

## Autism TASCC Services Limited

# Collinson Court

### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected this service on 7 July 2017. This was an unannounced inspection. At our previous inspection in August 2016, we found that the service met the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was registered to provide accommodation and personal care for up to 12 people. People who use the service have Autism and behaviours that challenge. Behaviours that challenge are behaviours that place a person or other people at risk of harm or reduced quality of life. At the time of our inspection 10 people were using the service.

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

A positive approach to risk was used that meant people were encouraged and enabled to try new, meaningful activities at the service and in the local community. We saw and people's representatives told us that this had resulted in significant improvements in people's quality of life. Staff thought outside the box to enable people to experience these new activities and used a person centred approach to ensure these activities were tailored to each person's needs.

Innovative methods were trialled and used to enable people to be involved in the planning and review of their care. Staff gained regular feedback about people's care experiences, which enabled them to ensure people's care was centred around their individual preferences and needs.

Some people who used the service had difficulties communicating their needs and wishes. Staff used a variety of tools that enabled and empowered to share their thoughts and care experiences which gave people a voice.

Staff understood how to keep people safe and people were involved in the assessment and management of risks to their health, safety and wellbeing. People's medicines were managed safely.

People were protected from the risk of abuse because staff knew how to recognise and report potential abuse. Safe staffing levels were maintained to promote people's safety and to ensure people participated in activities of their choosing.

Staff received regular training that provided them with the knowledge and skills to meet people's needs.

Staff supported people to make decisions about their care and when people were unable to make these decisions for themselves, the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty

Safeguards (DoLS) were followed.

People could eat meals that met their individual preferences. People's health and wellbeing needs were monitored and people were supported to access health and social care professionals when required.

People were treated with care, kindness and respect and staff promoted people's independence and right to privacy.

Staff sought and listened to people's views about the care and action was taken to make improvements to care. We saw that complaints were managed in accordance with the provider's complaints procedure.

The management team regularly assessed and monitored the quality of care to ensure standards were met and maintained.

The registered manager understood the requirements of their registration with us and they and the provider kept up to date with changes in health and social care regulation.

## 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. Safe staffing levels were maintained and staff knew how to identify and report potential abuse.

Risks to people's health, safety and wellbeing were regularly assessed and reviewed and staff understood how to keep people safe.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Staff supported people to make decisions about their care in accordance with current legislation.

People were supported to eat meals that met their individual preferences. Health care plans were in place that ensured people's health needs were effectively monitored and managed.

### Is the service caring?

Good ●

The service was caring. People were treated with kindness and respect by staff who knew them well.

People's right to privacy and independence was promoted. People were involved in making choices about their care and their care preferences were met.

### Is the service responsive?

Outstanding ☆

The service was very responsive. Staff trialled innovative methods to enable people to be involved in the assessment and review of their care.

People were encouraged and enabled to try new, exciting, meaningful activities because a positive approach to risk was used. Accessing new activities had greatly improved people's quality of life.

People were supported to have equal and fair access to services in the community and new links with community services were being made to improve people's health and wellbeing outcomes.

Complaints about care were acted upon to make improvements to care delivery.

### **Is the service well-led?**

The service was well-led. People and staff were supported by an effective management team.

Effective systems were in place to regularly assess, monitor and improve the quality of care.

Feedback from people about the quality of care was sought and acted upon to improve people's care experiences.

**Good** ●

# Collinson Court

## 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 was 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.

We undertook an unannounced inspection of Collinson Court on 7 July 2017. We inspected the service against the five questions we ask about services: is the service safe, effective, caring, responsive and well-led? Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. 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 used this information to formulate our inspection plan.

We spoke with eight people who used the service. However, due to their communication difficulties, seven people were not able to tell us about their care experiences in detail. Therefore, following our inspection, we met with the relatives of three people who used the service to gain their feedback about the care and we reviewed written feedback that we had received from two other relatives about the care. We also requested feedback about the care from health and social care professionals who regularly visited the service. We received feedback from one of these professionals, which was very positive.

We spoke with six members of care staff, the deputy manager, the registered manager and the provider's positive behavioural support lead. We did this to get feedback from the staff about the care at the service and to check that standards of care were being met.

We observed how the staff interacted with people in communal areas and we looked at the care records of four people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included staff files, rotas and quality assurance

records.

## Is the service safe?

### Our findings

A visiting health and social care professional described the home as, "A safe home for the people who live there". Relatives we spoke with also told us they felt the service was safe. One relative said, "I can sleep at night now, I used to dread taking [person who used the service] back there". Another relative told us that their relation now looks forward to going back to the service when they've been on home visits. They said, "We've cut down the weekend leave as they would rather be at Collinson Court now than with us". This meant people and relatives felt that the service was safe.

Relatives told us there had been a change in the staff who were employed at the service. One relative said, "I felt that staff were just pulled in off the streets before, but now I can tell they are people who care and want to work there". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service. We saw that people were happy and comfortable around the staff. This was evident because people were smiling around the staff and they approached staff with ease.

Relatives told us there were enough staff available to provide care and support. One relative said, "There are always staff around and they are always asking people what they want to do". Another relative said, "The staff are not being pinched from one apartment to another now, they are not rushing about like they used to and they are always smiling now". We saw there were adequate numbers of suitably skilled staff available to support people with their needs. This also ensured that people who required one to one or two to one support for their safety, received this support when they needed it. Additional staff roles had been created and implemented successfully at the service since our last inspection. This included an activities coordinator and a housekeeper. Staff told us these changes had resulted in a positive impact on people who used the service. One staff member said, "Having a housekeeper has given us more time to be with people". Another staff member spoke positively about the impact of the activities coordinator. They said, "She's helped us to think of new things to try, it's working so well and people are doing more than they've ever done before".

Staff told us how they would recognise and report abuse, and procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team. We saw that these procedures were followed when required.

We found that safety risks had been identified and assessed and suitable management plans were in place to promote people's safety. For example, one person's care records showed they required support from two staff to keep them safe when accessing the community. We saw that two staff members supported this person to access the community during our inspection, which showed the staff followed the risk management plan.

People's care records contained positive behaviour support plans that outlined the risks associated with their behaviours that may challenge, their triggers and early warning signs and how to deescalate and



manage these behaviours. Through talking with staff and observing how people received their care in communal areas, we identified that staff had a good understanding of the risks associated with people's behaviours that may challenge. For example, we saw one person's demeanour quickly change during an activity and they became agitated and preoccupied. Staff immediately responded to these early warning signs and redirected the person to a quieter environment where their agitation settled.

We found that medicines were managed safely. Our observations and people's care records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. We also saw that people's emergency 'as required' medicines were managed safely. For example, one person who used the service had 'as required' rescue medicines prescribed to help manage their unpredictable medical condition. We saw that staff took this medicine out of the home with the person when they supported them to access the community. This ensured the person had access to the medicines they needed in the event of an emergency situation outside of the home.

## Is the service effective?

### Our findings

Relatives told us the staff were trained to provide care and support. One relative said, "They know what they are doing now". A visiting health and social care professional also confirmed that the staff were suitably trained. They said, "The staff are now all highly trained and knowledgeable so that they are able to support and meet the needs of each person". Staff told us and records showed they had received training to give them the skills they needed to provide care and support. This included staff being encouraged and enabled to complete the national care certificate and health and social care diplomas, alongside the training offered by the provider. Staff told us the most significant improvement to their training was being able to access specialist training in Autism. One staff member said, "It helped me understand that people with Autism don't think about things the way I do, I've changed the way I speak with people because of that training". The registered manager told us about the importance of this specialist training. They said, "If staff are not skilled in Autism, they are not going to work well with Autism" and, "We sourced some excellent training which bought a new view on things and gave the staff more confidence". Our observations of staff interactions with people showed that this training had been effective as we saw that staff used simple language and gave people time to understand and respond to information.

We saw that staff supported people to make every day decisions about their care. For example, people were supported to choose what to eat and drink and the decisions people made were respected. People's ability to make decisions for themselves were formally and regularly assessed and reviewed and when people had been assessed as being able to make decisions, they were enabled to do so. For example, one person's care records showed they had been assessed as being able to consent to their photo being used by the provider to show the activities they had participated in. Because this person had been assessed as able to consent to this, the decision to use their photos had been made by them.

Some people were unable to make important decisions about some of the more complex decisions relating to their care. We found that in these circumstances the staff followed the requirements 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. For example, one person's care records showed that they could not make complex decisions about their health and wellbeing as they struggled to understand and retain the information needed to do this. We saw that a recent decision had been made in this person's best interests by the staff, the person's relatives and health and social care professionals for a minor operation to be completed to improve this person's health and wellbeing. This showed that staff followed the requirements of the MCA.

People who used the service had restrictions placed on them to promote their safety and wellbeing. For example, people could not leave the service unsupervised due to the potential risk of harm to them from the external environment, such as traffic. 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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards

(DoLS). We found that the restrictions placed onto people had been made in accordance with the MCA and DoLS. Staff demonstrated they understood the reasons for people's DoLS applications and authorisations. For example, one staff member said, "We keep the gates locked to keep people safe. People can still go out when they want to, but it's always with staff because of the risks". This showed that the restrictions were in place to keep people safe and that people were still supported to access the local community when they wished to do so.

We saw and staff told us that people could choose the foods they ate. One staff member said, "We try and promote healthy eating with [person who used the service], but they also have a right to choose the food they eat. If they make an unhealthy choice, I advise them to choose something else, but it's their choice in the end". This showed that staff supported people to make healthy choices, but also respected people's rights to make every day decisions. We saw that pictorial menus were used to help people make meal choices. Staff also told us and we saw that people made food and drink choices by being shown food and drink items in cupboards. We saw that people could access drinks and snacks when they wanted to, with the supervision of staff. For example, we saw one person make cups of tea and prepare a bowl of cereal during the inspection. Staff were also aware of people's individual dietary needs. For example, staff told us about one person's specialist dietary needs. The information staff gave us matched the information in the person's care plan.

Care records showed that people's health and wellbeing was closely monitored and we found that people were supported to access health and social professionals, such as; doctors, dentists, nurses and therapy staff to promote and maintain their health and wellbeing. For example, one person's care records showed that staff had identified that they had recently had a change in their behaviours and had needed their 'as required' medicines for three consecutive days. The guidance in their care plan had been followed and a referral to their GP was made to assess if there was an acute health reason for their change in presentation. Advice was also sought from the provider's positive behavioural support team and a cause for the person's change in presentation was identified and managed. This resulted in the person becoming more settled and incidents relating to their behaviours that challenged decreased.

Care records showed that advice from health and social care professionals was followed to promote people's health and wellbeing. For example, as a result of a best interest decision, it was decided that one person who used the service would not attend their recommended mammogram appointment. Staff were given information to enable them to complete visual checks of the person's breasts to enable them to monitor this person's health. We saw that staff had identified a potential concern as a result of these visual checks and this concern had been promptly acted on. This showed staff had used the information shared with them to promote the person's health and wellbeing.

People's relatives were also kept up to date with health appointments and changes in health. For example, we saw that one person had received a hospital appointment for a long term condition, with a doctor they had not seen before. The person's relative had been contacted to inform them of the appointment, but to also check they were happy for their relation to see a new doctor. This showed that relatives were included in the management of their relation's health and wellbeing needs.

## Is the service caring?

### Our findings

People and their relatives told us the staff were kind and caring. One person had written a letter to the registered manager. This letter said, 'I love my place at Collinson Court, I am writing this to someone special'. Comments from relatives included, "The attitudes of the staff have totally changed. They are all approachable and happy to be there" and, "I think the staff really do care".

Staff talked very positively about the people they supported and they took pride in their caring roles. Comments from staff included; "I love this place, I care so much for everyone who lives here", "Everyone is different and have their own personalities. We are spending more time with people now and I can see that they are all coming out of their shells so much more" and, "Seeing them happy makes me happy".

We saw that staff responded to people's agitation and distress in a calm and caring manner. For example, we observed a staff member respond calmly, but effectively to one person's behaviour that challenged, in line with the person's care plan. Following the incident the person became upset and the staff member sat with the person and reassured them until they had settled.

Staff told us about people's individual likes and dislikes and we saw that staff used this knowledge to talk and interact with people. For example, we heard one member of staff talk with a person about horses. This person confirmed that they liked horse riding and their care records showed they had recently started to participate in horse riding after a significant break from this activity. We also heard another staff member talk with a person about pigs which made the person smile and join in the conversation. It was evident that the person liked pigs as they were a common theme in their art work which was displayed in their apartment. This was also reflected in the way this person's bedroom was decorated which showed people were involved in making choices about how their rooms were decorated and furnished.

People's care records contained information about them in a person centred manner that celebrated their specific qualities. For example, people's care records contained the heading, 'what people like and admire about me'. One person's personal qualities under this heading had been described as, 'fun to be with, happy and playful'. We saw that each person's care records contained different information under this heading that celebrated how they were different to other people who used the service.

People were supported to make every day choices about their care, such as; what to eat and drink, what activities to participate in and what clothes to wear. Staff followed individual communication plans in order to facilitate this. For example, one person used Makaton and picture cards with the staff to enable them to understand and communicate their choices and another person was supported to verbalise their choices with the use of pictures to reinforce their understanding. We also saw that staff understood people's individual communication styles and they respected the choices people made. For example, we saw a staff member offer a person a drink of juice by holding up a cup. The person pushed the cup away, so the staff member picked up a mug and the person then indicated they wanted a cup of tea, by saying tea and nodding their head. The staff member then supported the person to make a cup of tea.

Staff promoted people's dignity by supporting people to be as independent as possible. For example, we saw people being encouraged and supported to participate in activities of daily living, such as; taking used plates and cutlery to the kitchen, wiping and cleaning surfaces, putting laundry away and disposing of rubbish. After completing activities of daily living, people were praised by the staff which made people smile.

The staff were aware of people's right to privacy and we saw that people were enabled to have periods of 'private time' at their request. People were supported to maintain relationships with their families and other people who were important to them. This included an open approach to visitors and also a practical approach in terms of supporting people to visit their relatives and friends outside of the service. For example, we saw one person who needed a high level of support from staff had been supported to access the community and participate in an activity with their brother that was meaningful to them. We saw photos evidencing this which showed the person and their brother relaxed and smiling. Another person had been supported by staff to get in touch with a person they had lost contact with. Staff told us this person had responded positively to the rejuvenation of this friendship.

## Is the service responsive?

### Our findings

Relatives we spoke with told us that people were involved in the planning and review of their care. One relative said, "[Person who used the service] requests about where they would like to go and what they would like to do are listened to acted upon". Innovative methods of involving people in reviewing their care were also used. For example, the activities coordinator had trialled using individual photos of people who used the service participating in activities with written statements of what the activity was to help the person remember the activities they had recently completed. These had been colour coded to help people match the statement to the photo. Once the match had been made, the activity was discussed with the person to gain feedback from them. The activities coordinator was able to show us that this had worked very well for one person, and they would use this method again. However, they said it had not so well for another person. Therefore they told us they were thinking of alternative methods to improve this person's involvement in the process. This showed the staff were continually looking to improve the methods they used to involve people in reviewing their care. We saw that staff used a variety of communication tools to involve people in the planning and review of their care. People were supported to choose the activities they participated in by using pictorial cards. After people had participated in activities, staff completed an evaluation form where they asked people if they enjoyed the activity and if they would like to do the activity again by using a thumbs up and thumbs down sign to gain immediate feedback.

Staff also observed and recorded how people had responded to the activities so that the activities could be amended if needed to improve the person's experiences. For example, we saw staff had noted that one person appeared more settled and happy when they went to the swimming pool alone rather than in a group. Therefore, it was noted that next time the person would be supported to use the swimming pool without other people who used the service being present. This showed staff adapted activities to improve people's care experiences.

Staff also involved people's families in planning people's care and activities and the relatives we spoke with confirmed this. One relative said, "Communication is superb, we're involved in everything and always kept updated". Relatives told us and we saw that ideas from them were listed to and acted upon. For example, care records showed that one person's relative had recently requested that their relation try cycling. The person had agreed to try this and the activities worker had researched and planned for this person to be supported to access specially adapted bicycles. This showed the staff were responsive to feedback from people and their relatives.

Relatives, staff and health and social care professionals told us that access to meaningful activities had greatly improved. Comments from relatives included, "The activities coordinator has transformed [person who used the service's] life. It's such a thrill for us knowing [person who used the service] is enjoying life" and, "Some of the things [person who used the service] is doing now, I just didn't think were possible". Comments from staff included, "People get out so much more and they now lead fulfilled lives" and, "People are enjoying life more". A visiting health and social care professional also confirmed access to meaningful activities had improved. They said, "The social activities and variety of activities has vastly improved and I can state that the person to whom I am allocated to who lives at Collinson Court enjoys a well-rounded,

varied week".

Staff used innovative ways to encourage people to try new activities and/or activities that they had not tried for significant periods of time. For example, one person had not been to a swimming pool for a significant period of time. Staff worked with this person to encourage them to try this activity as this would promote their health and wellbeing. This person had a baby doll which provided them with comfort. The person asked if the baby doll could go swimming with them, but they were worried that they didn't have a swimsuit to wear. A staff member made a swimsuit for the baby doll which resulted in the person trying the activity. We saw photos that showed the person smiling and engaging in the activity as a result of this staff members actions. This staff member received an 'interaction of the month' award for their actions. Relatives we spoke with confirmed that people were benefiting greatly from the new activities that they were enabled to participate in. One relative said, "[Person who used the service] has grown so much more confident and is more willing to try new things because of their new experiences".

Staff also confirmed that people were enabled to try new experiences, even though in the past it had been considered, 'too risky' to do this. For example, one staff member told us how they supported a person to go clothes shopping which was something the person had not done before. They said, "We took [person who used the service] to a special Autism evening at Cheshire Oaks. It was the most amazing experience for [person who used the service] and for me. It had never been done before, [person who used the service] had never been anywhere like that because staff were always too worried about how [person who used the service] would react" and, "[Person who used the service] were so excited all the way there and back, it was ace seeing them so excited and doing something so different".

The registered manager and provider had identified that two people who used the service required one to one care and support to keep them safe and enable them to participate in meaningful activities. The provider had agreed to increase the staffing levels to ensure this one to one support was provided. Care records showed that this had resulted in a significant decrease in incidents relating to behaviours that challenged as people were being supported to engage in activities that were meaningful to them. One staff member said, "The increased staffing means they can go out on a one to one basis rather than in a group. It means they can do what they want to do instead of tagging along with other people". This increased staffing had been in place for a significant amount of time, despite the funding for this not yet being agreed by the professionals who commissioned these people's care. This showed that the provider was committed to staffing the service to ensure people received the specific support they needed.

People were supported to access the community on a regular basis and new links had been made with community based projects that gave people the chance to engage in volunteer work. For example, one person's care records showed they were supported to participate in voluntary work at a local tourist attraction. Again, we saw photo's that showed the person smiling and engaging in this work. Written feedback from this person's relative included, '[Person who used the service] is a different person now and much happier in herself' and, '[Person who used the service] goes swimming, horse riding, trampolining, breakfast club and walks. She even helps out at Trentham Gardens'. Voluntary work was something that people who used the service had never participated in before because people's risks and behaviours that may challenge had previously been a barrier to this. This showed that a positive approach to risk taking was now being followed which enabled people to lead more fulfilled and active lives.

One person who used the service had recently been supported by staff to develop their art skills. They had created multiple pieces of art and the activities coordinator was in the process of locating a venue in the community for this person to display their art. This showed that staff valued the person's talents and their right to share these with the community.

We saw that staff were responsive to changes in people's needs. For example, one person's behaviours that challenged had recently escalated and the staff had worked with this person to identify that this was due to a staff member leaving the service. The staff had devised a plan to reassure and support the person in response to this. This included a written flash card with pictorial prompts that reassured the person that it was okay to feel sad about this, that other staff would keep them safe and happy and that they could write to the staff member after they left. This approach reflected the person's individual level of understanding and communication.

The activities coordinator created individual, person centred newsletters for each person and their families describing and reviewing the activities people had participated in. These newsletters contained photos of people enjoying their daily routines. Relatives told us these were very important to them as they helped them to feel involved in their loved one's care. Written feedback from one relative in regards to these newsletters said, 'Oh how wonderful, what a lovely surprise for me to see today. This is what I want for [person who used the service], this is what he deserves' and, 'I treasure these photos, thank you'.

An 'Our voice' folder had also been devised to support people to share their experiences with their families. This was a folder that contained photos of people completing their varied routines and it also recorded people's vocal responses to show they had enjoyed the activities they had participated in. This enabled and empowered people to tell their families about their hobbies and interests.

We saw that people were supported to share their concerns and complain about their care. For example, care records showed that one person had told staff they were unhappy with the brand of butter that was used. This was treated as a complaint and resolved in a manner that involved the person and respected their views. The person was supported to make a shopping list of items they wanted to ensure their personal preferences were met. The person was then supported to shop for these items. This resolved the complaint and the person confirmed they were very happy living at Collinson Court.

We also saw that staff acted on people's behalf to ensure they received equal access to local services. For example, staff had identified that people were not able to access the care they needed from the GP surgery that supported the home. The deputy manager met with the GP's and educated them about Autism and the challenges people with Autism face. This had resulted in the GP practice becoming more accommodating which improved people's access to receiving appropriate care and support from them. This showed that staff raised concerns and complaints on behalf of people who used the service when this was needed.



## Is the service well-led?

### Our findings

Relatives and a visiting health and social care professional told us that the service had greatly improved since our last inspection. Written feedback from relatives to the management team included; 'The improvements over the last 12 months have been amazing, thank you for all the changes you have made' and, 'Thank you for your amazing efforts and lovely welcome. You have made such a big difference to the way Collinson Court is run'. A visiting health and social care professional said, "Overall Collinson Court has changed so significantly and drastically over the past 18 months (for the better) to become a well-supported, person-centred and safe home for the people who live there". Staff also told us they believed the service was well-led. Comments from staff included; "There's better leadership here now" and, "She's done a really good job. Issues get sorted out" and, "There's no beating around the bush. If she sees something wrong, she will say and that's what we needed". This showed that people had confidence in the management team.

Staff told us the atmosphere at the service had continued to improve. Comments about this included; "It's a nice atmosphere to work in" and, "It's a happy, friendly place". Staff also told us they felt valued by the management team and provider. For example, one staff member told us about the positive impact the staff awards had on the staff. They said, "The staff awards are good as they make us feel appreciated and happy". We saw that staff members were awarded for positive interactions with people. For example, the most recent award at the time of the inspection acknowledged a staff member who had worked closely with a person to complete some art work. The caption on the award acknowledgement said, 'It wasn't what he did, it was the way he did'. This showed that the management team were able to recognise and reward staff for their positive approaches to care.

Staff told us that the management team were approachable, responsive and supportive. One staff member said, "We've got the support we need and we are a good team". The training and development needs of the staff were assessed, monitored and managed through regular meetings and an appraisal system. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. One staff member told us what they discussed in supervision sessions. They said, "We are asked if we are happy, if there are any issues or if there is anything we think could be done to help people. They also ask us about safeguarding issues so they know we know what to do if we see anything that's not right". Another staff member told us about the benefits of their appraisal. They said, "We set some objectives in my appraisal. I asked to do my level three diploma in health and social care and I've been signed up for it now".

Frequent quality checks were completed by the management team and provider. These included checks of medicines management, incidents, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality. For example, a safeguarding audit identified that the service required a designated safeguarding officer. This had been immediately addressed and additional training had been sourced to upskill the relevant staff members who had been allocated to this role.

Staff told us that people's feedback was used to make improvements to their care and the home environment. For example, one staff member said, "[Person who used the service] asked for talk time and

told me they wanted their bedroom walls painting purple". We followed this up with the registered manager who said the request for redecorating this person's room in line with their preferences was in progress. This showed the management team was responsive to people's feedback.

Incidents at the home were recorded, monitored and investigated, and action was taken to reduce the risk of further incidents from occurring and to safeguard people from the risk of avoidable harm. For example, we saw one person had been given their 'as required' medicine during an incident where they displayed behaviours that challenged. The incident record showed that this had triggered the registered manager to ask staff why the 'as required' medicine was given. The outcome of this was that the person themselves had requested their medicine as they were able to identify that they required it to help reduce their agitation. This showed that effective systems were in place to review incidents to ensure staff acted appropriately and safely. Incident records also showed that incidents at the service had significantly reduced. One staff member confirmed this by telling us about one person's specific care. They said, "[Person who used the service] behaviours have decreased and they are more motivated now as they are doing more activities and are no longer bored". This reduction in incidents had been a result of improvements to the numbers of staff on duty and the way care was delivered by appropriately skilled staff.

A new volunteer role had been developed at the service. This role gave a person with Autism who lived in the community the opportunity to gain vocational skills by working with the service's maintenance man. This showed the registered manager and provider used an inclusive approach when recruiting this volunteer and they recognised the benefits volunteering could bring to the service and volunteers.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.