance in supporting people with a learning disability and autistic spectrum disorder.

Good



Applegate 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 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.

The inspection took place on 15 December 2014 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). 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 also requested and received information from commissioning teams with responsibility for people who used the service.

Prior to the inspection we looked at the notifications we had received from the registered provider. These gave us information about how well the registered provider managed incidents that affected the welfare of the people who used the service.

We spoke with two people who used the service, the registered manager and three members of staff.

We looked at the premises, including people's flats (after seeking their permission), care records in relation to three people's care and medication. We looked at records relating to the management of the service which included: staff recruitment, supervision and appraisal, the staff rota, records of meetings, staff induction records, staff training records, quality assurance audits and a selection of policies and procedures.

Is the service safe?

Our findings

We spoke with two people who used the service, they told us they felt safe living in the service. One person told us, “Yes I feel safe here, because the staff are good and they listen to me. They are here to help me with anything that I need help with and always get things sorted for me when I ask.”

The registered provider had policies and procedures in place to direct staff in safeguarding vulnerable people from abuse. Policies and procedures were on display throughout the service and available in easy read format. As well as the service’s and local authority safeguarding tools, an additional cause for concern form was also in place. This form was available for use by both people who used the service and for the staff team and was available in both written and other suitable formats. The form was available to be used by all parties to share any concerns they may have, for example; staff practice. These forms were then submitted to the registered manager or other senior manager who would review the information and take appropriate action where this may be required.

The registered manager and three members of staff spoken with were fully aware of the safeguarding policies and procedures. They confirmed they had completed safeguarding training and regular updates of the training were provided to ensure they were kept up to date with current good practice. Records seen confirmed this.

Staff were able to describe the different types of abuse, what signs they should look for and what actions they should take, should they become aware of abuse or poor practice to protect the person at risk. All staff reiterated they would not tolerate any type of abuse and would report this immediately to their line manager or other senior staff.

Professionals told us, “They do all they can to support people to have freedom while keeping them safe” and “They look at risk in a positive way, so that people are supported and enabled rather than restricted, while planning for risk on an individual basis.”

The registered provider’s risk management policies and procedures supported the ethos of supporting people to have as much freedom and choice in their lives as possible.

Staff we spoke with told us they understood people needed to be exposed to some risks as part of their development as long as it was planned for and they were not put at unacceptable risk.

People were enabled to lead more fulfilling lives by staff who supported them to take risks. One member of staff gave an example of a person who had expressed an interest in travelling independently on public transport to their day placement. This was achieved by staff involving the person in the risk assessment process and developing a plan of how they could be supported to achieve this. Staff supported the person and travelled with them initially and assessed how they managed this over a period of time. The support was then reduced and provided by staff travelling in a car following the bus. This process enabled the person to travel on the bus independently.

The care files we looked at contained assessments of risk for all areas where a need had been identified. These included: using public transport, work placements, relationships and behaviours that may challenge the service or others. Risk assessments were developed with people, identified any risks and showed how they had been supported to reduce them. They were reviewed and updated as needed and changes were discussed with the person involved.

Accident and incidents were reported in detail and these included any triggers identified and all actions taken following the incident. In situations where incidents were of a more serious nature, staff immediately contacted senior staff for advice and support. All reports were reviewed by the registered manager who took any further actions needed to reduce risks. Staff spoken with confirmed that incidents were regularly discussed at staff meetings and at handover, to identify triggers and how they could enable people to reduce the risk of any reoccurrence of incidents.

The registered manager described the procedures in place for foreseeable emergencies. Each person who used the service had a disaster planning consent form which identified if in such circumstances arising, people could go home in the short term whilst alternative accommodation within the wider organisation could be found. Applegate House is one location which is part of a large organisation which has other locations situated a short distance away,

Is the service safe?

where identified facilities could be used on a temporary basis. Individual care plans identified how people would be evacuated in the event of a fire. First aid boxes were also available throughout the service.

Staff rotas seen demonstrated there was consistently enough care staff available in line with agreed staffing levels for each person who used the service. In discussions with staff they told us they felt there was sufficient staff on duty to meet people's assessed needs. One person told us "We work with each of the people here and are fully aware of our roles and responsibilities. We know what is expected of us and at what level we should be supporting people as it is clearly identified within their individual care plans. There is always enough staff on duty so that we can deliver the identified support in the way we should" and they added, "This service is about supporting people individually to fulfil their potential, not about people being slotted into the service."

We looked at the recruitment files for two staff, one of whom had recently been employed to work at the service. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). People who used the service told us they were often involved in the interviewing of new staff and some were involved in the induction of newly appointed staff. The recruitment process ensured that people who used the service were not exposed to staff who were unsuitable to work with vulnerable adults.

People received their medicines safely and were encouraged to take responsibility for their own medicines when this was appropriate. We looked at how medicines were managed within the service and checked the medication administration records (MARs) for each person. We saw medicines were stored safely, obtained in a timely manner so people always had sufficient stocks available to them, administered on time, recorded correctly and disposed of appropriately.

Staff we spoke with were aware of the purpose of the medicines for each person and possible side effects. Only staff who were trained were involved in the administration of medicines, this consisted of the registered manager and senior staff. The registered manager told us that following medication training staff were also assessed for their competency with medicines, before they had any involvement in administering medicines. Clear protocols were in place for the use of PRN (as and when required) medicines.

We saw there was a system in place for ensuring equipment was safe. We checked a selection of records and saw equipment such as fire extinguishers, the fire alarm and portable electrical equipment was serviced regularly.



Is the service effective?

Our findings

People told us how they were supported by staff to attend health appointments. One person told us, "Yes the staff help me to make appointments to the doctor when I am not well" and "Yes I can go to the doctors if I am sick and the staff will help me to sort it out."

The service was committed to personalising the services they provided and followed the recommendations outlined in Putting People First and the Autism Act (2009). The service had innovative and creative ways of training and developing their staff team based on these recommendations, that ensured they put their learning into practice to deliver outstanding care to people as individuals. The service had achieved accreditation with the national autistic society, which is awarded to services for specialised knowledge and understanding of autism and knowledge and understanding of autism consistently informing all aspects of practice within the organisation.

People who used the service and their families were involved in staff recruitment and training to ensure staff understood their personal self-directed support and that people were supported to take the lead in planning and developing their individual personal development plans and day-to-day activities.

We looked at staff training records and saw that staff had access to a range of training both essential and service specific. Staff spoken with told us, "I have never had as much training before; the opportunities are endless within the organisation. We are encouraged to complete training and to put into practice what we have learnt. We can request any additional training if it is considered relevant to our role or if it is in an area that we have a particular interest in and would like to develop further." Staff told us they had completed an in depth induction followed by essential training in safeguarding, food hygiene, first aid, health and safety, fire safety, moving and handling and infection control.

Service specific training included autism, communication, epilepsy; person centred planning, deprivation of liberty safeguards and the Mental Capacity Act 2005. Further training was provided in least restrictive interventions and behaviour management strategies, including autism specific staff training and protecting rights in a caring

environment, which were British Institute for Learning Disabilities (BILD) accredited. In house trainers and coordinators were available to support and advise with any aspects of behaviour management and risk assessment.

Staff confirmed they attended a three week in depth induction prior to commencing work. This included shadowing shifts to observe staff practice, a six month probationary period followed which included monthly supervisions with a mentor and the completion of a common induction evidence workbook. On successful completion of this, their suitability for the post was assessed and their position became permanent.

One staff member told us, "I hadn't worked in a care environment before, but the induction and training helped me fully understand the role and responsibilities and what is expected of us. It was explained what the organisation was trying to achieve for people and how as carers we need to balance keeping people safe with their right to live their lives as they choose."

Staff confirmed they had regular supervision meetings and appraisals with their line manager. This assisted staff and management to identify training needs and development opportunities. Staff we spoke with described different opportunities they had been offered within the organisation through on-going support and development, including; promotion to senior roles, becoming a keyworker and becoming a trainer for the organisation, providing training based on a specialist framework for understanding and responding to the needs of children and adults on the autistic spectrum. Staff told us that they were fully supported into their new roles with identified training and on-going support.

The Care Quality Commission (CQC) is required by law to monitor the use of the Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support and ensures that people are not unlawfully restricted of their freedom or liberty. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager had made DoLS applications which had been authorised by the placing authority for three of the people who used the service. These were documented within people's care plans.



Is the service effective?

Staff had received training in the Mental Capacity Act 2005 and were aware of the DoLS, how they impacted on people who used the service and how they were used to keep people safe. The registered manager had notified the CQC of the outcome of the DoLS applications and had included the information in the provider information request we received prior to the inspection. This enabled us to follow up the DoLS and discuss them further with the registered manager. We found the authorisation records were in order and least restrictive practice was being followed.

The environment had been arranged to provide appropriate, individual, private accommodation for each person who used the service. Each flat was fully equipped in order to allow people to practice and develop the independent living skills they would need to live independently in the future.

The registered manager told us about a younger person who used the service who had made incredible achievements; obtained voluntary work, travelled independently, represented their peers at senior management meetings, were involved in staff training and engaged in a full and stimulating range of activities based on their personal preferences. When they had first accessed another of the organisations services they had presented extreme behaviours that challenged the service and others, were withdrawn, had experienced a number of failed placements and at that time staff would never have imagined them being able to live so independently and lead such a fulfilling and meaningful life as they were doing. They considered the success and development of the person to be the result of encouragement, involvement, consultation and listening to the individual, so their care package was self directed and personal to them as an individual in line with their wishes and aspirations.

People had their nutritional needs assessed prior to admission. Care records contained risk assessments, preferences, likes and dislikes and the level of support people required in the preparation of meals.

We observed one person preparing their evening meal with support from staff. They told us they had a meeting with their key worker every week to plan menus and prepare shopping lists, so they could have what they wanted to eat. Each of the people who used the service were involved in the same process with varying levels of support, dependent on their individual needs. Records were maintained which detailed the meals people had eaten. One person told us they had been supported by staff to prepare a Christmas meal in their flat for their family when they had visited them.

Links with health and social care services were excellent and worked closely with the service to promote excellent health care and examples of this included working closely with staff to support people to overcome phobia's about health professionals and deliver health care in a personalised way. We saw care files contained clear guidance for staff in how to meet people's assessed health needs and people were supported to attend health appointments for example, doctors, dentists and opticians.

A speech and language therapist and psychologist were employed by the organisation and were available for support and advice when this was required. These health care professionals worked with the individual and staff to develop and implement support plans, risk assessments and behaviour support plans when needed.

People who used the service had a health action plan in place; this was available in pictorial format and contained relevant information for health professionals about the person and their health and personal needs. We saw from records that people were fully supported with their healthcare needs.



Is the service caring?

Our findings

People who used the service told us, “It is fantastic here, I can do all the things I like and the staff help me with things I need help with.”, “It’s great, they take us on holiday and we decide where we want to go”, “The staff came with me so I could go on holiday with my family” and “[Name] helps me; I like to go to the cinema and swimming.”

External professionals spoken with said, “We can’t ask for more, the staff do everything they say they will and they are very helpful” and “When you go into the service there is a real family atmosphere, and everyone is really friendly.”

We saw there was a strong person centred culture apparent within the service. People who used the service were supported to take the lead in planning and developing their individual personal development plans and day-to-day activities. These plans consisted of accessing voluntary or paid work placements, further education or learning opportunities, and social and leisure activities. People were also supported to become more independent for example; running their own households and using public transport independently.

One person told us they had been to Buckingham Palace to meet Prince Charles and to get an award for the voluntary work they did. They had been nominated by the people they volunteered with at a local charity shop. Their work involved them helping in the shop on a weekly basis and supporting the other workers with sorting and preparing donated goods for resale. When asked about their experience of visiting Buckingham Palace they told us, “One of the staff cried when they saw me in my suit they said it was because they were so proud of me. Staff arranged for my dad to come with me and he really enjoyed the day too.” They showed us pictures that had been taken on the day.

Staff were trained to use a person centred approach to support and enable people to develop their person centred plans. The registered manager told us that staff profiles were used to match staff skills, hobbies and interests with the people they supported. People who used the service told us they were involved in choosing and interviewing their key workers.

We observed staff to be well motivated and they interacted well with the people who used the service, consulting with them about all aspects of their daily life. Staff discussed their planned activities with them and established what they wanted to do and when they wanted to do it.

The registered provider used person centred plans and good practice tools to support and involve people to make decisions and to help people set their own goals and objectives. These tools helped people to highlight what was important to them and identify any barriers they faced to achieving their aspirations. An example of this was a person wishing to travel independently using public transport. Staff worked with the person through a structured plan and the person is now able to travel by bus independently to their activities.

People were encouraged to identify family, friends and others who were important to them. We saw care records contained detailed information for staff about how people wished to be treated and how they preferred to be supported, so their dignity was respected. Care records showed that people who used the service and their relatives were involved in assessments and plans of care. Staff also supported parents to take their relative on holiday, when they were unable to care for them on their own.

Care records were available in easy read format and other formats which people used to support their communication.

Staff confirmed they read care plans and more experienced staff had a keyworker role with specific people. Keyworkers told us they were involved in reviews and met with people who used the service prior to their reviews, to discuss what they wanted to talk about, who they wanted to attend and what they wanted to change. Records showed that these preparations had taken place with the person and their core staff.

Although an established keyworker system was in place, external professionals told us that all staff had a good understanding of each of the people they supported and were really impressed by them as a team. They considered staff to be extremely positive in their approach and very helpful and said; “They literally do everything they say they will. You can’t ask for anything more.”

The three staff spoken with had an in depth understanding of each of the people who used the service, their



Is the service caring?

personalities, their aspirations, their particular interests, how they communicated and expressed themselves, their strengths and qualities and the areas they needed support with. During discussion they were able to give clear examples for each individual.

One example included how they supported an individual to reduce anxieties that they would not be returning to the service after home leave, this person had previously experienced a number of failed placements. The staff team had worked with them to overcome this and a strategy developed where they were encouraged to take out a library book just before going home. They knew they would need to return the book when they came back, which helped reduce their anxieties. Staff were also available at the service during the home visit, so they could be contacted for further support and reassurance should this be needed.

People who used the service had a fully equipped self-contained flat, each with a bedroom, en-suite bathroom, kitchen/diner and lounge. Each flat was personalised and reflected people's personal taste. People who used the service told us their families were welcome to visit at any time and they regularly telephoned or used social media to keep in touch.

Personalised programmes and flexible staffing enabled people to learn to live as independently as possible with the minimum of support. This was based on the philosophy of the organisation 'fitting a service around you, not fitting you within a service.'

Is the service responsive?

Our findings

People who used the service told us they were involved in the development and review of their care plans. One person told us, "I talk to my keyworker and the other staff about things, so I know when we are going to change things and if I think something isn't working right, we can look at another way of doing it." and "I love radio and going to visit radio stations, once the station let me do the weather which was great" "I want to go to London on holiday, we are talking about it now and starting to plan things. It will be great I will go to all my favourite places and do all of the things I love to do, I can't wait." One person told us about the voluntary work they did in a local charity shop and at the local museum which they enjoyed.

Professionals we spoke with told us the service focussed on providing person centred care and had achieved exceptional results for one of the people who used the service. They told us the service continued to work proactively and innovatively with the person they supported and empowered them to continue to progress and develop further independence.

We reviewed the care records for three people and found them to be self directed and very person centred and these detailed the levels of support each person required. Staff told us how they involved people who used the service in different personalised ways in order to engage them and to empower in the planning of their care and support. We saw people who used the service were supported in such a way that the service individually tailored the needs of each individual rather than them being expected to fit into the service.

We saw the care planning process was based on a number of key documents. The first was an assessment book which provided a personalised summary and history of the individual and further assessments in nine key areas including; health and wellbeing, communication and challenging behaviour and risk.

A care plan document supported the identified assessed needs and provided clear information for staff under three headings; prioritised skills, abilities and areas of development. They also detailed how they would work on areas of development including positive risk taking and the expected outcomes and how these would be reported on.

Further detailed information was included in people's sensory support profile, which explained people's sensory experiences associated with their condition, what this meant for them and what support they needed to manage this.

We saw each care record had a section 'all about me'. This provided staff with a summary about the person they were supporting including: communication methods, diagnoses, allergies, family and friend's birthdays and special anniversaries, their family pets, fears, qualities and passions. Each care plan was person centred and identified clearly what each area was aiming to achieve and the steps staff should take to support the individual with this, in line with their personal preferences.

Assessments and risk assessments were seen to have been reviewed on a regular basis. When changes had been identified, records were updated to reflect this. We saw daily diary records were kept for each person, these were well documented, using appropriate language and terminology.

Staff we spoke with were able to describe people's life histories and understood each person well. Staff told us the care plans gave them detailed information about the person and the system in place supported the individual to celebrate their achievements.

We saw a handover record was maintained during each shift. The contents of this were shared with the staff team during handover at each shift change. From this staff could see how each person who used the service had been throughout the day and night. This meant people who used the service received care that was relevant to their needs at that time.

The registered manager told us the service took a key role in the local community and people who used the service were encouraged and supported to engage with services and events outside of the service. This included supporting their local community by doing all of their food shopping in the town and gaining the respect of the local business community. They told us about one person who had been quite reserved and not confident when they came to the service and how they now managed their own flat and had two voluntary jobs at a charity shop and the local museum in the local community.

Another person refurbished items of furniture and sold them on the local internet and at the annual open day,

Is the service responsive?

while others were involved in local fundraising events, including a sponsored bike ride and walk. People attended church and helped out at church fundraising coffee mornings.

The service were involved in an annual autism awareness week, where they invited the local community into the service to attend different planned events, this was attended by the local mayor, local businesses and the local community. People who used the service were also involved in making their own float for the annual community show

People who used the service had the opportunity to access a variety of different activities; some of these were structured or educational, while others were in place to pursue hobbies and interests or for relaxation. Rather than a structured weekly plan being in place for the service, each person had a personalised activity plan based on their personal preferences and aspirations.

One person had a particular interest in theme parks and thrill rides and had been supported by staff to visit a number of theme parks. This was balanced with other community based activities including a paid work placement. Another person attended educational activities at the Roxby site where they participated in a variety of educational programmes. In addition to this they were supported to go to the cinema, go swimming, visit train stations and train museums, aromatherapy, to go out for

lunch and be involved in other community based activities. These were in addition to the independent living skills, meal planning, shopping, budgeting, using public transport, meal preparation and housekeeping they were also involved in on a daily basis.

Staff told us that one person who used the service preferred to be more independent and their activities reflected this. They told us a shed in the grounds had been refurbished to provide a work place for an individual who restored furniture, which they later sold.. They had been supported to develop the skills for this interest through the educational facilities at the Roxby House site.

Each person was also supported and involved in a holiday of their choosing and regular day trips, again these were planned with people on an individual basis, rather than expecting everyone who used the service to participate in the same trips.

The registered provider had a complaints policy in place which was displayed within the service in a pictorial format. Each person who used the service had a copy of this in their flat. We reviewed the complaints file and saw there had been two internal complaints made in the last year. The complaints file showed there was a system in place to manage complaints. We saw that each of the complaints had been fully investigated in line with this and appropriate action taken.

Is the service well-led?

Our findings

People who used the service knew the registered manager. We observed throughout the day people approach the manager to tell them about events in their day and to seek reassurance and confirmation of planned events they were involved in. During discussion they told us, “Des is great he is a good bloke” and “Yes I like him he looks after us.”

During our inspection visit we were provided with positive comments and compliments about the way the service was managed, these included the registered manager. One person who used the service told us, “He is always there for us, he listens and gets things done”, “He is a good role model and would not ask us to do anything he wasn’t prepared to do himself”, “He is genuinely interested in what we have to say, it doesn’t matter if we think it’s trivial, he wants to know” and “I get up in the morning wanting to come to work. The job satisfaction is immense.”

Professionals told us, “There is a clear two way communication with senior management and front line staff” and “There is a very clear approach from management which is fully supported by the staff team. They are very professional.” Another professional told us, “Everyone is very approachable and friendly. I am always made to feel welcome when I visit.”

The registered manager told us that the organisation was accredited with the National Autistic Society (NAS), which drove best practice to deliver outstanding care to people who used the service. Autism accreditation was established by NAS and its affiliated local societies with the support from the Department of Health to work towards improving the quality of provision for people with autism by providing a unified standard of excellence in both policy and practice. A systematic framework for continuous self-examination, development, guidance and support to the services who used the programme so that they could strive to meet the established criteria required for accredited status. Posters were displayed within the building showing a further accreditation review was due in March 2015

The vision and values of the organisation ensured people were at the heart of the service and the service was person centred. The registered provider was seen to continually strive to improve the quality of the service provided, through the empowerment and involvement of people who used the service in giving their feedback. Feedback

about the service was obtained in a variety of ways appropriate to people’s individual needs as well as meeting with key staff and attending senior management meetings on a regular basis.

Staff told us there was a strong emphasis on continually striving to improve and empower people to express their views and opinions. They told us how people who used the service were supported to express their views in a variety of innovative ways appropriate to their individual communication skills and abilities.

We found there were systems in place to monitor the quality of the service. We reviewed monthly audits for medication management, care records and supervision files. Records showed any actions required following the audits were identified and acted on. Further independent audits of medication were undertaken every three months by the operations manager or another registered manager from another service. The results of these were fed back to the quality assurance lead, who then provided a report and action plan (where required) following this. We saw medication audits undertaken showed medication systems and the handling of medicines in the service were well managed.

The registered manager showed us the detailed assessment frameworks that were carried out by the organisation by the registered providers own internal assessors. A quarterly audit was carried out of all areas of the service and service provision, followed by a report and action plan with timescales should this be required. A further annual review was also completed based on the five key questions used by the CQC in this report and included recommendations following this. Recommendations made following the annual audit suggested a shed be adapted for use by a person who used the service to do their furniture restoration work. We saw this had been put in place. A further recommendation suggested the provision of a tea and cake session with senior management to offer support and counselling to the staff when a person who used the service had transitioned to another service.

Staff spoke with told us meetings for all staff were held monthly, where the care for each person who used the service was discussed. Training requirements, the sharing of information and best practice were also discussed. Staff told us that where best practice guidance was shared, the registered manager recognised the importance of ensuring this was done in a way that people could understand and

Is the service well-led?

implement this. This could then be implemented within the workplace, be owned by all and underpin practice within the service. Records showed that learning from accidents and incidents took place at these meetings. Copies of minutes were made available to staff unable to attend meetings.

The registered manager told us that they carried out a monthly analysis of accidents and incidents. This was further reviewed at senior management meetings and lessons learned from these openly discussed. Following this any action that needed to be taken, was done so promptly.

We saw there were monthly checks of accidents, injuries and safeguarding referrals. Where appropriate, investigations had taken place, this was done by a registered manager from another service. We saw that where trends had been identified, appropriate action had taken place. We confirmed the registered provider had sent appropriate notifications to CQC in accordance with our regulations.

Further feedback was sought through the registered provider's quality assurance audit surveys. A plan of the frequency and areas being focused upon was seen. Surveys were sent out to people who used the service, their relatives, professionals and staff. Following this the responses were collated and any areas identified as requiring improvement were looked at and action plans put in place to resolve this.

The registered manager told us the registered provider promotes the ethos of providing people on the autistic spectrum with all the support they need to develop social, communication and life skills, make choices about their own lives and reach their individual potential for independence.

With each person being given a comprehensive assessment which forms the basis of their on-going person-centred development and care programme. We saw the registered provider was committed to personalising the services they provide and to following the recommendations outlined in Putting People First and the Autism Act (2009).

Staff shared this commitment and vision and were supported through training and clear leadership from the registered manager to provide this for the people who use the service.

The provider also worked with other organisations including the police, health services and other care providers to ensure they were following current practice and providing a high quality service. The provider and registered manager continued to strive for excellence through on-going consultation, research and reflective practice.