North East Autism Society

Ashton Way

Inspection report

2 Ashton Way
East Herrington
Sunderland
SR3 3RX
Tel: 0191 528 2084
Website: www.ne-as.org.uk

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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

Overall summary

Ashton Way care home is family house that provides accommodation and personal care for three people with autism spectrum condition. The home was formerly a children's service, but registered as a care home for adults when the people who live there reached 18 years old.

This inspection took place on 27 May 2015. It was the first inspection of this care home since it registered as an adult service in August 2014.

The home had a registered manager who had worked there for several years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were unable to tell us about the service because of their complex needs. Their relatives made many positive comments about the service and said people

Summary of findings

enjoyed being at the home and felt "safe" there. A staff member said, "It's a very safe. It's their own home and we're here to make them feel comfortable and to help them live their lives."

Staff were clear about how to recognise and report any suspicions of abuse. Staff told us they were confident that any concerns would be listened to and investigated to make sure people were protected. There had been no concerns at the home over the past year. Medicines were managed in the right way. There were enough staff employed to make sure people had one-to-one support when they needed it. There were few changes to staff members so people had a settled environment and staff were very familiar with people's individual needs.

People were supported to remain safe in ways that did not compromise their rights. Staff understood the Mental Capacity Act 2005 for people who lacked capacity to make a decision and Deprivation of Liberty Safeguards to make sure they were not restricted unnecessarily. Relatives confirmed they had been involved in agreements about keeping people safe and said that risks were "well managed."

Staff were skilled, experienced and competent to support people. Relatives and care professionals were confident that the service met the needs of the people who lived there. A relative said, "The service is very effective. Ashton Way provides a specialist service with highly trained, competent staff."

A care professional commented, "Since [my client] has moved to Ashton Way they have made really good progress. The home has played a massive part in helping them get back on track. I can't speak highly enough of this home."

People were supported to be as involved as possible in choosing menus and grocery shopping. People's individual dietary needs were respected and were used to design suitable menus that met the preferences, choices and needs of each person. Relatives and care professionals told us people's individual nutritional well-being and health had improved at this home.

Relatives and care professionals made many positive comments about the "caring" and "compassionate" attitude of staff. For example, a relative commented, "Ashton Way is a very caring service where she has always been treated with compassion, kindness, dignity and respect."

The interaction between people and staff members was friendly and relaxed. Staff were supportive and patient, so that people could communicate and make choices at their own pace. A care professional described the "good relationships" between people and staff, and a relative commented on the "genuine affection" shown by staff towards people who used the service.

Relatives told us they felt people were well cared for in the home. Care records were written in a positive way that valued the individuality of each person. People had a range of social and vocational activities they could take part in. People's choice about whether to engage in these activities was respected.

Relatives said they were often invited to comment on the service and they felt able to give their views about the home at any time. Relatives knew how to raise concerns or complaints and were confident these would be looked into and resolved. Relatives and care professionals told us the registered manager and staff had a "collaborative" approach to involving them in the service and said any suggestions were acted upon.

Relatives, staff and care professionals felt the organisation was well run and the home was well managed. Staff told us they felt valued by their managers and the organisation. There was an open, approachable and positive culture within the home and in the organisation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Relatives told us people felt safe at the home and with the staff who supported them. Staff knew how to report any concerns about the safety and welfare of people who lived there.

Risks to people were managed in a safe way so that people could lead as independent a lifestyle as possible.

There were enough staff to meet people's needs. The provider made sure only suitable staff were recruited. People's medicines were managed in the right way.

Is the service effective?

Good

The service was effective. Relatives felt the service was effective in meeting the needs of people and that staff were competent and highly skilled.

Staff were well trained and experienced in supporting people with autism. Staff felt supported by their managers to care for the people who lived at the home.

People were supported to lead a healthy lifestyle. People enjoyed being involved in choosing and preparing their meals. Staff worked closely with health and social care professionals to make sure people's well-being was maintained.

Is the service caring?

Good

The service was caring. Relatives and care professionals said staff were caring and compassionate, and there was genuine affection between staff and the people who lived there.

Staff assisted people in a friendly and supportive way. People's dignity, privacy and independence were promoted.

People were encouraged to make their own choices and decisions about their lifestyles. People's individuality was valued and respected.

Is the service responsive?

Good

The service was responsive. Relatives felt fully involved in planning the care service for their family member and were invited to reviews.

People were offered daily activities to promote their leisure and independent living skills. People's choices about whether to engage in these activities were respected.

People had information about how to make a complaint in easy-read and picture format. Relatives said they knew how to raise any concerns and were confident these would be dealt with.

Is the service well-led?

Good

The service was well led. Relatives and care professionals said the service was well managed by the registered manager and well run by the organisation.

The home had a registered manager who had been in post for several years. Relatives and staff said the registered manager was approachable, open and supportive.

Summary of findings

People's safety was monitored and the provider had systems for checking the quality of the care service.

Ashton Way

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 May 2015. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

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. Before our inspection, we reviewed the information included in the PIR along with other information about any incidents we held about the home. We contacted commissioners, care managers and educational professionals to gain their views of the service provided at this home. We contacted the local Healthwatch groups to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the visit we joined the three people and staff for a lunchtime meal so we could observe how people were supported. We spoke with the registered manager, the assistant manager and three support workers. We looked around the premises and viewed a range of records about people's care and how the home was managed. These included the care records of two people, the recruitment records of two staff, training records and quality monitoring records.

Good

Is the service safe?

Our findings

The three people who lived at this home had autism spectrum condition. Their complex needs meant they found it difficult to tell us their views about the care service at Ashton Way. We asked their relatives for their views about whether people were safe at this service. One relative told us, "Our [family member's] safety has always been of great concern due to their lack of safety awareness and vulnerability. My [family member] is kept safe at Ashton Way." Another relative also commented, "Yes, the service at Ashton is safe."

Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults and this was regularly updated by computer-based refresher training. Staff were able to describe the procedures for reporting any concerns and told us they would have no hesitation in doing so. This meant staff understood their duty to report any potential concerns. There had been no safeguarding concerns since the home was registered as a service for adults in August 2014. A care professional told us, "Staff have a good understanding of the people they support and work closely with family and professionals to ensure safety is paramount."

The provider had clear policies about safeguarding vulnerable adults and about whistleblowing (for staff to report any poor practices). Staff showed us they had access to these procedures in the office and on the provider's computer system. The procedures included the telephone contact details for the local authority safeguarding team, senior managers of the organisation and CQC. One support worker told us, "It's a very safe. It's their own home and we're here to make them feel comfortable and to help them live their lives."

Risks to people's safety and health were appropriately assessed, managed and reviewed. One relative told us, "My [family member] has risk assessments that are regularly reviewed and updated. I have requested and received these so I can be informed of all the assessed risks." Another relative commented, "Risks appear to be well managed."

People's records included risk management plans which provided staff with information about identified risks and the action they needed to take. For example, supervising people when they were on activities or out in the community because they lacked safety awareness. The risk management plans were detailed and clearly showed how each person could be involved as much as possible with the right support to minimise the risks. The assistant manager talked enthusiastically about positive risk-taking, treating people as adults and giving people opportunities to take their own reasonable risks. They told us, "We focus on what they can do, not what they can't do."

The accommodation for people was warm, modern and comfortable. There were no hazards within the home's premises that would present a risk to the people who lived, visited or worked in the home. The provider's health and safety team visited the home regularly to check that the premises were well maintained and all required certificates were up to date. The staff carried out monthly health and safety risk assessments. Reports of any accidents and incidents were overseen by the registered manager and were sent to senior managers each month. These reports were analysed for any trends. The provider had business continuity plans which included the contingency arrangements in case of any emergencies in the home and these were reviewed annually.

Relatives and commissioners felt there were enough staff to support the people who lived at the home. One relative said, "[My family member] receives the correct staffing level for her assessed needs." Another relative told us, "Staffing ratios are high enough to provide care and support to our [family member] and the other two residents." A care manager told us, "From observation the people who live at Ashton Way are well supported by staff and there always seems to be a good staff ratio."

The registered manager told us, and staff rotas confirmed, that the typical staffing level each day was a minimum of two support workers until 4pm (this was because two people were out at day activities during the week). The staffing levels meant one person could go out if they wanted because they needed two staff in the community. From 4pm there were at least three support workers on duty to provide one-to-one support for each of the three people who lived there. There were two staff at the home overnight (one on sleep-in duty). The home had contingency arrangements in case of staff emergencies or accidents and there were on-call management arrangements.

The home had a low turnover of care staff and there was only one vacant post at this time. One other member of

Good

Is the service safe?

staff had been temporarily seconded elsewhere within the organisation. These posts were being covered by the staff team, a bank staff member and staff from other similar small homes who were familiar with the people who lived here.

We looked at recruitment records for the newest member of staff and spoke with them about their recruitment experiences. We found that recruitment practices were thorough and included applications, interviews and references from previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the home had checks in place to make sure that staff were suitable to work with vulnerable people.

The three people needed support with their medicines and this was managed in a safe way by the service. Relatives also commented positively on the way medicines were handled. For example one relative told us, "Medicines are kept and stored safely. On home visits it is brought home in a locked medicine box, with the key kept separately. I have witnessed the correct procedures carried out when doing a handover for the home visits."

Medicines were securely stored in a locked medicine cabinet within a locked cupboard. Medicines that needed cool storage, such as one person's eye drops, were kept in a medicines refrigerator and the temperatures were checked and recorded daily.

Staff understood what people's medicines were for and when they should be taken. All the staff, except a bank staff, were trained in safe handling of medicines. Medicines were administered to people at the prescribed times and this was recorded on medicines administration records (MARs). On most occasions two staff were present when medicines were given to people. This meant medicines were checked and witnessed by another staff member before they were given. The provider was reviewing lone-working arrangements for medicines so that people were not restricted from going out for the day with a sole member of staff, who would be able to manage their medicines for them.

After every dosage time staff kept a record of the running tally of medicines that remained. In this way, staff were able to audit the medicines every day to make sure no medicines had been missed. The service made sure each person had an annual review of their medicines with their GP.

Good

Is the service effective?

Our findings

Relatives told us they had confidence in the way people's needs were supported by the service. One relative commented, "The service is very effective and all [their] needs are met. Ashton Way provides a specialist service with highly trained, competent staff." Another relative commented, "We feel that [family member's] care needs are well met at Ashton Way."

Health and social care professionals were also very positive about the effectiveness of the service in meeting each person's specific needs. One care professional told us about one person whose well-being had been affected by several different living arrangements before moving to Ashton Way. The care professional told us, "Since [name] has moved to Ashton Way they have made really good progress. The home has played a massive part in helping [them] get back on track. I can't speak highly enough of this home."

Relatives commented that staff at the home were "highly skilled". One relative told us, "Most of them have many years of experience in autism spectrum disorder and have received appropriate training through NEAS (the provider)."

Staff told us, and records confirmed that they received relevant training to meet the needs of the people who lived at the home. All staff completed 'Introduction to Autism' as part of their induction. All permanent staff had achieved a national qualification in child care (as the home was formerly a children service) and were now working towards a similar qualification in adult social care. One staff said, "I feel we are well trained, and the organisation is spot on with our training - some in classes and some on-line. We always do refresher training so it's always up to date." Another staff member told us, "We get plenty of training. We can get any training if we feel we need it, for example in autism or Makaton." (Makaton is a type of sign language that is used to support spoken language.)

The organisation employed a training manager who co-ordinated and arranged the required training for each staff member. New staff received a comprehensive induction training programme that included an introduction to autism, safeguarding and all necessary health and safety subjects. The organisation used a computer–based training management system which identified when each staff member was due any refresher training. The training records showed that all staff members were up to date with their required training. The registered manager had access to the system so she could check at supervision sessions with individual staff members that they were up to date with their training.

Staff told us, and records confirmed, they had regular supervision sessions with either the registered manager or deputy manager and an annual appraisal with the registered manager. This meant each staff had regular opportunities to discuss their professional development and any issues relating to the care of the people who lived there. In this way staff told us they felt trained, confident and supported to carry out their roles.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Staff had received training in MCA and DoLS. The registered manager understood the recent court decision about DoLS to make sure people were not restricted unnecessarily, unless it was in their best interests. Each of the three people had DoLS authorisations from their respective local authorities that were involved in their placement. This was because people needed 24 hour supervision and also needed support from staff to go out. In this way the provider was working collaboratively with local authorities to ensure people's best interests were protected.

People's care files included details of any necessary restrictions to promote people's safety, for example supervision when making meals in the kitchen. People's consent to support was implicit in their care plans through descriptions about people's acceptance or non-acceptance of support in different situations. The registered manager agreed that care records could be more explicitly detailed about people's capacity to consent to care.

Staff were trained in ways of helping people to manage behaviours that might challenge the service if they became anxious or upset. For example, two people occasionally displayed behavioural needs when they were feeling unwell. Staff described the Positive Behaviour Support (PBS) training and techniques they used to support people in a safe, non-physical way. There were detailed PBS plans for the people who had needed this support from time to time. Staff told us, and care records confirmed, people were supported in the least restrictive way to help them

cope at these times. We saw multi-disciplinary meetings were held with other care professionals, such as care managers and occupational therapists, to design strategies to support people with their behaviours.

Each person received the right support with their special dietary needs. For example some people had gluten-free, nut-free, additive-free or soya-free diets. Most meals were prepared from scratch using fresh ingredients. Menus were designed to make sure that people had the same options for meals but that also met their special diets, so they may be prepared in slightly different ways. For example, a lunchtime meal of home-made quiche with vegetables, included a quiche made without pastry for people who could not tolerate gluten.

Relatives made many positive comments about how people were supported in a personalised way with their nutritional well-being. For example, "My family member is encouraged and supported to lead a healthy lifestyle. They had a very limited diet when they entered the service. Through perseverance, over a long period of time, they now have a healthy diet eating a wide range of foods with enjoyment."

One person had been successfully supported to achieve a healthy weight. A care professional told us, "Through effective behaviour and meal-time management the home have supported my client to lose a substantial amount of weight. [The person] has presented in a much more healthy condition since their move to Ashton Way."

Staff dined alongside people so they could make sure people managed their meal in a safe way. Staff kept a record of people's meals, a monthly record of each person's weight, and their nutritional health was regularly checked. This meant people were fully supported with their nutritional well-being.

Staff supported people with communication aids to help them make sense of information and to make their own informed choices and decisions. These included, for example, the use of a picture exchange system (PECS), talking mats, photographs and simple pictures. The provider also employed a therapy team, including a speech and language therapist. There were plans for the therapy team to start visiting the home on a monthly basis to support people with communication and autism-specific behaviours.

People were also supported to access community and specialist health care whenever this was required. The staff made sure people had at least an annual health check with their GP. People were also supported to attend appointments with dentists, opticians, specialist eye consultants, psychiatric services and neurology services.

A relative commented, "[The staff] work with us and with other service providers, for example the NHS, to ensure [my family member's] care needs are best met." A care manager told us, "[My client] has received excellent support from the staff at this placement. [My client] has accessed specialist services when needed via referrals made by staff at Ashton Way."

Good

Is the service caring?

Our findings

All the relatives and care professionals we spoke with made many positive comments about the "caring" and "compassionate" attitude of staff working at this care home. For example a relative commented, "Ashton Way is a very caring service where she has always been treated with compassion, kindness, dignity and respect. When staff talk about our [family member], and when we are in the home, this is clear to see." Another relative told us, "We are very happy with the service provided at Ashton. The house itself is lovely and the staff are very caring and loving. My family member settled in immediately and really likes the staff."

We saw the interaction between people and staff members was friendly and relaxed. Staff were supportive and patient, so that people could communicate and make choices at their own pace.

Relatives and professionals told us that people had formed close relationships with the staff at the home. For example, one relative commented, "All the staff at Ashton are very caring and respectful towards my [family member]. They seem to have a genuine love and affection for them and my [family member] appears to really like them too." A care manager told us, "The relationships between the service users and staff are good. I have witnessed acts of kindness and affection between service users and staff."

People were encouraged to make their own decisions and choices, for example about activities, menus and clothes. Each person went shopping with staff for clothes and their own personal items so they could be involved in choosing these things. Care records clearly detailed each person's ability to make their own decisions.

During this visit we saw one person making their own shopping list for the foods they liked. One relative commented, "My [family member] has involvement in planning menus. Through the planning process they know what they are going to eat at meal times, well in advance."

Relatives told us people were treated with dignity and respect. One commented, "My family member is always spoken about in a positive way and has strong bonds with all staff members. They clearly care about her welfare." Care professionals told us people were supported with their personal appearance and hygiene in a way that promoted their dignity. One professional told us, "My client is always clean and well-presented upon arriving at day activities."

In discussions, permanent and relief care staff spoke about people in a positive way that valued their individuality. They felt the attitude of their colleagues towards people was "compassionate" and "genuinely lovely". One staff told us, "All the staff treat people with dignity and respect and we teach them to look after their own dignity, like reminding them to close bathroom doors."

Relative and care professionals told us the staff treated people with equality and respected their diversity. For example, one care manager commented, "The staff have a genuine desire to ensure residents enjoy and achieve the same opportunities as others."

The three bedrooms were decorated in the preferred choice of styles and colour schemes to suit each of the three people living there. The bedrooms were spacious enough for people to use for their own hobbies and interests, and to spend time in private if they wanted. There was also a sensory room when people wanted some quiet time to relax. Two female residents shared a bathroom together, and the male resident had an en-suite bathroom. In this way the accommodation was used in a gender-appropriate way that maintained people's privacy.

Staff practices also made sure people's privacy upheld. For example, they always asked people for permission to enter their bedrooms and respected people's control over whether to accept or decline staff presence. There were tinted windows in one person's bedroom which meant they could look out but no-one could not see inside the room. This helped to support their dignity as the person may not always choose to close their curtains. It also supported their sensory needs as the person needed a lot of light due to their visual impairment. Staff made sure furniture throughout the shared areas of the home, such as the lounge, was always in the same place and rooms were not cluttered so the person could find their way around independently.

Relatives said they felt involved and included in the care of their family member. There was frequent contact between the home and relatives. Relatives told us they were kept informed of any events and had a good relationship with the registered manager and staff. One relative commented,

Good

Is the service caring?

“The manager and the whole staff team have always been very supportive towards us. There have been times when we have requested to join our family member and staff on occasions and outings and this has always been fully supported by the manager and staff team. This has allowed us to spend quality time with our [family member]. We have been invited to coffee mornings, parties and themed nights at the house.”

Good

Is the service responsive?

Our findings

People had some involvement in their own care records, for example one person wrote their own daily diary of activities that they had enjoyed. People were less involved in planning their care service because of the complexity of their needs, but they each had meetings with a key worker to discuss their own short-term goals. For example, as a result of one person's monthly meetings they were now designing their own picture menus which they placed on the wall in the kitchen to support them to know what meals they were going to have.

Relatives said they felt involved in planning and reviewing their family member's care. Relatives were invited to annual reviews of their family member and also felt able to comment on the service at any time. One relative commented, "The manager is keen to work collaboratively with us to ensure my family member's needs are fully met."

Care professionals told us the staff were very knowledgeable about people's individual needs. For example one care manager commented, "[My client] presents with communication and behavioural difficulties. Staff are responsive to changes in their behavioural presentation as this often indicates that they are unwell or unhappy."

We looked at the care records for two people. These included a 'My Life Now' booklet that was written in an easy read format and pictures to show each person's likes and dislikes, communication styles, and how they contributed to the house. These were very descriptive and gave a good summary of people's likes, abilities and communication methods. However the booklets were not dated so it would not be possible to know if they remained current.

People had care plans that were very descriptive and showed how each person preferred to be supported. The care plans included guidance for staff on people's communication, understanding, decision-making skills and personal care. This meant all staff had access to information about each person's well-being and how to support them in the right way. It was clear from discussions with staff they had a very good knowledge of people's specific needs.

The care records included a section describing how each person had been involved in their care plans. We saw care plans were written in a positive way that valued the individuality of each person. For example, one person's care records said, "[Name] is a very charismatic young person with a vibrant personality and a good sense of humour. [Their] days are well-structured in order to make the day more predictable and less confusing, this in turn helps to promote their confidence and increase their independence." Each person also had a small number of goals towards more independent living activities, called SMART targets. These included learning to put laundry in the utility room and to email their parent every week.

Relatives felt people had good opportunities to enjoy individual activities that they preferred. For example, one relative told us, "My family member is involved in planning their social activities. I am aware of the requests my family member has made to go on various outings. They are supported to do this. My family member has monthly meetings where they can request these and is fully involved. I have witnessed my family member requesting a meeting to plan a preferred outing."

Another relative commented, "My family member leads a full and active life and is a part of her community." One care manager told us, "The service user I have at this home does have a good quality of life and is supported to access the community and be involved within the home."

Two people had a structured timetable of daily activities. One person attended vocational sessions at the provider's day care service and another person had an educational placement at a specialist school. One person preferred to be involved in activities in the house or going out with staff in the local community. The home had a vehicle for use by the people who lived here, and people also had opportunities to go out each evening and at weekends to social or leisure activities such as trips, discos, shopping or meals out. People's choices about whether to engage in these activities were respected. There was a sensory room near bedrooms for people who might want to use this to relax away from the activity and noise in the rest of the house.

In discussions, staff were clear about recognising people's demeanour or behaviour to show if they were dissatisfied or unhappy with a situation. In a recent survey by the provider two out of three relatives had said they did not know if they had a copy of the complaints procedure. However they all said they knew how to make a complaint and would feel confident about doing so. We looked at the

Good

Is the service responsive?

provider's information about how to make a complaint, which was set out in a statement of purpose. The registered manager kept a log of complaints and we saw there had been no complaints made in the past year.

Relatives told us they had frequent contact with the home and said they felt encouraged to comment on the service. Relatives felt any comments or complaints were listened to and acted upon. For example one relative told us, "The service does respond to comments and complaints. I have a copy of the complaints procedures. In the past I have had cause for complaint, this was regarding behaviour of another service user. This was dealt with immediately. The complaint was quickly resolved."

Good

Is the service well-led?

Our findings

People were unable to comment on the way the service was managed, but we saw people enjoyed spending time with the registered manager and assistant manager. Throughout the visit people sought out the registered manager to ask questions and receive any reassurances about their forthcoming activities. Relatives told us the service was "very well-managed" by the registered manager and the provider.

The registered manager had been in post for several years. Relatives described the registered manager and assistant manager as "highly approachable" and "well organised". Care professionals were also very positive in their comments about the management of the service. For instance, one care manager told us, "The registered manager is highly knowledgeable, caring and her professional values are sound. She has a very person centred approach and a good understanding of what works well for the individuals. She is a good role model for other staff within the service."

Staff told us they felt the service was "well-run" by the registered manager and provider. The support workers we spoke with described the manager as "approachable", "organised" and "on the ball". One support worker told us, "It's a pleasure to come to work because everything is in place for people and staff, and I can always ask the manager or assistant manager about anything." Another staff member told us, "The manager is a great. She is approachable, she knows how to manage people and she runs the service in the right way."

We saw staff had designated roles within the home which gave them additional responsibilities. For example one staff member was the infection control lead, one staff member was a communications champion and two staff took responsibility for ensuring health and safety in the building. Staff said they felt valued by the organisation. One staff member told us, "The chief executive officer had a meeting with us and I felt we were appreciated." Another staff member told us, "We all have our own email address and we get informed about any events or changes."

In addition to their own individual meetings, people also had a house meeting. It was good practice that the minutes of the meetings were recorded in pictures and on CD which could be played on the computer. Relatives felt their views were sought and acted upon. For example, one relative told us, "Where we have comments and suggestions, for example on activities [my family member] might like, or on improving further their diet, they are always responsive and supportive and willing to follow our suggestions."

We saw that relatives were also invited to complete an annual survey. The comments in the last survey from February 2015 were very positive. The results had been sent to the organisation's head office to be collated. Relatives felt "very well informed" by the registered manager and the organisation.

Staff had monthly staff meetings where they could receive consistent direction, discuss expected practices and make suggestions. The minutes of recent staff meetings showed staff had discussed people's health and social skills, and how these could be further supported. Staff told us they continually looked at ways of improving the service for the people who lived there. For example, one staff member commented, "We all sit and discuss if we can do anything better for people, and we listen to each other's input."

The registered manager carried out a number of audits to ensure the welfare and safety of the service. These included monthly health and safety checks and daily medication audits. Also, the registered manager sent a monthly management report to senior managers that included any incidents, accidents, behavioural interventions, personnel issues (for example, sickness), maintenance issues and any other concerns. This meant the registered manager, senior managers and trustees could monitor the service for any trends. The provider's operations manager carried out quality audits of the service at Ashton Way. We saw that any areas for improvement had been set out in an action plan with timescales and were signed off when completed. The quality audit also recognised areas of good practice that could be shared within the organisation.

The provider had carried out a self-assessment of its services in 2014 which identified the organisational key strengths and areas for development. The self-assessment report included an action plan with areas for development and these were being addressed as part of the provider's on-going quality assurance process. The actions included "improve therapeutic interventions through collaborative working with the in-house therapy team" and "develop innovative systems to collect the views of all service users

Good

Is the service well-led?

dependent on their receptive and expressive language skills". In this way the provider aimed to continuously improve and develop the support for the people who used its services.

The registered manager described how the organisation was involved with the national Autism Alliance, which is the largest UK network of specialist autism charities. The registered manager also had plans to connect with the online community website for the local area to network with other services. The provider had planned improvements for staff support and was working towards the Investors in People award.