Autism Plus Limited

Autism Plus - Hillcrest

Inspection report

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Date of inspection visit:
04 August 2016

Date of publication:
09 September 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

The inspection was unannounced, which meant the provider did not know we were coming. It took place on 4 August2016. This was the first inspection since the service was registered.

Autism Plus - Hillcrest is a care home for people with learning disabilities or autistic spectrum disorder. The home can accommodate four people. The home has communal lounges and a dining room and people who use the service each have their own bedroom and bathroom. At the time of our visit four people were living at Hillcrest.

The home 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 2008 and associated Regulations about how the service is run.

There was a strong, person centred and caring culture in the care and support team. Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual. The vision of the service was shared by the management team and staff.

Staff told us they worked as part of a team, that the home was a good place to work and staff were committed to providing care that was centred on people's individual needs. Staff received the training they needed to deliver a high standard of care. They told us that they received a lot of good quality training that was relevant to their job.

Everyone we spoke with including people's relatives, staff and external professionals said people received individualised care in relation to all of their needs, including their autistic spectrum disorder (ASD). They said the service provided good quality, specialist care for people.

There were effective systems in place to manage risks, safeguarding matters and medication, and this made sure people were kept safe. Where people displayed behaviour that was challenging the training and guidance given to staff helped them to manage situations in a consistent and positive way which protected people's dignity and rights.

People received care and support that was responsive to their needs. Care plans provided detailed information about people so staff knew exactly how they wished to be cared for in a personalised way. People were at the forefront of the service and encouraged to develop and maintain their independence. People participated in a wide and varied range of activities. Regular outings were also organised and people were encouraged to pursue their interests and hobbies.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The members of the management team we spoke with

had a full and up to date understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations.

We saw that staff recruited had the right values and skills to work with people who used the service. Where any issues regarding safety were identified in the recruitment process appropriate safeguards had been put in place. Staff rotas showed that the staffing levels remained at the levels required to make sure people's needs were met and helped to keep them safe.

Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives. Records showed that systems for recording and managing complaints, safeguarding concerns, incidents and accidents were managed well and that management took steps to learn from such events and put measures in place. This meant that lessons were learnt and similar incidents were less likely to happen again.

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 harm. Staff knew what action to take if they suspected abuse was taking place.

Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

Is the service effective?

Good

The service was effective.

Staff were trained to an excellent standard that enabled them to meet people's needs in a person-centred way.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation and staff understood the requirements of this.

Meals were designed to ensure people received nutritious food, which promoted good health and reflected their specific needs and preferences.

People were supported to have access to appropriate healthcare services.

Is the service caring?

Good

The service was caring.

Everyone we spoke with told us staff were very caring and provided person centred care.

Staff spoke about the focus on promoting people's wellbeing. Staff were very passionate and enthusiastic about ensuring the care they provided was personalised and individualised. Staff were very respectful of people's privacy and dignity.

People were supported to express their views and were actively involved, as much as they were able, in making decisions about all aspects of their care.

Is the service responsive?

Good

The service was very responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences.

There was a range of activities that people engaged in. These were enjoyed and were mentally stimulating. People were encouraged to pursue their own hobbies and interests.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good

The service was well led.

Everyone we spoke with was extremely positive about the way the home was managed.

The vision and values of the service were understood by staff and reflected in the way staff delivered care. The registered manager and staff had developed a strong person centred culture in the service and all staff we spoke with were fully supportive of this.

Staff told us the management team were very knowledgeable, caring and led by example.

There was a range of robust audit systems in place to measure the quality and care delivered.

Autism Plus - Hillcrest

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.

The inspection took place on 4 August 2016 and was unannounced. The inspection was undertaken by an adult social care inspector.

We looked at the 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 received about the service from notifications sent to the Care Quality Commission by the registered manager. We also contacted the local authority commissioners for their feedback.

As part of this inspection we spent some time with the four people who used the service, talking with them and observing the support they received. This helped us understand their experience of the service. We looked at documents and records that related to people's care, including people's care and support plans, their pictorial person centred plans, behaviour strategy plans, risk profiles, and two people's medical files.

We spoke with three support staff, the registered manager and a team leader. We also spoke briefly with the head of northern services for Autism Plus.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) that staff completed. We reviewed records in respect of the management of the service, such as the quality assurance systems and staff recruitment, training and support. This included three staff personnel files, and details of staff recruitment kept electronically by the provider.

Following the visit we spoke with three people's relatives by telephone to seek their views of the service. We also contacted three health and social care professionals, including a service commissioner, a specialist community nurse, and a social worker.

Good

Is the service safe?

Our findings

We met and spoke with the people who used the service and they indicated that they felt safe and were well looked after by the staff at Hillcrest. People's relatives were also happy with the safety of the service. The external health and social care professionals we contacted told us the service provided a safe environment for people.

The files we looked at showed the actions that were taken to minimise any risks to people who used the service. The people who were using the service at the time of the inspection had assessments about all risk that were pertinent to their needs and these had been reviewed regularly. The assessment and risk management information was good, clear and showed the involvement of the people who used the service and their relatives.

We saw risk assessments were developed where people displayed behaviour that challenged others. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights. These plans were reviewed regularly and where people's behaviour changed in any significant way, we saw that referrals were made for professional assessment in a timely way to make sure risks were managed appropriately.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff told us, and records we saw showed that all staff received training in how to recognise and report abuse. Staff we spoke with had a clear understanding of what may constitute abuse and how to report it. They were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Staff were fully aware of these procedures and said they would not hesitate to report any safeguarding concerns and all felt confident the registered manager would respond appropriately. Some staff we spoke with had been in post for several years and were fully aware of all procedures. They told us that the importance of identifying possible abuse and responding immediately to make sure people were safe was consistently raised in staff meetings and supervisions and they had regular training updates.

The control and prevention of infection was managed well. We saw evidence that staff had been trained in infection control. Cleaning schedules were in place and staff were provided with appropriate personal protective equipment (PPE). Support staff demonstrated a good understanding of their role in relation to maintaining high standards of hygiene, and the prevention and control of infection. The areas of the home we saw were sufficiently clean and well maintained when we visited.

We saw there were sufficient staff to keep people safe and the use of staff was effective. Everyone told us there were sufficient staff on duty to make sure each person was safe and that their chosen activities took place.

The care staff we spoke with told us that they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. The records we saw confirmed this. These checks were carried out as part of a legal requirement to ensure care staff were able to work with people and any potential risk of harm could be reduced. We found that the provider had a recruitment process in place to ensure all new recruits had the appropriate skills, knowledge and experience to be appointed. We found that references were sought to check the character of potential care staff and proof of their identification was part of the recruitment process. Senior staff also told us staff's DBS checks were renewed every three years, as a matter of good practice.

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.

We found that people received their medicines as prescribed, and the administration was appropriately recorded on the MAR by staff. We found that the arrangements for storing medicines were safe. There was clear guidance and protocols in place, and staff were able to explain how they supported people to take any medicines that were prescribed 'as and when' required, for example, for pain relief. Staff were aware of the signs which indicated that people might be in pain and discomfort, or if they in a low mood or becoming agitated. This helped to make sure people received their medicines when needed.

Good

Is the service effective?

Our findings

Everyone we spoke with praised the quality of the service. The people who were using the service at the time of the inspection told us the food was very good and staff helped them to have a healthy diet. They told us they chose when, what and where they wanted to eat. Staff told us that they and other members of the team had undertaken specific training regarding meeting people's nutritional needs.

People were supported to do their own shopping and encouraged to assist with cooking their meals. They chose their meals with staff support and had the choice of something different, if they changed their mind. We saw the records of the meals people had actually eaten and this showed that they received a varied and balanced diet. We also saw a good variety of food and healthy snacks were available, including fruit.

We looked at one person's care plan in relation to their diet and found this included detailed information about their dietary needs and the level of support they needed to make sure that they received a balanced diet. We saw people's weight was monitored and professional advice obtained if they were either assessed as at risk of not receiving adequate nutrition, or becoming overweight.

People's care records showed that their day to day health needs were being met. They had good access to healthcare services such as dentist, optical services and GP's. It was clear that staff sought advice from other external professionals when necessary, to make sure people's needs were met. This included psychology and psychiatry services, speech and language therapy, occupational therapy services, dieticians, and hospital consultants.

People's relatives felt the staff were competent and well trained. For instance, one person's relative told us, "Staff must have good training because they do a very good job. The managers are very good. I always think how lucky we have been that [my family member] has a place with them [Autism Plus]."

We found that staff supervision sessions took place on a regular basis, alongside staff meetings. Supervision is a formal meeting where staff and their manager are able to discuss all aspects of their work concern. An appraisal system was also used in order that staff were able to develop their skills and knowledge in meeting people's support needs. A member of support staff said, "I feel supported in my job, we have training, we have supervision and an annual appraisal, and we have unit meetings."

Most support staff had worked at the services for several years, and had received regular training updates throughout that time. We were also made aware that 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, 12 week induction period. The first weeks consisted of 'classroom time' completing essential training, and then they shadowed experienced staff, until they were confident to work alone.

Autism Plus, the provider had its own training department, as well as using external training sources. We saw that essential training had been completed by 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 core staff team had completed qualifications, such as nationally recognised care awards at Levels 2 and 3. There were 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 and that the training offered to staff enabled them with the skills and knowledge to effectively meet people's needs. We saw that support staff were able to use picture exchange cards (PECS) and Makaton, a language programme using signs and symbols to help people to communicate. They were trained in, understood and effectively used strategies to enable each person to remain calm, and this helped to reduce any episodes of behaviour that challenged.

All staff training was recorded so that the registered manager could monitor who needed to attend or complete training. We saw a sample of these individual training records and some certificates, which indicated when staff received training and when mandatory training was due to expire.

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. 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 registered manager had received managers' level training on the MCA and DoLS and we found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations. Where Deprivation of Liberty Safeguards decisions had been approved, we found that the necessary consideration and consultation had taken place. This had included the involvement of families, multi-disciplinary teams and independent advocates where appropriate.

We also checked records in relation to decision making for people who are unable to give consent. This showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. The staff we spoke with had a good understanding of the MCA and DoLS and were able to apply this in practice, ensuring people's day to day care and support was appropriate and that their needs were met. We saw the provider had made sure staff had access to training to help them understand the requirements of MCA.

Staff knew what action to take if people did not consent to their care. Staff gave us examples of the actions they had taken when this had happened. This included offering the care again later and reporting concerns to senior staff if they thought this would affect a person's health and well-being. Staff confirmed they encouraged people to make their own daily choices about their lives. One staff member told us, "We encourage people to be as independent as possible and give people choices."

The service provided specialist care for young adults with autism and additional learning disabilities. We checked to see that the environment had been designed to promote people's wellbeing and ensure their safety. People's individual needs were met by the adaptation, design and decoration of the home. The home

was homely, well maintained and decorated and furnished in a style appropriate for the people who used the service. People told us they liked living there. Staff told us each person had been involved in choosing how the house was decorated. There were different areas in the house for people to use, which meant people could either spend time with others or be on their own, if they wanted calm and quiet. Each person had their own bedroom. Three people said we could look at their rooms, which we saw were nicely decorated and personalised to reflect their tastes and interests. One person very proudly showed us their collectables, which were set out nicely on display shelves in their room.

Good

Is the service caring?

Our findings

People's relatives told us there was a core staff team, some of whom had worked at the service for a long time and knew the needs of people they supported particularly well. The continuity of staff had led to people developing good and meaningful relationships with staff. For instance one person's relative said, "There are staff who have known my family member for around 20 years. [My family member] is well cared for and they [the staff] are fond of [family member]. They explained that when they visited, they saw their family member approach certain staff for a cuddle. They added, "I don't usually give wholehearted endorsement, but I have to say that I don't have any complaints at all. I can't speak highly enough of the service."

People were very relaxed in the company of the staff, and people's relatives were very happy with the staff and the management team. For instance, one person's relative told us their family member had been with Autism Plus for several years. They said, "[My family member] is very happy and settled [at Hillcrest]." Everyone we spoke with thought staff were concerned about each person's welfare and held them in genuine affection. For instance, we asked one person's relatives if they felt the staff were caring. They responded, "Very much so." They went on to say, "[My family member] thinks the world of them [the staff] and they think the world of [my family member]."

Staff we spoke with told us that the people they supported responded to different communication methods. We saw that visual communication systems had been devised to help people to communicate. This included picture cards, Makaton and visual aids. We saw staff using these to help people to make decisions. It was clear that a lot of care had been taken to design the various communication aids and pictorial versions of people's plans and meeting minutes, and these had contributed to people's well-being.

We saw that care delivered was of a kind and sensitive nature. Staff interacted with people positively and used their preferred names. We saw that people's dignity and privacy were respected and people confirmed they always experienced this to be the case. Staff training was arranged to meet people's specific needs and included the promotion of people's privacy, dignity and confidentiality. The registered manager told us the support staff had compassion and respect for people. Staff we spoke with told us that all members of the staff team made sure that people were treated with dignity and that their privacy was maintained.

We saw that staff were consistently reassuring and showed kindness towards people when they were providing support, and in day to day conversation. The interaction between staff and the people who used the service was inclusive, and it was clear from how people approached the staff, that they were happy and confident in their company. The registered manager told us that staffing numbers were configured to allow people to participate in activities in the community, and we saw evidence that staff supported people to participate in activities of their choice. This meant activities could be individualised and meet each person's preferences.

There were high levels of engagement with people throughout our visit. From conversations we heard it was clear staff understood each person's needs, knew how to approach each person and also recognised if they

wanted to be on their own. Staff we spoke with knew the people very well, and described their preferences in detail, and how they wished to be approached and supported.

The staff showed concern for people's wellbeing in a caring and meaningful way. Staff we spoke with were committed to providing high quality care. Staff told us they were listened to and valued by the registered manager and felt that they worked together as a good team, which improved the quality of life for people they supported. Staff told us that the management team were very knowledgeable about people's individual needs and very caring.

We found that people's care plans showed a high degree of involvement from the person with reviewing their care needs, and reflected the involvement of their relatives. People's relatives told us staff kept them informed and they were involved in decisions about their family members' care and support. For instance, one person's relative told us they were involved in their family member's reviews. They added, "The service is very good. They [the staff] are excellent and they always keep me up to date with what is happening in [my family member's] life." Another person's relative told us that staff sent them a weekly e-mail update about their family member.

We saw that people were supported to maintain important relationships. They were supported to keep in touch with and spend time with their families. People's relatives told us they had regular contact. One person' relative told us that staff supported their family member to keep in touch with them by exchanging post cards and letters.
People's religious, cultural and personal diversity was recognised, with their care plans outlining their backgrounds and beliefs. For example, one person's records showed they were from a Catholic background, but did not actively choose to attend church.

Additionally, staff had put a lot of work into making sure that people's care files, plans, and reviews were very person centred and individualised. They were produced with lots of photographs of each person, of who and what was important to them, things they liked, and things they had achieved. All of the information about people and their involvement in day to day decisions was in an easy read format with lots of pictures to assist people's understanding and participation.

Good

Is the service responsive?

Our findings

The relatives and the health and social care professionals we spoke with told us the staff were very responsive to each person's needs. People's relatives also felt the staff were responsive. For instance, one person's relative said, "We are satisfied with the service. They look after [my family member] and are very supportive of them." Another person's relative said they were, "Very impressed by the service." They particularly mentioned staff's attention to detail in keeping a very detailed log of their family member's day to day life and their wellbeing.

We saw that activities were designed for each person and that staff actively encouraged and supported them to be involved. The registered manager told us people were very settled into their home, had become more able to engage in a range of activities and went out into the community on a regular basis. We saw that people had good levels of staff support in the community and there were staff available to facilitate their individual, chosen activities.

People's relatives were happy with the level of engagement and activities people took part in. They told us people had lots of opportunity to get out into the local community. When people returned from their activities during the day the staff gave them the option of eating at home or eating out and some opted to eat out, at a local carvery. In the early evening two people also went to a local hairdresser to have their hair done. We saw that people were encouraged to be involved in housekeeping tasks to keep their house nice, and this helped to promote their independence.

We saw people's activity planners, which had pictures to assist the person to understand them and make and communicate their decisions. People told us and we saw that their activities and interests included eating out, going to a local night club, horse riding, collecting ornaments, swimming, knitting, sewing, the swing in the garden, the trampoline, watching TV, shopping, walking, visits to the pub and playing darts, and other trips out. The things people liked were included in people's individual planners and it was clear that holidays and trips were planned around people's interests and preferences. We saw photographs of several trips people had been on, including to the sets of the television programmes, Emmerdale and Coronation Street.

We saw that prior to the admission of people to the home, a detailed care needs assessment had been carried out. This meant that the registered manager could be sure the needs of the individual would be met at the home, before offering them a place. In addition, the assessment process meant that staff members had some understanding of people's needs when they began living at the home. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to make sure personalised care was provided to people.

The care plan format provided a framework for staff to develop care in a personalised way. The care plan was person centred and had been tailored to the person's individual needs, and had been reviewed on a very regular basis to make sure that they remained accurate and up to date. Where changes were identified, Members of the core staff team demonstrated a very good awareness of people's complex needs and had a

particularly good knowledge of each person who was using the service, and what might cause them to become upset or anxious, and how to divert and distract them to help prevent episodes of challenging behaviour.

Each person had a helpful and informative communication profile in their care plan and there was a strong emphasis on supporting people to communicate their thoughts and preferences. Various tools were used to help with this, including pictures and information boards.

There was a comprehensive complaints policy this was available to everyone who received a service, relatives and visitors. The procedure was on display in the service where everyone was able to access it. The registered manager was able to explain the procedure to make sure any complaints or concerns raised would be acted on to make sure people were listened to.

Discussions with the members of the management team showed that complaints were taken very seriously. The complaints record we saw showed these were investigated thoroughly and promptly. Staff told us they were aware of the complaints procedure and knew how to respond to complaints. People's relatives knew how to complain if they needed to, and the relatives we spoke with said they felt comfortable to raise issues with managers.

The last concern recorded was made by one person's relatives in 2014, about improvements that were needed to the outside of the building. A response had discussed this with the person's relatives and [provided a written response. However, we noted that the external appearance of the house remained in need of attention. We discussed this concern with the registered manager, who told us that they had requested funding for the improvements highlighted, but this had taken time to become available. The work was due to be completed this year.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission. There was positive feedback from everyone we spoke with about the leadership and there was a high degree of confidence in how the service was run. The feedback we received from a commissioner of services for the local authority, about the way the service was provided and managed was very positive.

The managers, support staff and the other professionals we spoke with told us the communication in the team was very good. There was a clear management structure in place and staff were aware of their roles and responsibilities. All the staff we spoke with said they felt comfortable to approach any one of the members of the management team.

Staff told us that the members of the management team were caring, very approachable and always put the needs of people who used the service first. It was clear that staff were confident in their role and also knew when to seek advice from their managers. The staff we spoke with told us they received regular supervision and support. They had an annual appraisal of their work, which ensured they could express any views about the service in a private and formal setting.

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 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 were displayed and 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 the home environment, health and safety, infection control, 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.

The registered manager told us that they and the staff completed daily, weekly and monthly audits of the home environment, infection control, fire safety medication and care plans. We saw these audits. Where they identified areas that required improvements and also showed any improvements were followed up to make sure these were carried out.