

Autism Plus Limited

Autism Plus

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

This announced inspection took place on 16 and 17 August 2016. Autism Plus is a supported living and community outreach service. It provides support for people with learning disabilities and autistic spectrum disorder living in the community. The service supports most people on a 24 hour basis. Some people lived in single occupancy houses and others in shared, supported living houses. At the time of the inspection 19 people were using the service. The service was last inspected in October 2013 and no concerns were identified at that time.

A registered manager was employed to manage the service. 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. There were team leaders employed to help make sure the service ran smoothly.

People, their relatives and staff were very positive about the organisation, the management team and the support people received.

Staff described the management team to be very open, supportive and approachable. Staff talked about their jobs in a very positive way. The registered manager and nominated individual demonstrated a strong ethos of personalised support and empowerment, which was communicated to staff, and it was clear that the staff shared this vision.

People were supported to live active lives based on their wishes. Relatives felt that people valued their relationships with staff and placed trust in them. Staff also prioritised building strong relationships with people's families in order to help understand people better. People's care plans included detailed information about how they wanted to be supported and were updated whenever their needs changed.

People were encouraged to develop new skills and further their level of independence. Action plans and steps were created to make sure people received all the support and advice they needed to do this, at a pace that suited them.

People received care from a staff team who were trained to meet their needs and who cared deeply for their wellbeing. Regular activities were carried out to assess any gaps in staff knowledge and resources put in place to improve knowledge in these areas. Staff members were encouraged to develop professionally and used their increased knowledge to the benefit of the people they supported.

Staff were recruited safely and detailed information was collected about people's likes and dislikes to help make sure staff's skill suited the person they supported. People were empowered to be in control of who supported them. If people showed they didn't get on with a particular staff member, this was respected and the staff member did not support them anymore.

People were supported by staff who had an in depth understanding of how to keep them safe. Staff were skilled in using personalised communication methods to understand people's needs and wishes; and respected people's decisions. New technology was embraced in order to gather detailed information to support people to be safe.

Staff had undertaken training on safeguarding adults from abuse, and put their knowledge into practice. Where staff had raised alerts the service managed the concerns promptly and when appropriate, conducted thorough investigations to protect people. Any learning was shared to improve future practice.

Risk assessments and guidance were put in place to help make sure staff knew how to keep people safe and healthy. People's individual preferences were taken into account to help make sure any measures put in place suited them and were successful.

People knew how to raise concerns and make complaints. People and their relatives who had raised concerns confirmed they had been dealt with promptly and satisfactorily. Staff understood how to manage risks to people's health and supported them to develop and reach their full potential. Staff had sufficient guidance on positive management of behaviours that may challenge the service and others which protected people's dignity and rights.

The registered manager carried out regular supervision sessions and appraisals. Staff felt well supported and understood their roles and responsibilities to ensure they delivered people's support in an effective manner.

The service actively sought people's views about the service and listened and acted on their ideas. One relative commented, "A brilliant, responsive and caring organisation, I can't thank them enough."

Staff treated people with dignity and respect and provided their care and support in a caring and compassionate way. Care plans contained thorough and well documented assessments of people's individual needs and the support they required. People received their care and support as planned and as they wished.

People were supported with their nutritional needs and encouraged to adopt healthy lifestyle choices. Staff supported people to have access to the healthcare services they required for advice, treatment and support.

People continued to acquire new skills and gain confidence in living their lives as independently as possible. People took part in activities they enjoyed and were encouraged to try new things based on their individual interests, hobbies, preferences and abilities.

There were effective quality assurance systems in place. Action was taken to address areas where practice could be enhanced, and as a result, changes had been made to help make sure the service moved forward and continually improved.

The registered manager monitored incidents and accidents and put plans in place to prevent recurrence.

Staff understood how to protect people from possible harm. There were sufficient numbers of appropriately skilled staff on duty meet people's needs. Staff managed and administered people's medicines safely.

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 made sure people were safe from the risk of avoidable harm. Risks to people were regularly reviewed and staff supported people to live safely.

Staffing levels were sufficient to make sure people received the level of support they required in a consistent and reliable manner.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received regular and ongoing support through regular supervision, appraisal and training, which ensured they had the relevant skills and expertise to meet people's needs effectively.

Staff obtained people's consent to care and treatment and supported people in line with Mental Capacity Act 2005.

Staff worked in partnership with other health care professionals and supported people to access health care services when they needed them.

Is the service caring?

Good ●

The service was caring.

People, their relatives and healthcare professionals involved in their care praised staff for their caring and professional approach.

Staff engaged people as partners in their care, treatment and rehabilitation. People were involved in developing their care plans and felt listened to by the service.

People were supported and encouraged to develop their independence.

Staff respected people's confidentiality, privacy, dignity and human rights. Staff knew the people they were caring for well including their preferences, likes and dislikes.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Staff assessed people's needs and responded to the changes in their health.

The service engaged with people and made sure they received care based on their individual needs, aspirations and preferences.

Staff supported people to make choices and have control of their lives and well-being.

The registered manager considered people's views and opinions about the service. People knew how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

The registered manager was described as approachable by people and staff.

People and staff felt very well supported and valued in the service.

The registered manager used effectively robust systems to identify and monitor the quality of the service and drive improvement where necessary.

Autism Plus

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, 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 17 and 18 August 2016 and was announced. The provider was given 48 hours' notice because the service was a domiciliary care agency and we needed to be sure that someone would be present in the office. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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 notifications. Notifications are specific events registered people have to tell us about by law.

We sent out surveys to gain the feedback of 15 people who used the service and 14 people completed and returned them to us. We also received responses from five staff, two relatives and two community professionals. The feedback was particularly positive.

During the inspection we visited, met and spoke with four people who used the service, living in both, individual and shared houses in Easingwold, which is in North Yorkshire, and in Hull and Doncaster. We also spoke with seven members of support staff, two team leaders, the registered manager and the acting managing director, who was the nominated individual.

We looked at three records related to people's individual care and support needs. These included support plans, risk assessments and daily monitoring records. We also looked at three staff personnel files and records associated with the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe using the service. For instance, one person we spoke with during the inspection told us, "I feel safe. I trust my support workers and I know who I should contact if I need to."

Everyone we received survey responses from indicated that they were 100% satisfied with the safety of the service. One community professional wrote, "This service has worked in partnership with all agencies to support one individual to transition to their own home. Staff have all received specific training in relation to the individual's needs, which are complex in nature. I am updated regularly as to how well the individual is doing and when there is a concern the staff ring for advice. There has only been one occasion when I was not informed about a situation, but the support staff approached the relevant agencies and made the individuals safety their paramount concern. I have seen evidence that they actively follow guidance and care, as highlighted within care plans."

People had risk assessments in place which identified any risks to the person using the service and to the staff supporting them. They included environmental risks and any risks in relation to the health and support needs of the person. The risk assessment included the level of risk as well as action needed to minimise the risks where possible. Where possible, people were included in assessing risks and were supported by staff to identify safety measures. People were supported by staff who had a good understanding of how to keep people safe without unduly restricting their freedom. Staff took into account people's individual personalities to help make sure people were happy with the measures put in place to keep them safe.

Most people had a designated team of staff supporting them seven days a week on a 24 hour basis. Others had care and support provided at set times, depending on their needs and requirements. Staffing levels were determined by an assessment of need and the tasks and wishes of the individual. For example, where people needed support from more than one member of staff whilst out, this was provided to help make sure the person was as safe as possible.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Managers and staff received training that was appropriate to their particular role. Staff were up to date with their safeguarding training. One staff member told us the training covered recognising signs of abuse, how to report it and who to; and how to escalate it if necessary. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. They knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police. The registered manager told us that safeguarding was always an agenda item at staff meetings.

People were protected by a thorough recruitment procedure which helped to make sure staff were suitable and had appropriate skills and knowledge to provide care and to meet people's needs. The registered manager told us, staff were specifically matched to support people on an individual basis and therefore had the right skills, knowledge and experience to meet their unique needs.

People were involved in selecting new staff and interviewing them. The registered manager explained, "The

staff member needs to match the person well as they can be spending a lot of time together. If we find there's a clash of personalities, we'll move the staff member." One person who used the service confirmed this to be the case. This empowered people to be in control of who supported them and who spent time in their home, promoting their human rights.

Staff recruitment information included all the relevant checks to show staff were suitable and safe to work with vulnerable people. Staff confirmed checks were all carried out before they were able to support people. One staff member explained, "My references and DBS (Disclosure and Barring Service) check had to be returned before I could start work." DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with vulnerable people. We saw that the recruitment and selection process made sure staff recruited had the right skills and experience to support people who used the service.

Discussions with members of the management team showed that where any issues arose as to an applicant's suitability to care for vulnerable people, the risks were carefully considered and appropriate safeguards put in place to ensure people's safety.

Some people required assistance from staff to take their medicines. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. People's individual support plans described in detail the medicines they had prescribed and the level of assistance required from staff. These guidelines also included information about people's medical history and how they chose and preferred to be supported with medicines. Any risks in relation to medicines had been assessed and any specific arrangements, such as safe storage in the person's home had been considered with the person and, where appropriate, their relatives. Where necessary, records were kept in the person's home of any medicines administered and these were checked regularly by staff and management to make sure they were correct. All staff had received training in the administration of medicines.

Is the service effective?

Our findings

Everyone we received survey responses from strongly agreed that the service was very effective and that they were 100% satisfied with the way the service was provided. The people we met and spoke with told us they received effective care and support from well trained staff. For instance, one person told us, "My support workers know what they are doing. They are well trained."

One staff member wrote, "I have worked for Autism Plus for just over eight years, I have been able to progress from a support worker to a team leader during this time, completing necessary training that has enabled me to work to my full potential. I have always found the service to be person centred, supporting individuals to achieve their goals and aspirations."

When new staff were appointed they were required to complete the 'Care Certificate', which is a nationally recognised programme of training for care workers. Staff underwent a formal, six week induction period. The first weeks consisted of 'classroom time', completing essential training, including the values and the ethos of the organisation and then they shadowed experienced staff, until they were confident to work alone.

We spoke with staff who told us they received training on a regular basis. They told us Autism Plus had its own training department, as well as using external training sources. Staff told us the training provided gave them the necessary skills to complete their role.

We spoke with the registered manager about training staff received and we were shown a training matrix which identified training completed and required. We noted from the training matrix that some training had not been completed in line with the company policy. The registered manager told us that this was being addressed, and that the training matrix was not updated until certificates had been received. We saw evidence of the necessary training courses were booked for the coming months.

We saw that essential training had been completed by most existing staff in moving and handling, health and safety, infection prevention and control, safeguarding, medicines, food hygiene and first aid. Training was also provided in managing challenging behaviour, nutrition and health, epilepsy, equality and diversity, privacy, dignity and confidentiality, and the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Members of the staff team completed qualifications in health and social care, such as a nationally recognised care award at levels 2. There were a number of staff who had achieved level 3, and above. There were also opportunities for staff to take additional qualifications and for continual professional development. For example, staff had attended training on communication and working with people with autism to be able to meet the needs of people who used the service. The registered manager said that the provider was very supportive of staff. The training offered to staff enabled them with the skills and knowledge to effectively meet people's needs.

We met one person who used the service who was an experienced trainer, providing training to staff

employed by Autism Plus, as well as to other, external organisations. This provided staff with a useful insight into life with a specific autistic spectrum disorder.

Staff were formally supervised and appraised and confirmed to us that they were happy with the supervision and appraisal process. Staff supervisions made sure that they received regular support and guidance, and appraisals enabled staff to discuss any personal and professional development needs. Supervisions were undertaken regularly in line with the provider's policy and more frequently if required. The staff we talked with felt well supported in their roles and said they were able to approach the team leader and the registered manager with issues at any time.

Staff told us they felt well supported by colleagues, senior staff and managers throughout their work. People received support from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Records showed assessments had been carried out to assess people's capacity to make decisions for themselves. The PIR told us that new 'consent to care' documents had been created to be more understandable to help meet people's communication needs, and that they were being completed by people who used the service. The records we saw confirmed this. The documents had been well designed, in an accessible format, to help people to understand what consenting to their care meant in the context of the MCA. The people we spoke with told us staff involved them fully and they had consented to the care and support they received.

People were encouraged to have a say in their care using communication methods that suited their individual needs. This sometimes included signing or using pictures. Staff were given clear guidance in people's plans about how to support them to make decisions and when they were acting in people's best interests. Records we saw confirmed that where a decision had been made for a person, the service had followed 'best interest' processes and involved people close to the person who knew them well, advocates and other professionals.

The staff we spoke with understood and supported people in line with the principles of the MCA. They spoke confidently on how they put this into practice making sure they respected people's rights. Staff told us they routinely discussed the MCA policy and procedure and the 'Code of Practice' in staff meetings to underpin their practice. Each person had been assessed and restrictions to their freedom or choice were closely monitored. We also found that where necessary, the registered manager had submitted information to the Court of Protection. The Court of Protection make decisions on financial or welfare matters for people who can't make decisions at the time they need to be made, as they 'lack mental capacity'.

People and their relatives spoke highly of the service and support people received with their healthcare needs. People were supported by staff who were knowledgeable about their healthcare needs, recognised quickly if they were unwell and made referrals to health care professionals.

The service worked closely with other social and healthcare professionals to make sure people received coordinated care. Each person had a personalised health action plan which staff supported people to

follow. Staff discussed what would benefit people`s health in regular meetings and reviews.

Staff told us and records confirmed they had regular communication with the healthcare professionals for advice about people's specific needs to enhance their knowledge on how to support them. We saw the guidance had been incorporated in people's care plans.

People were as involved as possible in choosing what they wanted to eat or drink which helped ensure they had a healthy balanced diet and were protected from risk of poor nutrition and dehydration. People told us they were happy with the support they received with their food and drink.

People's plans recorded what they enjoyed eating and drinking and, where people did not express their preferences verbally staff observed people's responses to identify what they wanted or didn't want. Staff had sufficient information about people's dietary and hydration needs from the care planning process. The service was well equipped to support people have healthy lifestyles.

People's records highlighted where risks with eating and drinking had been identified. Staff sought advice and liaised with relevant professionals to seek best practice in supporting people. These recommendations were then followed to minimise the risk to people.

Is the service caring?

Our findings

The people we spoke with told us staff were very caring. One person told us, "I really like all the staff that work with me." Everyone we received survey responses from indicated that they strongly agreed that the service was caring and that they would recommend the service to a member of their own family. For instance, one person told us in their survey, "Staff all care for me. I care about the staff. All the staff are so helpful, I like chatting to all the staff. I'm happy going out with them all for dinner and activities."

Staff told us the registered manager emphasised the importance of treating people with dignity and this was discussed in staff supervision, meetings, daily handovers and at induction. People were described as comfortable in the company of staff. Relatives said staff supported people in a caring way and always respected them as individuals.

Relatives spoke highly of the staff and the quality of the care and support given. Comments about the staff included, "They are very caring" and, "They are very understanding and patient."

People, and those that mattered to them, valued their relationships with staff. One relative commented, "They've all got a great relationship with [my family member]" Relatives described how the strong relationships their family members had with staff had resulted in positive results for people. Examples included, being willing to try new things, increasing independence, following guidance given by health and social care professionals and staying healthy. These were all described as successes because of the trust people had in their staff team.

Staff were very motivated and compassionate about making a difference in people's lives. Several staff gave examples of going above and beyond their duty of care to make sure people got what they wanted. Relatives confirmed their family members were content and happy and attributed this to the commitment and dedication of the staff team.

Staff received training about privacy and dignity and there was a strong emphasis on protecting people's confidentiality. The requirements for staff to follow about confidentiality were in the provider's policy. A staff member confirmed, "In training, they go over the Data Protection Act in detail and our obligation to keep people's information confidential."

Relatives told us how the service had helped to improve people's lives by promoting their independence and well-being. We saw that staff respected people's dignity. Individual requirements were detailed within people's support plans so staff understood their importance. For example, the registered manager told us, "The person's home is treated as such." A staff member confirmed, "This is [the person's] home and they can do what they want here."

People received care, as much as possible from the same team of support workers. Rotas were well organised so people knew who would be supporting them and were kept informed of any changes. Some people had pictures of the staff who would be supporting them on the wall, so they knew who to expect.

Staff demonstrated they knew the people they cared for well. They told us about people's individual likes and dislikes, which matched what was recorded in people's records. This included a comprehensive knowledge of people's individual communication skills, preferences and abilities. Relatives confirmed staff were skilled at responding to people appropriately no matter how complex the person's needs were to help make sure people felt they mattered, and had control of their care and support.

Staff spent time with people, and knew their unique ways of letting staff know if they required them to interact with them or not. These were recorded in people's plans so all staff could communicate consistently and successfully with people. Where communication methods were unsuccessful, staff teams worked creatively to find alternative methods.

Staff involved people and their family members, where appropriate, in making decisions, setting of goals and planning their support. One person told us, "I always have a say." People told us the service provided them with the information they needed regarding their care and support. Plans were in place, which showed people's individual needs and what they wanted to achieve. Staff respected people's choice and allowed them to maintain control about their care and support.

People told us they had good relationships with staff and each person was allocated a particular worker from the staff team to provide them with one to one support. Staff rotas we saw confirmed people received support from the same members of staff. This allowed staff to build relationships with people and to gain a very good understanding of their goals and needs.

Staff knew people well including their background, culture and values. One person told us, "The manager encourages and supports us to choose the right staff to work with by pairing us with staff with a close match to our interests and hobbies." Staff had asked and written down people's choices and preferences including their religion, interests, sexuality, and preferences. This included their preferred name. This helped staff to provide a service suited to the person. This person centred approach had enabled people to respond positively and make progress towards their personal goals.

Staff supported people to maintain good relationships with their relatives and friends if they wished to do so. For instance, we saw that staff were working on helping one person to resume contact with a particular family member.

Is the service responsive?

Our findings

People received consistent care that was appropriate to meet their individual needs. People were supported by staff who were committed to enabling them to live full lives that reflected each person's needs and wishes. Staff members told us, "It's about supporting people to make choices that are right for them", "We're led by what people want" and "I love it. Seeing the progress people make when given the right support is great."

Everyone we received survey responses from indicated that they strongly agreed that the service was very responsive and one person wrote, "I am happy with all the staff. Staff help me. I like that staff help me with all my activities." Another person wrote, "My support help me with things I find difficult to deal with."

One relative commented, "Since [my family member] has been in supported living with Autism Plus their life has improved immeasurably. They have meaningful supported employment. [My family member] has developed friendship groups and is helped to live as independently as possible. It is so lovely, that I no longer have to worry because I know that Autism Plus have the skills, expertise and most of all enthusiasm to care for [my family member] properly." Another response we received was, "[My relative] has been with other care agencies but has never settled. [My family member] is very settled at Autism Plus"

People received consistent personalised care and support. Once the service agreed to support a person, an initial assessment took place. The person, those who mattered to them and professionals were actively involved in designing the service to meet the person's needs. Staff were then recruited and trained in a way that focused on the person's identified needs and preferences. This ensured the person remained central to their support plan and the staff complimented this, and were able then to fully meet their needs.

People's support plans were reviewed and updated regularly in response to their changing needs and this helped to make sure people were provided with appropriate care and support. Regular person centred planning (PCP) meetings were held for each person, in a way that suited them, to empower them to communicate how they wanted their service delivered. This helped to make sure that the care and support was agreed and met people's expectations. Where appropriate, relatives and advocates were involved to support the person. The registered manager told us, "We encourage people to be as involved as possible in planning their support and in choosing the staff who support them."

Care and support plans gave staff detailed information about how people liked to have their needs met. The emphasis was put on each person reaching their full potential with outcomes linked to their care plans, which helped them continually develop their skills and experiences. Respect was given to what people could do for themselves. Staff also recorded people's daily activities. Photos were added and an easy read version created so people could reflect on what they had done.

There had been practical issues, which had prevented one person having as much involvement as they would have liked with choosing their accommodation and setting up their support package. They told the registered manager and team leader what their preferences were, and this included that they wanted to

move in before their next birthday. The registered manager had then set about delivering on the person's wish list. The registered manager and team leader had created particularly helpful newsletters with lots of pictures and photographs for the person, so they could see the progress that was being made and be as involved as much as they possibly could. This had included how the house hunting and staff recruitment and training was going. The person had their own tasks such as, choosing which bedroom they wanted, and what colours they wanted their new home to be decorated, creating a shopping list of things they wanted to buy when they moved in, and thinking about whom they would like to invite to their new home for a slice of birthday cake. We saw that review records for this person and they said that they loved their new home.

People were supported to follow their interests. Individual preferences and abilities were taken into account to provide personalised, meaningful activities. Staff used information from a variety of sources to plan people's activities with them. People were encouraged and supported to maintain links with the community to help make sure they were not socially isolated. The registered manager also told us staff encouraged people to explore their local community and take part in events or activities on offer.

Staff gave us examples of how they used different forms of communication to encourage people to make decisions. People were supported by staff who knew their individual communication skills, preferences and abilities. The PIR described different communication tools which were used depending on individual people's needs, such as, picture boards, talk boards, tablet computers and signing. These were detailed in people's individual communication plans and relatives confirmed these were used to support people to communicate their wishes.

People and their relatives said they would not hesitate in speaking to staff if they had any concerns. One person confirmed, "I tell them if there's anything wrong." Relatives knew how to make a formal complaint if they needed to but felt that issues would be resolved informally. Comments included, "I have no worries or concerns with the service."

The service had a policy and procedure in place for dealing with any concerns or complaints. There was an easy read version available for those who needed it. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. Staff also told us how they observed people and would act if there was a change in the person. This would then be discussed to see if there was an issue that needed reviewing.

The registered manager told us about several compliments from social workers and family members and we saw records of these. The registered manager also told us in the PIR of a compliment received from a member of the public. They explained that one person who used the service was being supported on public transport by Autism Plus support staff when a member of the public became insulting and racially abusive towards the person. Another member of the public saw the incident and complimented the Autism Plus staff members for their professional approach.

The complaints and compliments records showed that six compliments and one concern had been received by the service since December 2015. The concern was from a social worker, and was about the wording used in one person's written log. We saw that the service responded promptly to the concern, following the provider's procedures for addressing complaints to people's satisfaction. Actions were taken to resolve the concern, and lessons were learned, and these were well documented.

People and their relatives told us they knew how to make a complaint. They had received the information when they started using the service. One person told us that they would complain if they had a concern and they were confident that every member of the staff and management team would work to resolve any

concerns they might have, to their satisfaction.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The registered manager was supported by a team of team leaders. The company provided support to people in different geographical areas and the team leaders were responsible for the day to day running of the service in these areas.

Clear lines of governance and accountability were visible at each level of the service. We spoke with staff who told us they were well supported by the registered manager and their team leader. They told us they could ring the office for support if needed to and there was always someone that could help them. They told us that managers were also available out of office hours, as there was a management 'on call' system. Staff confirmed they knew their role within the organisation and the role of others.

There was a positive culture within the service driven by the registered manager and provider. The registered manager and nominated individual had clear visions and enthusiasm about how they wished the service to be provided. Staff, demonstrated they had clearly adopted the same ethos and enthusiasm. This showed in the way they responded to and spoke about the people they were caring for. Staff talked about personalised care and promoting independence and had a clear aim about improving people's lives and opportunities.

Everyone we received survey responses from indicated that they were 100% satisfied with the way the service was managed. One community professional wrote, "The management within Autism Plus have always been very approachable and keen to resolve any potential issues that have arisen. They are very person centred and very engaging in helping people to achieve outcomes and independence. As a service they present as being very committed and dedicated."

People, their relatives and staff all described the management team to be approachable, open and supportive. Comments from staff included, "The managers are approachable." And "They're very person centred and they listen" Staff told us they felt empowered to have a voice and share any opinions and ideas they had.

There were regular staff meetings arranged, to make sure good communication of any changes or new systems. The minutes documented actions required: these were logged as actions to determine who was responsible to follow up the actions and resolve them. Staff told us there were also thorough handovers at each shift change, so they were aware of all that had happened and any changes, to be able to meet people's need.

We also saw there were various forums for people who used the service, providing opportunities for people to express their views. Information was available in an easy to read format to assist people who used the service to understand and be involved. The provider also used service user friendly questionnaires to obtain people's views on the service and the support they received. The acting managing director told us they and the chief executive for the group had been consulting with people's relatives via question and answer sessions that were being held at multiple dates and venues. Autism Plus also produced a newsletter, which outlined the achievements and successes of people who used the service and of staff.

Autism Plus principles included, 'Aspiring to greatness, valuing the team mix and diversity, embracing change, to inspire and innovate, committing to achieving results and delivering the service with great joy.' From our observations at inspection, it was evident that these values had been embedded into the way the service was managed and put people at the heart of the service.

The provider had signed up to the government's 'Social Care Commitment' which is the adult social care sector's promise to provide people who need care and support with high quality services. We saw evidence that Autism Plus was accredited by 'BILD', the British Institute of Learning Disabilities and by 'Investors in People', which is an organisation providing and assessing best practice in people management.

The organisational governance procedure was designed to keep the performance of the service under regular review and to learn from areas for improvement that were identified. We saw that audits were regularly carried out in all aspects of the service including areas such as records, medication, and staff training. It was clear that timely action was taken to address any improvements required.

We found that recorded accidents and incidents were monitored by the registered manager to make sure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk. There was also a health and safety manager employed by the provider, who had a remit to monitor accident and incident reporting, to advise on risk management, and support the management team. They carried out data analysis identifying trends and common factors in accidents and incidents, and safeguarding issues.

Systems were in place for recording and managing all complaints, safeguarding concerns and incidents, and accidents. Documentation showed that the management team monitored, and took steps to learn from such events and put measures in place which meant they were less likely to happen again. The head of northern services for Autism Plus was the appointed safeguarding lead, and ensured all safeguarding incidents were logged, and necessary actions completed and reviewed, including the lessons learned and actions taken.

Members of the management team visited people's homes regularly to check the quality of the service being provided. Accident and incident forms were completed in good detail and included a process for staff to consider any learning or practice issues. Information collected was then used to aid learning and drive improvement across the service. For example, all safeguarding issues were reviewed by senior staff to check whether correct procedures had been followed and to make sure any learning was shared to improve practice. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

The registered manager attended regular meetings for all managers organised by the provider to share good practice, provide peer support and discuss any changes or new legislation that affected the service delivered. The registered manager promoted the ethos of honesty and learned from mistakes. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

Staff told us the registered manager promoted teamwork and they worked together well and used each

other as a source of support. The registered manager made sure staff had a range of skills, knowledge and competencies. One member of staff told us, "We have good staff with varied skills. We have access to health and care professionals and this provides us with a network to get advice for things we are not sure about."

Healthcare professionals and relatives told us about the positive impact the service had on people's welfare and wellbeing. People told us they were involved in recruiting staff to support them, including members of the Autism Plus' management team. The matching of staff to the people they supported was carefully done. The management team took time to understand people and matched them with staff who had a rapport with them and with shared interests. The registered manager had also ensured a very good level of consistency of staff

People and their relatives told us that the registered manager actively encouraged them to express their views about the service and voice any concerns and acted upon their views. We saw records of regular meetings with people using the service and with their relatives. The registered manager told us that one person's relative had moved abroad and was to be included in meetings via videoconferencing so that they could remain involved.

Staff told us the registered manager promoted an honest and open culture which was person centred and inclusive which encouraged them to share ideas. One staff member said, "The staff are committed and do provide a high standard of service to the people they support." Another staff member told us one person who used the service had recently attended the staff meeting for the staff in their particular support team, and that it was the plan for them to regularly attend these meetings to encourage their involvement in the way the service was run.