Homes Caring for Autism Limited

Apple Tree House

Inspection report

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Date of inspection visit:
15 November 2016
16 November 2016

Date of publication:
15 December 2016

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

We undertook an unannounced inspection of Apple Tree House on 15 and 16 November 2016. At the time of our inspection four people were living in the home. Apple Tree House is a small care home providing personal care for up to four people with learning difficulties.

There is 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.

People had communication difficulties associated with their autism. We met three people who lived at the home. We were unable to speak with people using the service due to their highly complex needs. We therefore spoke with people's relatives, staff and healthcare professionals to help form our judgements.

Relatives told us people were kept safe and free from harm. There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

There were suitable recruitment procedures and required employment checks were undertaken before staff began to work at the home. Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were responded to quickly and appropriately.

Systems, processes and standard operating procedures around medicines were reliable and appropriate to keep people safe. Monitoring the safety of these systems were robust.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring.

Staff knew the people they supported and provided a personalised service. Care plans were in place detailing how people wished to be supported and families were involved in making decisions about their care.

People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

Staff told us the registered manager was accessible and approachable. Staff and relatives felt able to speak with the manager and provided feedback on the service.

The manager undertook spot checks to review the quality of the service provided and made any necessary improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures.

People had risks to them assessed and plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were supported by enough staff to meet their needs.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

People were supported to attend healthcare appointments and staff liaised with other healthcare professionals as required.

Is the service caring?

Good

The service was caring.

People were supported by staff who were knowledgeable about the care people required and the things that were important to them. Staff were able to tell us what people liked to do and gave us examples of how they communicated with people.

People's privacy was respected by staff. People responded well to staff and we saw positive interactions between staff and people using the service.

People were able to access local advocacy services to support

them if required.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were outlined in their care plans. Staff were knowledgeable about people's support needs, their interests and preferences and provided a personalised service.

People were supported to access the community and this reduced the risk of people becoming socially isolated.

Relatives felt the staff and manager were approachable and there were regular opportunities to feedback about the service.

Is the service well-led?

Good

The service was well-led.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The registered manager and the provider checked the quality of the service provided and made sure people were happy with the service they received.

Apple Tree 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 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 15 and 16 November and the first day was unannounced. It was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit.

People were unable to tell us their experiences of living at the home. Two people received two to one support and two people received one to one support. We therefore observed the support provided to people. We saw three care plans and associated documents, five staff files including the registered managers, staff rotas, medicines records, minutes of meetings, surveys, quality assurance audits and other management records. We spoke with three staff and the registered manager. We also spoke with a training assessor who visited staff completing health and social care qualifications. After the inspection, we spoke with three parents and three social workers.

Good

Is the service safe?

Our findings

The service was safe.

Staff told us, and records seen confirmed, that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Staff told us they would report any concerns to the home manager in the first instance. One staff member said they would report "Anything which can't be explained." Other staff told us the signs they would look out for and said, "You would look out for marks, facial expressions and signs of distress, I would raise it with the manager or senior, I'm confident they would listen". All staff were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Staff were aware of their responsibilities to report to the local authority if necessary and told us, "We've got posters with the number on" and "I'd contact them". Staff were also aware of the whistle blowing policy and procedure. This meant people were protected against the risks of potential abuse.

Assessments were undertaken to assess any risks to the people at the home and to the staff supporting them. Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. Staff knew about the assessments and protocols in place to protect people. For example, we saw Epilepsy guidelines in place and risk assessments which gave clear guidance for staff of the measures in place to reduce risk. Other risk assessments were in place for using the bath, support people needed at night and using bed rails. The risk assessments we looked at were clear. Both the care plans and risk assessments we looked at had been reviewed regularly.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. When staff had been involved in any accidents or incidents, they were given the opportunity to talk this through afterwards. This meant any opportunities for learning were identified and staff were supported.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. Everyone in the home had a personal emergency evacuation plan which identified how the person would need to be communicated with in the event of an emergency. This included information using signals, symbols and gestures. We saw from the utilities file that all the necessary surveys and check had been completed. For example, the gas fittings had been checked in November 2016 and electrical items had been tested for safety in June 2016. Staff attended fire drills every six months and records showed these were up to date. This meant the provider ensured the home was a safe environment for people to live.

People were supported by sufficient numbers of staff with the right skills and knowledge to meet their needs in a relaxed and unhurried manner. Three relatives told us there had been some staffing changes, but said, "They never seem to let staff changes affect anything. New staff shadow and slot in really well." We saw two people required two to one support from staff and other people required one to one support. Staff rotas

showed the identified number of staff required had been available. Staff confirmed there were always enough staff on shift to support people. The PIR said staffing ratios were calculated to cover individuals support needs and additional staff were recruited to cover annual leave and training. During the inspection, we saw interviews were scheduled to recruit staff to cover these events.

We looked at the recruitment records for five staff members, including the registered manager. These showed that appropriate checks had been completed to ensure they were suitable to work with vulnerable people. Their personnel files contained copies of their application form, documents proving their identity, two satisfactory references and confirmation that a satisfactory Enhanced Criminal Record Bureau Disclosure (CRB) had been obtained. A health questionnaire and declaration were also obtained. This meant that there were effective recruitment and selection processes in place.

People's medicines were administered by staff who had their competency assessed every six months to make sure their practice was safe. All staff administering medicines had been trained. Where any specialist medicines such as a medicine which needed to be put between the cheek and the gums were used, staff received specific training for this.

There were suitable secure storage facilities for medicines; each person's medicines were kept in safe storage in their own rooms. The home used both a blister pack system and bottles of loose tablets with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked records against stocks held and found them to be correct. This meant peoples' medicines were managed and administered safely.

Some people were prescribed medicines on an 'as required' basis. Where people were unable to tell staff if they were in pain, staff told us the body-language and other signs people might use. We saw this was clearly described in people's medicine folders, for example one person may shout or become agitated if they were in pain. This meant staff could identify when people may be in pain and appropriate pain relief given.

All visitors had to ring a doorbell and be invited in by a member of staff. Every visitor was asked to sign the visitor's book when they arrived. This meant people were able to have visitors but were kept safe by staff.

Good

Is the service effective?

Our findings

The service was effective.
People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff told us the induction was spread over several weeks. They completed induction at head office and had shadow shifts in the home as part of induction. Induction was linked to the Care Certificate, which is a nationally recognised qualification which gives staff the basic skills to care for people. Staff also completed training the provider considered mandatory during induction. This training included fire, food hygiene, positive behaviour management, epilepsy and medicines topics. All staff also completed specialist training for looking after people with Autism. Staff confirmed they had the training they needed when they started working at the home, and were supported to refresh their training. We viewed the training records for staff which confirmed staff received training on a range of subjects. Staff we spoke with were working towards further qualifications appropriate to their role. A training assessor told us, "Staff are given every opportunity to achieve" and "Staff are developed within their roles as well as their qualifications." This meant people received effective care and support from staff who had the skills and knowledge to meet their needs.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out every eight weeks and enabled them to discuss any training needs or concerns they had. As part of the supervision meeting, two of the 15 core standards of the Care Certificate were discussed. This meant staff received refresher conversations to ensure their skills were maintained. Staff had monthly supervisions during their six month probation when they started work, and were able to have monthly supervisions beyond this time until they were settled in their role. Staff told us they felt supported by the registered manager, and other staff. A training provider told us, "I sit in on training supervisions and they are two hour structured, full supervisions where both staff and manager prepare and they get something out of it" and "Supervisions are consistent and of a high standard."

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Information was shared about what activities people were doing and which staff would be supporting them.

People's wishes and preferences were followed in respect of their care and treatment. Staff told us how they gave people opportunities to choose, for example by asking them several times, or showing them two or three items to choose from.
Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw people's capacity to consent had been assessed for individual activities and these were clearly recorded.

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).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

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. Everyone living in the home was subject to a DoLS authorisation because they were supported when they left the home and were constantly supervised. The registered manager was in regular contact with the local authority where there were any delays obtaining authorisation and clearly documented these. Staff told us, "DoLS isn't about stopping people from what they want to do" and "People wouldn't be safe in the community without our support."

Families where possible, were involved in person centred planning and "best interest" meetings. A "best interest" meeting is a multidisciplinary meeting where a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make the decision for themselves. This meant the home was meeting the requirements of the MCA Code of Practice.

Staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. Eating and drinking guidelines were in place and people were supported at mealtimes to access food and drink of their choice. We saw people were able to make their own food choices either by using picture cards or other communication means. Where people required specialist diets such as a macrobiotic diet or food supplements, these were provided. Working with a dietician and a GP, one person had been supported to lose weight.

People were able to choose where they ate lunch. Some people chose to eat in the main dining room and others in their personal rooms. People were supported on a one to one basis at mealtimes. We observed one meal and saw the person received the support they required in a dignified manner. We also noted that people were provided with appropriate equipment, such as specially shaped spoons, to enable them to eat independently.

One person was involved with preparing the main meal which they very much enjoyed. All of the food served was created using wholesome ingredients. The meal created looked appetizing and the person was encouraged to do as much as they could themselves. We saw four week rolling menus which showed that a variety of foods were available covering required nutritional needs. We saw house meetings were held regularly where discussions around menu planning, activities, news and events were held with people by using picture cards and other forms of communication. Minutes of these meetings were made available for people using easy read formats.

We saw guidelines in one person's care plan which gave staff information about how to prepare them for a meal. For example, staff might light a candle, hold their hands, sit quietly for a few minutes or sing a particular rhyme. This meant the person was prepared for a meal to be placed in front of them and their mealtime experience was enhanced.

We saw food and fluid charts which showed that people's intake of nutrients was being recorded where

required. One person was easily susceptible to becoming dehydrated and had been hospitalised several times in the past for this. We found this person had not had to go to hospital for over a year because staff were managing their fluid intake very carefully. We saw that people's weights were recorded on a monthly basis unless otherwise stipulated. The registered manager explained that should anyone be observed losing weight, they would be referred to a GP who in turn would refer to a dietician.

People living in the home had complex needs and required support from specialist health services. Care records we looked at showed people received support from a range of specialist services, such as speech and language therapists, physiotherapists, dieticians and dentists. People were referred appropriately to healthcare professionals if staff had concerns about their wellbeing. Where appointments were made with professionals, we saw these were arranged so parents could attend if they wished.

People had a health action plan which described the support they needed to stay healthy. When one person needed a certain medicine which needed to be given in hospital, the home had an arrangement with a hospital to be able to take the person straight to a ward to be given this, rather than having to wait. This meant the person was not exposed to any unnecessary stress or worry when they needed to be given this medicine. People had hospital assessments in place which gave hospital staff information that was necessary for them to be able to provide treatment. This meant if people needed to go to hospital this was managed in the best way possible

Good

Is the service caring?

Our findings

The service was caring.

People using the service were not able to give us feedback directly about the care that they received, however we made observations and were able to speak with relatives and healthcare professionals after the inspection. We met with three of the people living in the home and they appeared content and settled during our visit. Relatives told us they were happy with the care their loved ones received. Relatives said, "We're exceedingly fortunate, [name's] keyworker really does come out on top; they're really caring and spot things no-one else does, almost like a mother", "The care, support and opportunities for people is second to none" and "Year on year they really do care about the people they look after." A training assessor told us, "From top to bottom, there is a genuine ethos and staff really care" and "Whatever people need, they get." We watched the interaction between the staff on duty and people living in the home. People appeared very relaxed in the company of the staff and there was a good rapport between them.

We saw in each care file there was a comprehensive profile of the individual including their likes and dislikes. All staff spoken with demonstrated they knew people's preferences. This meant people received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Relatives told us, "They know [name] well", "Staff are kind, considerate and do everything right" and "Staff are very caring and patient".

Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. For example, one person enjoyed visiting Cathedrals, so staff ensured they were able to do this. People's care was not rushed enabling staff to spend quality time with them. We observed interactions between one person and the member of staff supporting them, and saw the person's face lit up and they giggled when the member of staff spoke with them. Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly.

Staff knew people's individual communication skills, abilities and preferences. When one person made a sound, staff immediately told us what this meant. We saw that staff worked actively towards maximising people's choice, control and inclusion. Staff were offering people choice, encouraging them to undertake tasks independently and supporting them where needed. Staff told us how they gave people as much choice as possible. For example, some people liked to make their choices using picture cards and others liked to have the choices put in front of them. We saw achievement logs which identified how people could indicate their choices, for example one person would close their lips if they didn't want a drink, or would go and stand by the door if they wanted to go out. Relatives told us, "This company is absolutely superb" "There is a family ethos, they don't just provider care, they understand and that's really fundamental". Other comments included, "They have done a magnificent job" and "I'm very impressed". People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. Other people were supported to access a variety of activities in the community, including attending college courses.

There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and other surveys. People were given the information and explanations they needed, at the time they needed them. For example, staff created social stories using easy read pictures to prepare people for occasions such as a trip to the hospital. This meant the person was prepared for everything they would encounter during their visit, and were reassured they would be returning home afterwards.

The home had links to local advocacy services to support people if they required support. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. People's documents were stored in the office or in a locked cupboard. The computer was networked and password protected. Staff had access to easy read resources so they could prepare social stories to prepare people for events. The office was always occupied by members of staff, but if required could be locked. By doing this people's private information was protected from being seen by unauthorised parties.

The provider has signed up to the department of health's initiative 'The Social Care Commitment.' This is the adult social care sectors' promise to provide people who need care and support with high quality services.

Good

Is the service responsive?

Our findings

The service was responsive.

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. A relative told us, "Within reason, nothing is too much trouble". A healthcare professional told us, "The care plans and health information is very reassuring and I have no concerns." Another professional person told us, "I find it amazing how staff understand [name] and can pick up what they want, even though the person is non-verbal." A third professional person told us, "The care is of a good quality and where there was an issue, this was sorted out immediately."

People received care that was responsive to their needs and personalised to their wishes and preferences. Relatives told us, "I've been really impressed the whole time, they're fantastic and more than meet [name's] needs". A healthcare professional told us, "I'm very pleased with the care and support [name] gets" and "[Name] has come on in leaps and bounds since being there. [Name] was very poorly while living in another home but is now doing very well." We spoke with relatives, healthcare professionals and staff and everyone confirmed this person's health was much improved. We found the person had periods of being hospitalised at one time, and these had reduced. The healthcare professional we spoke with said, "This person also has episodes where they are unable to move; these have also reduced which suggests the person's anxiety has reduced." We saw this person's achievement record which showed these occurrences had reduced each year.

People or their relatives were involved in developing their care, support and treatment plans. Care plans were person centred and clearly identified the particular ways of providing support that were unique to that person. Information was also included about who the important people in their life were, how they communicated, what medicines they took and what daily routines they had. A relative told us, "They've made a good job of what I think is above and beyond what I think they should give". Monthly summaries were written for each person by their key worker. These were used to review how effective each person's plan of care had been and to note any significant events. From our discussions with staff, it was clear they were knowledgeable about the people they were supporting, for example they told us about how they had reduced one person's anxieties about going into shops.

Where a person's health had changed it was evident staff worked with other professionals. We saw other professionals had been involved in a timely way when required, to ensure the health and well-being of people. Staff we spoke with told us they used care plans to inform their practice. Profiles within care records showed a good understanding of individual's care needs and treatment. Other plans were available for helping people to communicate and accessing the community. The information also showed staff monitored people's health and checked their needs were met. Healthcare professionals told us, "Care plans are written to a very good standard. Everything is cross referenced and detailed." Where relatives had provided information for people's care plans, we saw these were being used.

Care plans were focussed upon the person's whole life, and how they preferred to manage their health. The PIR said Health Action Plans were in place for all individuals. We saw Health Action Plans were in place describing the support the person needed to maintain their health. We saw one GP recorded compliments in one person's records around the care and support staff provided to the person they were reviewing. We saw people had been assisted to complete key information documents about "what is important to me"; "what others like and admire about me" and "how best to support me". The information in these documents was held together with a summary of health needs and were sent with an individual when they attended hospital. This meant that full and necessary information was shared with other professionals at key times to ensure all care needs were appropriately met.

There were specific plans that identified trigger points for people's challenging behaviours. These plans described how best to manage their reactions and behaviours, for the benefit of all people in the home. This may include aggression to staff or others, distress and agitation. We asked staff about this and they were able to demonstrate an understanding of distraction techniques. Staff told us, "You have to adapt to them, for example by using a soft approach, modelling good practice and good behaviour" and "With the right preparation, such as making sure there are quiet areas available, we've been able to save one person major anxieties." A relative told us they felt staff knew their relative well and were able to support them particularly if they were upset or agitated. This showed that there were arrangements in place to respond to what could be viewed as challenging behaviour. Staff showed an understanding of how to respond to behaviours which may cause harm to the individual or others.

The care records seen had been reviewed on a regular basis. This ensured the care planned was appropriate to meet people's needs as they changed. One relative told us, ""They certainly keep me in touch; I'm involved in care planning and reviews". Two healthcare professionals told us, "I've attended reviews where I was very happy because the person was the centre of the review" and "Parents were very happy with the review because [name] was supported throughout and the review was around him."

People were supported to follow their interests and take part in social activities and education opportunities. People were involved in planning which activities they wished to take part in during individual meetings with their keyworkers. A variety of activities was available, including going swimming, attending college and being supported to go on holidays. Relatives told us, "They talk to him and if he wants a college course, they find one for him. They then support him throughout", "People have high dependency needs so are given an enormous amount of one to one time, they do nothing but provide additional activities" and "People get day trips; the keyworker organised holidays. They went for three or four days to Edinburgh and it was really well thought out. The keyworker thought long and hard and filled the days. That takes some dedication." Staff told us, "It's nice when people go out" and "We're proud of how we support people in the community and promoting independence. We don't give up." One person enjoyed a foot spa every evening. Other activities available included sensory sessions, stories, walks in the garden and trips out. This meant people were supported to maintain their independence and access the community.

Everyone we spoke with told us they had no concerns about people at Apple Tree House. We saw that people who used the service and their families had been made aware of the complaints procedures. Information about how to make a complaint was available in easy read formats and people were regularly asked if they wanted any changes. Relatives told us, "I know how to make complaints but there is never any reason to complain", "I've no worries at all" and "I'd be very surprised if you hear anything negative." Another relative told us, "You can tell how satisfied everyone is." A healthcare professional told us, "It's a home I don't worry about."

We saw the home had received two compliments this year. One of these was from a parent who praised a keyworker for giving outstanding updates to them. Relatives told us, "I've seen lots of other people and met parents at parents' evenings and everyone is very happy" and "I'd give them 11/10 in all the ratings".

Good

Is the service well-led?

Our findings

The service was well-led.

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. Relatives told us, "Its well managed and kept up together exceedingly well". Staff told us, "The atmosphere here is very good, we support each other" and "We're all really supportive of each other and we've got the same sense of humour."

Two relatives had nominated staff to receive awards from the British Care Awards. In their nominations they wrote, "I have always felt that my decision to entrust Apple Tree House to look after my non-verbal son was the best possible one as I have always seen evidence that all the staff since day one have been consistent with their person centred approach", "We feel [name] has a 'Champion' and "Personal health welfare and needs appear to be monitored with genuine concern". Staff did not win the awards but were very happy to be nominated.

The registered manager had developed the staff team to consistently display appropriate values and behaviours towards people. The registered manager had a clear vision for the home which was to provide a safe, caring environment where autistic individuals are supported to develop their individuality and to live as independent and full a life as possible. Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. All staff we spoke with were able to confirm what the vision and values for the service were.

Staff and relatives were empowered to contribute to improve the service. A relative told us, "The registered manager knows people well and keeps us very well informed". A variety of meetings were held for staff such as shift leader meetings, general team meetings and night staff meetings. Staff were able to contribute to discussions about a variety of topics, including the daily handovers, home improvements, daily duties and staff use of initiative. Healthcare professionals told us, "The registered manager is very transparent" and "The manager will always get back to us if we ask for anything."

People's experience of care was monitored through surveys which were completed every six months. Staff and healthcare professionals were also asked to complete surveys. The latest surveys had only just been completed in November 2016; these hadn't been analysed at the time of the inspection. The previous surveys from May 2016 showed staff raised some issues around the rota. Staff told us, "Anything that is raised is acted on" and went on to describe how they had been listened to when they raised concerns about the rota and changes had been made. Where one relative had raised issues around mealtimes, these had been addressed. The surveys recorded some very positive comments saying how supportive the registered manager was. This meant the registered manager valued people's and staff feedback and acted on their suggestions,

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager was supported by two seniors, and there were four shift leaders. All staff were responsible for completing daily records. Senior staff were given some protected time for office administration. Staff duties were identified on the handover records. This meant all staff knew what their duties and responsibilities were. All staff we spoke with told us the registered manager was supportive and they were able to raise any concerns they may have. A training advisor told us, "The registered manager is always available and has an open door policy." The registered manager was supported by the area manager and was able to attend meetings with other managers as well.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The PIR said the Area Manager had close involvement with the service on a day to day basis and also completed regular audits. During the inspection, we saw the area manager was always available and completed audits every six to eight weeks. There were five different audits which were completed on a rota basis. Each section of the audit was rated, so for example, the area manager had looked at the interaction and communication with people and rated this excellent. The area manager wrote, "Observed administering of breakfast and medicines; very person centred approach used." We saw that where shortfalls in the service had been identified action had been taken to improve practice. We saw an action plan was in place and this had been followed up. For example, some risk assessments had been identified as needing improvement and we saw this had been done.

As well as regular audits the registered manager and seniors also completed regular spot checks. The last spot checks had been completed in October and covered a variety of topics including the kitchen, daily reports, MAR charts and staff observations. Medicines were also audited monthly. Where any errors had occurred these had been thoroughly investigated and learning identified. Other records showed that all the necessary kitchen checks had been done. The home had been awarded five stars in a food hygiene inspection in January 2011.

People benefited from staff who understood and were confident about using the whistleblowing procedure. As part of staff development the registered manager had shared other CQC reports from similar homes. The registered manager used the findings to reinforce Apple Tree House's own processes and broaden staff understanding.

All accidents and incidents which occurred in the home were recorded and analysed. Staff were involved in meetings after any accidents or incidents to debrief them. This meant that any learning from accidents or incidents was identified and shared. As a result of analysing trends the layout of the dining room was changed and guidance produced for staff. This had resulted in fewer accidents in the dining room.

The registered manager kept up to date with changes in the care sector by registering with recognised organisations to demonstrate they met accreditation standards. Some of the training provided was British Institute for Learning Disabilities (BILD) accredited. Linking with these networks meant the training provided to staff was recognised as being of good quality and up to date.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. We used this information to monitor the service and ensure they responded appropriately to keep people safe.