National Autistic Society (The)

NAS Outreach Services (Lancashire)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an inspection of NAS Outreach Services (Lancashire) on the 27 and 28 April 2016. The service is registered to provide personal care and support to adults and children aged 13 to 18 with autism and Asperger syndrome.

The aim of the service is to provide innovative and flexible support for people who want to develop their social skills, independent living skills, build confidence and take part in activities in their community. The service is available on a flexible basis, in response to people's individually agreed support package. At the time of the inspection the service was providing personal care and support for five people as part of the regulated activity.

This was the provider's first inspection following registration. We found the service was meeting the current regulations, however, we made one recommendation about making care plans more accessible to staff so that they can refer to them for guidance.

The service was managed by 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.

People's relatives and staff spoken with had confidence in the registered manager and the leadership arrangements at the service.

The relatives we spoke with indicated they were satisfied with the service. Their comments included, "They are effective in how they provide support. It has been very successful" and "I think it is a good service they have been very obliging around flexibility."

Relatives also made positive comments about the staff team including their attitude and their professionalism. Staff spoken with understood their role in providing people with person centred care and support.

Arrangements were in place to gather information on people's backgrounds, their needs, abilities, preferences and routines before they used the service.

Each person had a support plan in place to direct staff on responding to their assessed needs and choices. We have made a recommendation

There was a focus upon promoting people's confidence, independence and developing their skills. Staff expressed a practical awareness of promoting people's dignity, rights and choices.

At the time of the inspection none of the people received support with medicines. People's general health and wellbeing was monitored. Healthy eating was encouraged.

Character checks had been carried out before new staff started working at the service. Arrangements were in place to maintain appropriate staffing levels to make sure people received their agreed support, when they needed it, from people they were familiar with.

Staff spoken with were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff said they had received training on safeguarding and protection matters. They had also received training on positively responding to people's behaviours.

There were systems in place to ensure all staff received regular training and supervision. This included specific training on autism and Asperger syndrome. We found some basic training was overdue but action had been taken to address this matter.

We found the service was working within the principles of the MCA (Mental Capacity Act 2005).

There were satisfactory processes in place to support people with any concerns or complaints. There was a formal system to manage, investigate and respond to people's complaints and concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff recruitment included the relevant character checks. There were enough staff available to provide people with safe care and support.

Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

Risks to people's wellbeing and safety were being assessed and managed.

Is the service effective?

Good

The service was effective.

Processes were in place to train and support staff in carrying out their roles and responsibilities. Some training was overdue, but action had been taken on this matter.

People were encouraged and supported to make their own choices and decisions. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

People's health and wellbeing was monitored and responded to. People were supported as appropriate, to eat and drink.

Is the service caring?

Good

The service was caring.

People made positive comments about the kind and professional attitude of staff. People had a small team of staff who they were familiar with providing their support.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised support.

Relatives spoken with told us people were supported in a way which promoted their dignity, privacy and independence.

Is the service responsive?

Good

The service was responsive.

Processes were in place to find out about people's individual needs, abilities and preferences. People were involved with planning and reviewing their support.

People were supported to develop their skills, abilities and confidence, by accessing their preferred activities and trying new experiences in the community.

Arrangements were in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

Is the service well-led?

Good

The service was well-led.

The management and leadership arrangements promoted the smooth running of the service. There was a registered manager who was committed to the continuous improvement of the service.

The service's vision, values and philosophy of support were shared with staff. There were systems in place to consult with people and to monitor and develop the quality of the service provided.

NAS Outreach Services (Lancashire)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 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 and 28 April 2016. We contacted the service the day before the visit to let them know we were planning to inspect the service. We did this because they provide a domiciliary care and support service and we needed to be sure that someone would be available at the service's office. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a PIR (Provider Information Return). 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 also reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. In addition, we reviewed the information we held, including complaints, safeguarding information and previous inspection reports. We contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. People using the service could not readily tell us about their experiences; we therefore spoke by telephone with two relatives of people who used the service. During the inspection we also talked with four members of staff and the registered manager.

We spent time looking at a range of records during our time spent in the service's office, this included three people's care plans and other associated documentation, three staff recruitment files, a sample of policies and procedures, training records and quality assurance records.

Good

Is the service safe?

Our findings

The relatives spoken with expressed satisfaction with the arrangements for keeping people safe and had no concerns about how people were supported. They told us, "I feel [my relative] is safe with them" and "[My relative] is always happy to go out with the support staff." We noted people's care records included individual assessments and actions on keeping people safe, which would help ensure staff provide support in a way which protected their well-being.

We looked at how the service safeguarded people from abuse and the risk of abuse. Information we held by the service indicated any safeguarding matters were effectively managed and appropriately reported, for the wellbeing and protection of people using the service. We discussed a previous safeguarding concern briefly with the registered manager. We were told of the action taken to ensure safeguarding and protection matters were appropriately managed and alerted to the local authority. Processes were in place to record and manage any incidents of abuse and neglect.

We discussed the safeguarding procedures with the registered manager and staff. Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. One staff member told us, "I would remove the risk to the person and report to the managers straight away, they would follow it up." The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. Staff also had access to a 'flowchart' diagram, which provided guidance on responding to concerns and included contact details of the various local authorities. Although at the time of the inspection, the service was not providing support to children, child protection policies and procedures were available.

Staff said they had received training and guidance on safeguarding and protecting people. They had also received training on low arousal techniques and proactively responding to behaviours of concern. This meant they could respond to people by focusing upon defusing tension and using the least restrictive approaches.

We looked at the way the service managed risks. Risk assessments had been completed around safely supporting people during activities within the community. We found risks to individuals had been assessed and recorded in people's care records. Strategies had been defined to guide staff on how to manage and minimise risks to people's wellbeing and safety. The strategies were sensitively written and reflected people's specific needs, behaviours and preferences. Staff spoken with indicated an awareness of the risk assessments. One staff commented, "You can look at them and see what is happening and what to do." We noted the risk assessments were being reviewed and updated during the inspection. This meant there were processes in place to minimize these risks and help keep people safe. Staff spoken with were aware of the process to follow in the event of, incidents, accidents and emergencies. The service did not provide support in people's homes, therefore health and safety risk assessments had not been completed on people's living environment. The service had lone worker policies and procedures, which were intended to protect staff when working independently in the community.

We looked at the recruitment records of two members of staff. The recruitment process included applicants completing a written application form with a full employment history. Face to face interviews had been held with records kept of questions asked and their responses. The required character checks had been completed before staff worked at the service and most of the checks had been recorded. However, we found the records were lacking in confirming declared qualifications had been verified. We discussed this matter with the registered manager who acknowledged our concerns and agreed to take action to rectify this practice. The checks did include obtaining references, an identification check, and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Processes were in place to respond to concerns about staff's ability or conduct. We noted grievance and disciplinary policies and procedures were available in support of this practice.

We found there were enough staff available at the service to provide support and keep people safe. The registered manager explained the processes in place to maintain staffing levels in response to people's individual support package and contractual arrangements. We were told the staffing arrangements were routinely reviewed as part of the assessment process, when a new person was to start using the service. We looked at the rota planning system, which grouped staff into teams to work with specific individuals. One person told us, "(My relative) needs structure and routine and that is what they provide." Staff spoken with considered there were sufficient staff available at the service; they had no concerns about getting to people on time. There was an on-call system in place during the times when staff were on duty, which meant manager could always be contacted for support and advice. A relative said, "The staff are always on time, very punctual."

At the time of the inspection the service did not provide people with support with their medicines. This was confirmed by the relatives we spoke with and by staff. However, arrangements were in place for staff to access medicines awareness training. This helped to increase their knowledge and understanding of medicines and providing people with safe support.

Good

Is the service effective?

Our findings

The relatives we spoke with indicated they were satisfied with the service. They made the following comments: "Really pleased with the service" and "They are effective in how they provide support, it has been very successful."

We looked at how the provider trained and supported their staff. Arrangements were in place for new staff to complete a comprehensive two week induction training programme. This included an introduction to the organisation's policies and procedures and the provider's mandatory training programme. New staff also shadowed experienced staff in the community.

The induction included autism specific training and an introduction to the framework known as SPELL, which had been developed by the National Autistic Society to understand and respond to the needs of people on the autistic spectrum. SPELL stands for Structure; Positive (approaches and expectations); Empathy, Low Arousal and Links (links with other health and social care agencies and families). The induction training had been further developed to incorporate the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. The registered manager said all existing staff were due to complete the Care Certificate as 'refresher' training. We saw evidence that some staff had commenced this course of learning.

Staff spoken with told us about the training they had received and said that training and development was ongoing at the service. One member of staff said, "They are very supportive and accommodating with training." We looked at records which showed processes were in place to identify and plan for the delivery of suitable training. The training programme included: basic health and safety, food safety, basic first aid, risk assessments and safeguarding. We noted the records were not up to date and some training including first aid and safeguarding was overdue. However the registered manager had identified and responded to this shortfall and there was information to show further training had been arranged. We were also advised action was being taken to ensure the records of e-learning were more effectively recorded. Arrangements were in place to provide and offer more specialised training, this included Makaton (communication using signs and symbols).

The service supported staff as appropriate, to attain recognised qualifications in health and social care. Staff had a Level 2 or 3 NVQ (National Vocational Qualification) or were working towards a level 2 or 3 QCF (Quality and Credit Framework) diploma in health and Social Care.

Staff said they received one to one supervisions and they had ongoing support from the management team. This provided staff with the opportunity to discuss their responsibilities and the support of people who used the service. We saw records of the supervisions held and noted there were plans to schedule appointments for future meetings. Arrangements were also in place for staff to receive an appraisal of their work performance and review their training and development needs. The registered manager was able to confirm that most staff had received and appraisal.

People using the service managed and coordinated their own health care needs and appointments with the support of relatives. However, staff supported people to access healthcare services if was part of their agreed care package. People's care records identified their personal medical history and any physical and mental health care needs. There were contact details of relevant health care professionals, such as their GP. We found the monitoring of people's general health and wellbeing was included within the care plan process. This meant staff could identify any areas of concern and respond accordingly.

We found care records included signed service agreements which outlined the basic terms and conditions of their support package. These had been signed by the person using the service or a representative acting on their behalf. We also found people had signed in agreement with the care plans, this showed they had given consent to the delivery of support.

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 the 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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered manager indicated that people's care coordinators and or social worker would take a lead role with capacity assessments and any applications to the Court of Protection. We noted the care assessment process considered people's capacity to make decisions. This included their specific communication needs and how people made their wishes known. Staff spoken with indicated an awareness of the MCA, including their role to uphold people's rights and monitor their capacity to make their own decisions. They said they would report any concerns or changes in people's ability to make decisions to the registered manager. The service had policies and procedures to underpin an appropriate response to the MCA.

We found people using the service received minimal support with eating and drinking. This consisted of offering support with accessing refreshments during activities in the community, when people may visit cafes and restaurants as part of their agreed support package. We found care records included details of dietary needs and food and drink preferences. Records of the support provided during activities made reference to any meals consumed. Staff had access to training on food safety and the service had recently included a training module on nutrition in the staff induction programme. Staff spoken with had awareness of healthy eating. One relative told us, "They do try to encourage a healthy diet."

Good

Is the service caring?

Our findings

The relatives spoken with made positive comments about the staff team at NAS Outreach Services. They made the following comments, "The attitude of staff is really good they are great, no issues. Very professional" and "The people they send are excellent. They are good, they are really kind, they really support (my relative) well."

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of support and promoted people's independence and choices. Staff were trained on the principles of care which included the values of people's dignity, privacy choice and rights. They also had autism specific training, which gave them the underpinning knowledge and skills around supporting people with consistency and in response to individual routines in order to reduce their anxiety. The service had policies and procedures to underpin a caring ethos, including around the promotion of person centred support, equality and diversity and confidentiality.

New staff to the service were introduced to people during their induction training programme. We found the 'shadowing' process was centred around the person to be supported and took into consideration mutual compatibility and the development of positive relationships. One relative told us, "If there is a new member of staff, they always 'shadow' to get to know [my family member]."

We noted the staff rotas were organised to ensure people were supported by staff familiar to them. Relative's comments included, "The monthly rota is sent through (my family member) likes to know who is coming. If there are any changes they always phone through," "We have the same team of four or five staff." Another person said, "My relative knows most of the staff and they know him. They always send someone he knows already. It is essential we get consistency and things are fine." A member of staff said, "They always fit us with the person."

Staff told us they were always introduced to people before providing support and were given time to read through people's care records. Each person had a person centred support plan that identified their individual needs and preferences and how they wished to be supported. Staff were familiar with the content of people's care records. One staff said, "We read the care plans before working with the person." Staff spoke warmly about the people they supported; they were aware of their needs and preferences and their specific ways of communicating. They were knowledgeable about people's individual backgrounds and personalities.

People were involved in the planning of their own activities and were actively supported to make choices within the community. Staff communicated with people using their individual preferred method of communication. They were aware of people's individual methods of communication, including those people with complex needs. The methods of communication used included, sign language, body language and 'show and use' cards. One staff member commented, "Although people may have their own preferred routines, it depends what they want to do and they tell us."

Staff described how they supported people in a low-key way when accompanying people in the community. For example, one staff told us, "We have to think of their feelings; we just blend in with other people." Staff did not wear uniforms which meant people were provided with support in a discreet and dignified way. Staff explained how they would respond should a person's manner or behaviour attract the attention of members of the public. They described the methods they would use to positively diffuse the situation and offer reassurance in the person's best interest.

The people supported required minimal support with personal care. This consisted of verbal or visual prompts, to enable them to complete their own personal care needs. Staff described how they were consistent and sensitive in conveying these prompts to people.

Staff kept in regular weekly communication with families. One relative told us, "They keep in touch; the deputy manager phones quite regularly we have a good rapport. They know I am always happy to be contacted." The registered manager and staff recognised the importance of confidentiality and people's right to keep some personal information private. The service had policies and procedures on maintaining confidentiality and there were secure storage systems for personal records.

We looked at the information produced by the service to help ensure people were aware of their rights and choices. One relative we spoke with said, "They gave us information, we had a guide to the service given to us on the first visit." We looked at the guide to the service. The guide included a 'mission statement' and a summary of the service's values. Mention was made of promoting the rights of all people with autism and Asperger's syndrome and people's right to be treated the same way as everybody else. Included were brief details of the staffing arrangements, staff training, the service's contractual agreements, fees and useful contacts. The guide included pictures and symbols to help explain the content. We noted the guide did not include details of advocacy services. Advocates are independent from the service and can provide people with support to enable them to make informed decisions. The registered manager agreed to add this information.

NAS Outreach Services also had an information leaflet describing the types of support they could provide for people with autism or Asperger syndrome. This made reference to working closely with individuals to develop and put into practice an individual support plan. The leaflet stated, "The person with autism is always at the centre of what we do." The service was included on the NAS national internet website which provided further guidance and information.

Good

Is the service responsive?

Our findings

The relatives spoken with indicated the service was responsive to their needs and they appreciated the support provided by staff. One person told us, "I think it is a good service they have been very obliging around flexibility."

We looked at the way the service assessed and planned for people's needs, choices and abilities. The registered manager described the service's initial referral and assessment process. Before a person received a service, a comprehensive assessment of needs was carried out with them and their relatives. Information was also gathered where appropriate, from any professionals involved in the person's support and care. One relative told us, "They came to do an assessment and gathered as much information as possible." The assessment resulted in a 'support design plan' which formulated the agreed proposed support package and costings. The registered manager said the numbers of staff, their skills and abilities would be considered during the assessment, to ensure the service could respond to people's needs.

The relatives we spoke with were aware of the care and support plans and confirmed they had been discussed and agreed with them. One relative told us, "We have seen the support plan; we can access it at any time." We looked at three people's care and support plans and other related records. The plans reflected people's needs and choices and were underpinned by a series of risk assessments. Included were people's preferred activities and guidance for staff on how to respond to them. Each of the planned activities sessions included goals and learning objectives, to help clarify the purpose and measure achievement.

Staff described how they delivered support in response to people's individual needs, abilities and aspirations. We were given examples of the progress people had made by staff being responsive to people's needs and developing ways of working with them. This included promoting independence skills, empowerment and social interaction. One relative told us, "The support provided has given [family member] confidence. He appreciates that, he now tells them where he is going." People were supported to participate in a range of meaningful activities, in line with their interests and preferences. These included: swimming, visits to the seaside, parks and gardens, cafés, shopping and attending social groups. We were also made aware of incentives to offer 'workshops' for discussion and information sharing around key topics, such as life skills and employment.

Staff emphasised the support plans as important in providing good individualised care. One staff member told us, "The plans have been very, very helpful. They are well written. It's all in there. You could easily read one and do your job to a high level." Although staff confirmed they had read people's support plans and were aware of their content, we noted they did not have ongoing access to this written information when providing support in the community. Which meant responding to their specific needs and preferences was reliant upon staff memory.

• We recommend the provider considers current guidance on ways of ensuring staff have ongoing access to people's support plans and take action to update their practice accordingly.

Processes were in place for people's individual needs and circumstances to be monitored and reviewed. Records were kept by staff following each activity session. This included the aims of the session, the activities the person engaged in, an account of the support provided and the person's response to the experience. The record provided scope for the person, or their representative to sign an agreement with the activities provided. Separate records were kept of any incidents. The registered manager told us of the progress being made to ensure telephone discussions with relatives were appropriately recorded to promote good communication. It was a policy of the service to review people's support with them annually, or more frequently in response to changing needs and choices. We noted some annual reviews were overdue; however the registered manager was able to show this shortfall had been identified and was being addressed. One person told us, "We just had a review with the manager at the office."

We looked at the way the service managed and responded to concerns and complaints. The relatives we spoke with had an awareness of the service's complaints procedure and processes. We got the impression the relatives would feel at ease and confident in raising any concerns. They told us, "I would just ring up if I had any concerns" and "If I had any complaints I would contact the office. I would feel comfortable doing this."

We looked at the complaints procedure which had been shared with people in the guide to the service. This described the approach and assurances around encouraging people to voice their concerns and any dissatisfaction in order to make improvements. The procedure included some pictures and symbols to help explain the processes to people. Included were the contact details of CQC (Care Quality Commission). The procedure did not fully describe how complaints would be managed and there was no mention of the expected time-scales for the investigation and response to complaints. The contact details of the area manager and other agencies that may provide support with complaints had not been included. The registered manager therefore took action during the inspection to update the procedure.

The service had policies and procedures for dealing with any complaints or concerns. We found there had not been any formal complaints recorded at the service in the last 12 months; however processes were in place to record, investigate and respond to complaints and concerns. We discussed with the registered manager ways of responding to people's none verbal expression of dissatisfaction using the complaints process. This would further empower them and show their complaints were being taken seriously.

Good

Is the service well-led?

Our findings

The relatives spoken with had an awareness of the overall management structure of the service. They made positive comments about how the service was managed or the leadership arrangements. We asked relatives about their overall view of the service, one relative said, "I think the service is well managed. Things run smoothly and everything works well."

There was a manager in post who had been registered with the commission since March 2016. The registered manager had responsibility for the day to day operation of the service. Throughout the inspection she expressed commitment to the ongoing improvements and explained the plans in place to develop various systems and processes. The registered manager was qualified, competent and experienced to manage the service effectively.

At the time of the inspection the management team in place included the registered manager and a senior support worker (team leader) with designated responsibilities for the day to day running of the service. The registered manager was supported and supervised by a deputy area manager. Meetings with managers from other services within the NAS organisation were being held on a regular basis. Staff spoken with indicated the managers were approachable and effective, their comments included, "The managers are very supportive and approachable" and "The mangers are fine, working for Outreach is the best."

Arrangements were in place for one of the management team to be based at the agency office, between 9:00 and 17:00 each day during the week. When the office was closed, there was an on-call system for management support whenever staff were on duty providing support in the community. One staff member said, "The managers are only a phone call away."

All the staff we spoke with told us the team work and communication at the service was good. Staff routinely called into the service's office prior to providing support and therefore had regular opportunities to speak with the management team. Staff also had access to mobile phones. Staff meetings were being held monthly. One member of staff told us, "The staff meetings are very open. We can raise any concerns or worries and they listen to our suggestions for improvements." Staff were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting concerns.

The service had recently achieved the Investors in People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. We found staff were enthusiastic and positive about their work. They were well informed and had a good working knowledge of their role and responsibilities. There were clear lines of accountability and responsibility. Staff indicated they had been provided with job descriptions, contracts of employment which outlined their roles, responsibilities and duty of care. They told us they were aware of the service's policies, procedures, vision and values. They had accesses to the service's policies, procedures and any updates. The service's vision and philosophy of care was reflected within their written material including, the statement of purpose and policies and procedures.

The registered manager used a range of processes to monitor the effectiveness and quality of the service provided to people. This included gaining feedback from people who used the service and staff. One relative spoken with confirmed they had completed a survey with their family member, about the service provided by NAS Outreach. The last survey was carried out in January 2016. The results were yet to be collated and evaluated. However the registered manager said the responses had been reviewed, to enable action taken in response to any matters requiring attention. Staff had opportunity to share their views annually via a national computer based staff survey within the NAS organisation. We noted a consultation 'inclusion event' had also been arranged for people to share their views on the service and make suggestions for improvements.

The registered manager showed us the quality monitoring systems in place. There were audits and reviews of various processes, including care plans and records. There was a computer based 'dashboard' monitoring system. This included month on month recording and monitoring of incidents, notifications to CQC (Care Quality Commission), CQC inspection visits, staff sickness levels, staff training and complaints. The dashboard provided the registered manager and provider with statistical information for monitoring the quality of the service provided.

Quality monitoring auditing visits and reports were being carried out at the service by other managers within the NAS services organisation every six months. Reports following visits included any recommendations and follows up on previous reports. The last visit took place in August 2015 and resulted in an action plan in response to the recommendations made.

We found some of the service's auditing processes could be further developed to provide a more effective and comprehensive governance system. We noted there were no structured processes in place to observe and evaluate staff's competence and conduct when they were supporting people in the community. However, information within the Provider Information Return (PIR) showed us the registered manager had identified several matters for development within the next 12 months. These included; further auditing and monitoring systems, further consultation surveys, updating support plans and ensuring that staff training was up to date.

The PIR also indicated that the NAS Outreach Service had commenced an autism accreditation process. This involved an accreditation advisor visiting the service over a two year period. Followed by an accreditation team evaluation of all aspects of the service. If the service meets required standards it will be awarded the autism accreditation. The accreditation will then be reviewed on an annual basis.