

Options Autism (2) Limited

# Options Thorpe House

## Inspection report

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## Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Good 

# Summary of findings

## Overall summary

Options Thorpe House is a residential care home for eleven people who may have learning difficulties and/or Autism. It is one of a group of homes owned by Wider Options Ltd. The home is situated approximately five miles from the centre of Scunthorpe and close to the village of Roxby. The accommodation is provided over two floors. There are five single occupancy flats on the ground floor and two flats on the first; one for two people and one for four people. The property has extensive grounds to the front and side, in which other functional buildings have been sited.

At the last inspection in April 2015 the service was rated Good.

At this inspection we found the service was Outstanding.

The service employed life skills instructors (LSIs) to support people with daily needs and a vocational life skills instructor for supervising and facilitating activities. These employees are referred to as instructors throughout the report.

Qualified and competent instructors were employed and supervised. Their personal performance was checked at an annual appraisal. Testimony of their extensive knowledge and skills was given by everyone we spoke with, without exception. People were outstandingly well supported to have maximum choice and control of their lives and instructors supported them to ensure their independence was promoted in the least restrictive way possible; the policies and systems in the service supported this practice.

People received excellent support with their nutrition and hydration to maintain their health and wellbeing. The premises were very well designed, furnished and equipped to support people with a learning difficulty or Autism, to the extent that each person's flat was extremely well planned and fitted out to meet their individual and specific needs for privacy, space, occupation and social and personal care. The provider maintained their 'outstanding' rating for this area.

Extremely effective person-centred support plans reflected people's needs very well and these were regularly reviewed. Those professionals we spoke with felt support plans were exceptionally effective at meeting people's needs, without exception. People were outstandingly well supported with pastimes, activities and, if people wished it, living skills. The high level of encouragement provided by instructors was very important when engaging with people to achieve their full potential. People were supported to have extremely positive family connections and support networks. An effective complaint system was available and used when necessary although this had been rare. The provider had improved the service in this area so that they now achieved a rating of 'outstanding'.

People were protected from the risk of harm. Safeguarding concerns were managed and instructors were trained in safeguarding adults from abuse and understood their responsibilities. Risks were reduced so that people avoided injury or harm. The premises were safe and there was documentary evidence to show this.

Instructor numbers were sufficient to meet people's need. Recruitment systems ensured instructors were suitable to support people. Medicines were safely managed.

Instructors were kind and caring and they knew about people's needs and preferences. People and their relatives were involved in their care and instructors gained consent before undertaking any support tasks. People's wellbeing, privacy, dignity and independence were respected. This ensured people felt satisfied and were enabled to take control of their lives.

The culture and management style were positive. The service was well-led by a registered manager who was highly respected by everyone we spoke with. An effective system was used to check the quality of the service through audits, satisfaction surveys and meetings. People's privacy and confidentiality were protected, as records were held securely on the premises.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Outstanding ☆

The service remains Outstanding.

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Outstanding ☆

The service was outstanding.

People's support was consistently exceptional and individualised.

Person-centred support plans incorporated positive behaviour support strategies that were effectively used to promote people's independence and personal development.

Activities were extremely personalised and provided people with fulfilled lifestyles.

Relationships that people had with family and friends were strongly encouraged. Instructors did everything to remove any barriers to ensure people saw and met up with their family members.

The service had an effective complaint policy in place and relatives told us they were able to speak with the registered manager any time.

### Is the service well-led?

Good ●

The service remains Good

# Options Thorpe House

## 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 was a comprehensive inspection.

The inspection of Options Thorpe House took place on 21 June 2017 and was unannounced. One adult social care inspector carried out the inspection. Information was gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from local authorities that contracted services with Options Thorpe House and from health care professionals. We reviewed information from people who had contacted CQC to make their views known about the service. We also looked at the 'provider information return' (PIR) from the registered provider. A PIR 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 spoke with one person that used the service, three relatives and the registered manager. We spoke with one house manager and two instructors. We looked at care files belonging to two people that used the service and at recruitment and training records for three instructors. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring, medicine support and premises safety systems. We looked at records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises and saw people's flats and bedrooms.

## Is the service safe?

### Our findings

One person we spoke with told us they liked living at Options Thorpe House. They were relaxed and talked fondly about certain instructors, which showed us they related well to particular instructors for different reasons. Relatives we spoke with said, "I have confidence the staff protect and care for [Name]. They look out for them at every turn" and "I have no guarantee that [Name] is completely safe but know that if they were treated badly they would tell me and honestly from their behaviour, I feel confident they are safe and well protected."

Systems ensured that safeguarding incidents were addressed and instructors were trained in this area of practice. Instructors demonstrated knowledge of their safeguarding responsibilities and knew how to refer suspected or actual incidents to the local authority safeguarding team. Training records evidenced that staff were trained in safeguarding adults from abuse. Records showed when incidents had been referred to the local authority and formal notifications were sent to CQC regarding these.

Risk assessments reduced people's risk of harm from activities they wished to undertake and any accidents that may occur. Maintenance safety certificates for utilities and equipment in the service ensured these were safe for use and they were all up-to-date. People had personal safety documentation for evacuating them individually from the building in an emergency and details included the use of positive motivators to encourage people's cooperation.

These safety measures and checks meant that people were kept safe from the risks of harm or injury and the systems and policies in place supported this.

Accidents and incidents were carefully recorded and when put onto the organisation's electronic system the registered manager was alerted to any trends or excessively frequently occurring events that needed scrutiny. The organisation used all reporting for trend analysis and the organisation's psychologist evaluated these trends each month to reduce the reoccurrence of them.

There were sufficient numbers of instructors on duty during our inspection to meet people's needs. Relatives of people that used the service told us there were enough instructors. One relative said, "Whenever I have visited there has been plenty of staff on duty and two staff always accompany [Name] when they meet up with me." Another said, "[Name] always has two staff with them when out and about and if wanting to make their own drink or anything in the kitchen [Name] is fully supported by two or three staff in close proximity." Instructors told us they covered additional shifts when necessary and found they had sufficient time to carry out their responsibilities to meet people's needs: 16 instructors were on duty during our inspection.

One social care professional told us, "What is refreshing to see is the low staff turnover. A review is held every six months and the same staff are round the table. Yes new staff do join the team but many of the staff have been with my client for a long time. This provides excellent continuity in care and support."

Recruitment procedures ensured that instructors were suitable for the job. Documentation in recruitment files corroborated this and evidenced that instructors were Disclosure and Barring Service (DBS) checked. DBS checks are a legal requirement for anyone working with children or vulnerable adults and checks if they have a criminal record that would bar them from working with these people. It helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Medicines were safely managed within the service and a selection of medication administration record (MAR) charts looked at had been accurately completed. Medicines were obtained in a timely way so that people did not run out of them, they were stored safely, and administered on time, recorded correctly and disposed of appropriately.

Only one person used a monitored dosage system (a measured amount of medication provided in an individual package, divided into the required number of daily doses), but other people received medicines straight from the packets they were dispensed in. Some medicines were given 'as required' and these were risk assessed and only given according to written protocols. Relatives told us, "[Name] is well supported with their medication" and "[Name] no longer takes as much as they used to, which can only be good. I know they take it when offered and staff keep a close check on stocks, etc."

## Is the service effective?

### Our findings

One person we spoke with was happy with the instructors that supported them. Other people we observed showed trust in instructors who understood them well and had the knowledge to care for them. Relatives said, "Staff are competent and have the knowledge to support [Name] in an effective way" and "I see when I visit that staff understand [Name] and their needs. They seem to have grasped what makes [Name] tick." A social care professional told us, "The staff are extremely well trained. They have an excellent understanding of challenging behaviour and this is demonstrated by their use of positive and proactive behaviour strategies."

Instructors received the training and experience they required to carry out their roles. Records were used to review when training was required or needed to be updated and certificates held in instructors' files evidenced the courses they had completed.

Induction, supervision / development and appraisals were undertaken by all instructors. These were all evidenced from documentation in instructors' files and via discussion with them. Under the appraisal scheme an employee of the quarter received an award. Instructors completed mandatory training (minimum training as required of them by the registered provider to ensure their competence) and had the opportunity to study for qualifications in health care. PRICE (Protected Rights In a Caring Environment) intervention training, which is accredited by BILD (British Institute of Learning Disabilities) was completed by all instructors.

Physical interventions took place at Options Thorpe House but were used as a last resort, least restrictive and thoroughly recorded and monitored. Instructors were de-briefed and lessons were learnt to prevent similar situations arising again. Options Autism (2) Limited employed a team of clinicians whose role was to assess people's changing behavioural needs and present support strategies in the form of 'positive behaviour support' plans. The team consisted of a consultant psychologist, a consultant speech and language therapist and clinical psychiatrist. Each specialised in autism and supported staff in responding to changes in individuals' behaviour or needs, providing high quality support to people that used the service.

When asked about communication within the service instructors and relatives said that people's individual means of communicating were always followed to ensure they were listened to, be those verbal, pictorial or through use of picture exchange communication systems (PECS) and Makaton (a sign language). One person had a particular way of looking at instructors to signify if there were problems and another used a certain sound. Instructors recognised the signs and sounds that people used and responded to them quickly to reduce anxiety and avoid unnecessary behaviour.

People also carried personal mobile phones with them while out in the community so that they, or their supporting instructors, could keep the registered manager informed of what was happening, whether they required extra support and if urgent transport back to Options Thorpe House or to hospital was required. One person was learning to use assistive technology to keep family informed about their lifestyle and produce a visual shopping list for themselves. People were being assessed using a capacity assessment for



the benefit they might gain from having electronic tablets (hand held computers). One proposed benefit might be for people to choose food via the electronic tablet and have it ready for them to eat when they arrived at a restaurant, cutting out the wait to be served, which was sometimes unacceptable for people.

An example of good communication within the service was the production of a pictorial plan and explanation for one person. This had helped them understand all about their medicines and why it was important to take them regularly, as they had gone through a phase of declining their medicines. The pictorial plan resulted in them take their medicines again. Changes in people's needs were communicated to instructors via memos and protocols passed to them in the communications book and in emails. Communication maps were also used, which gave specific details on how to communicate with people about specific events or activities. Instructors used radio walkie-talkies to call ahead to enable a person to transition through the building without disturbing others in their flats.

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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Testament from instructors and documentation seen corroborated that people were treated according to the MCA legislation and their rights were protected. Best interests decisions were reached, DoLS applications made and reviews carried out.

An example of this was when a person had a best interest meeting held to make a decision about going on holiday while their flat was refurbished and decorated. This meant that when they got back home the refurbishment enabled them to be more involved with cooking. Another person needed a best interest meeting to help them make a decision about dental treatment to ensure their dignity. All those using transport provided by the organisation or the Motability Scheme had best interest decisions about wearing safety harnesses when out in vehicles.

A social care professional told us, "The manager has a very good grasp of the MCA and always includes me in decision making. They ensure at reviews that any updated best interest paperwork is there for me to look at. If there are any issues, which is very rare they always contact me to discuss."

People consented to care and support from instructors by verbally agreeing or accompanying them when asked to. Some signed documents in people's files illustrated permission with specific areas of support to be provided to people; mostly agreed and signed by family members acting as representatives.

People's nutritional needs were met using information from people and relatives about dietary likes / dislikes, allergies and medical conditions. People made choices with meals and ate what they preferred to eat. Instructors encouraged healthy option meals on each individual's menu but people sometimes ignored these. Instructors sought the advice of the organisation's speech and language therapist when needed and supported people to eat three meals a day, plus additional snacks and drinks where appropriate.

Nutritional risk assessments were in place where people had difficulty swallowing or where they needed support to eat and drink. Health and social care professionals confirmed that people prepared their own food and drink where possible and that people were satisfied with the meals they ate.

People's health care needs were met through a system of meticulous fact finding and consultation with relatives to determine people's medical conditions. Health action plans (HAPs) and regular health checks were carried out. Instructors liaised closely with healthcare professionals and reviewed support with changes in people's needs. People saw their doctor, district nurse, chiropodist, dentist and optician as necessary. HAPs confirmed when people had seen a medical professional and the reason why. They contained guidance on how to manage people's health care and recorded the outcome of consultations. Diary notes recorded when people were assisted with the health care that was suggested.

A health care professional told us, "As lead for learning disability in the practice I am the link person for any concerns that staff may have regarding the health of people that use the service. I visit at least once a year for the annual health checks and staff will bring people to see a clinician here if needs be. Concerns and on-going action plans are always timely and appropriate. Staff ensure that all instructions from consultants or doctors are adhered to and documented. Best interest assessments are always prepared as needed."

The premises were suitable for people that used the service, with thought and consideration going into people's individual environments. Much improvement had been made to the premises since the last inspection in April 2015. One person was away while their flat was being fully renovated to suit their needs. This was almost ready for them to return to. Another person that required their own space for their assured safety meant they had been given a separate access to their flat and an enclosed area with easy access to their transport. A third person was also soon to have a garden space of their own.

A new small lounge, with a conservatory had been created to make a new main entrance / thoroughfare. An external activity area had been developed, incorporating a sunken trampoline and a climbing / balance area, surrounded by a special safety surface. There was a cabin built in the grounds where meetings, art and craft and other social events and activities were held. The grounds were gated and enclosed. A separate laundry block was available for instructors to complete laundry when people were unable to carry out this life skills task themselves.

Options Thorpe House continued to provide an outstandingly effective service.

## Is the service caring?

### Our findings

One person we spoke with told us they got on well with instructors and other people that used the service. Relatives said, "[Name] tells me they really like the staff and I can see when they are with staff that they are relaxed. Staff have a good understanding of [Name's] needs" and "Whenever I've spent time with [Name] they have always been happy to return to the home and their face lights up when they see the staff, so I am happy to leave [Name] with them. Staff have to have compassion in the job they do, which must be difficult, and I can see the staff that support [Name] really do care."

Two health and social care professionals told us, "The staff team are consistent and genuinely care about my client. The way they talk about them in reviews and visits is endearing, the home is like a family unit" and "The staff are professional and caring. They have vastly improved the health and wellbeing of my client by supporting them to attend dental and medical appointments, which were previously a challenge for family. They take a very open, honest and collaborative approach to the care of my client, involving family, who advocate on my clients behalf, at every step. They listen to everyone within my client's circle of support to ensure the best care for them."

Instructors had a pleasant but professional manner when they approached people. Instructors knew people's needs well and were kind when they offered support. The management team led by example and were polite, attentive and informative in their approach to people that used the service and their relatives.

The organisation's clinical team produced a quarterly newsletter to keep instructors informed of current initiatives in the support of people with autism. There was an annual conference held by the organisation at which instructors, members of the public, family members and the clinical team attended, where autism was discussed and attendees learned about the best support systems available to them.

People's general well-being was considered and monitored by the instructors who knew what could upset people's mental or physical health. People were supported to engage in a variety of pastimes, which meant they were able to retain some aspects of the lifestyle they used to lead or learn new skills. Activities and occupation helped people to feel their lives were worthwhile and purposeful, which aided their overall wellbeing.

People's human rights were protected, for example, they were given privacy, exercised their choice or preferences and enabled to behave freely as long as this did not impact on others. Information for instructors on these issues was clearly written in support plans. People's spiritual needs were met, for example, one person attended church each Sunday and staff supported them to say a prayer each night by having it read out to them.

Whilst everyone living at Options Thorpe House had relatives or friends to represent them, we were told that several types of advocacy services were available if required. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them.

We observed that instructors were mindful of ensuring people's privacy, dignity and independence were respected. Instructors only provided personal care in people's bedrooms or bathrooms. Instructors knocked on bedrooms doors before entering and ensured bathroom doors were closed quickly if they had to enter and exit, so that people were never seen in an undignified state. Instructors were discreet when sharing information about people. There were strategies in place for ensuring people's privacy and dignity was upheld, for example, instructors had a towel with them when out in the community with people, frosted glass was fitted where appropriate and private garden space was offered where needed.

## Is the service responsive?

### Our findings

We observed people were very well supported and had their nutritional, personal and social needs extremely well met. One person talked about the instructors that assisted them when going out. They were fond of specific instructors and wanted them to be on duty each time they needed to go out. A relative told us about the recent response from instructors that a person had following an accident and head injury they sustained that required a hospital visit. They said the attending doctor at the hospital was asked by instructors to see the person whilst still in the car, because of their anxiety.

We saw that another person waiting to go out found the wait a little tiresome, but instructors diverted their attention away from the issue and enabled the person to be more tolerant in situations that caused them higher anxiety levels. When they left the service to go out the person was calm and ready for the outing. All of the arrangements for support with people's outings and activities were recorded within their support plans.

Relatives we spoke with said about the service, "The staff know [Name] so well and respond so effectively to their needs" and "[Name] goes out an awful lot with staff and does things we would not be able to do. [Name] has a routine now and that helps keep them calm, but staff still respond so well to [Name's] spontaneity." We saw a recent email from a social care professional that praised the instructors' approach. It stated, 'Options Thorpe House was absolutely amazing, the staff were brilliant and it was obvious to anyone they cared so passionately. When you are there you can see and feel the positive atmosphere and the place has a big family feel to it.'

A social care professional told us, "I am proud and pleased to report on my experiences with Thorpe House. When my client first moved to Thorpe House they were in an extremely distressed state and required a lot of intense support. They still experience behaviour that continues to challenge on a daily basis, but I can honestly say that the management and staff have done their utmost for this person. Their behaviour can be very difficult at times but staff go above and beyond what is expected of them in terms of how they continue to support and manage some of the ritualistic behaviour. One particular approach I like about the service is their high level of care planning. Staff are always looking for new opportunities and activities for my client. The staff are all young and very enthusiastic, my client responds particularly well to this and has flourished since their move to Thorpe House."

Another professional told us, "I have been extremely impressed by the work the team have done in supporting my client. They are constantly monitoring and updating the support plan for my client to provide a client-centred approach and support the person in the best way possible, always using the least restrictive approach. The change in my client since increasing their attendance at Thorpe House has been significant. They are calmer, happier and more engaged. Their unmanageable behaviour at home has also decreased and family are finding it easier to manage."

Care files for people that used the service reflected the needs that people appeared to present. Support plans were person-centred and contained information under several areas of need for instructors on how

best to meet people's needs. These were also transposed into one page profiles for quick reference.

People took part in an AQA (Assessments and Qualification Alliance ) life skills qualification system, at the appropriate level, in order to have their needs and capabilities assessed. This was a system of assessing people's needs and awarding their achievements via the life skills training route, for example, learning to keep house or safely access a café or cinema in the community. The AQA system helped people achieve their potential and recorded their achievements. People had achieved success in preparing themselves food and drink, attending to their own laundry and keeping their flats clean and tidy.

Care files also contained personal risk assessment forms to show how risks to people were reduced, for example, when swimming or buying a coffee in the community. Support plans and risk assessments were reviewed monthly and updated as people's needs changed. They were also reviewed more formally in a meeting with full involvement of people and their relatives. People's files also contained health action plans, health passports (information for health care workers should admission to hospital be necessary) and monitoring charts for various areas of personal support.

Activities were carried out with people on an individual basis, with the occasional small group activity taking place. We saw evidence of people engaging in pamper sessions, watching television and making use of the grounds and outdoor activity area. On the day of our inspection some people were out in the community and one person had collected the post from a sister home (where the organisation main office was located) as this was their daily habit. One person who responded positively to animals had been encouraged to buy a pet rabbit and was learning to feed and care for it.

Night instructors were encouraged to each take an active role in planning and facilitating an activity one evening a month, for example, a film night, pamper session, or themed supper. This encouraged people to be active and busy at the end of the day and enabled them to get to know night instructors as well as those that worked days. We saw that the cabin was used extensively by a vocational life skills instructor to facilitate events, activities, meetings and pastimes at any time of the day or early evening.

Instructors enabled people to make choices, so that people continued to make decisions for themselves and be in control of their lives. People had choices regarding their menu each day and if they changed their mind this was catered for. People chose where they went within the service, when they got up or went to bed, what clothes they wore each day and whether or not they went out or joined in with entertainment and activities. People's needs and choices were discussed in 'My Choice' meetings and these were respected.

One person had experienced difficulty with their behaviour when they first came to Options Thorpe House and often harmed other people and instructors, but with help of the clinical team they had learned to use coping strategies. They now used breathing techniques, chose to direct their frustrations at an inanimate kick board and had specific verbal phrases to use to prevent others from entering their safe space (flat), over which they now had complete control.

Another person had fears of anyone or any situation that was health related. Using a verbal approach of positive reinforcement from instructors, the person was supported to attend the accident and emergency department at a local hospital following a seizure and head injury. This was such a positive experience for the person that they now had trust in the instructors to keep them safe whenever they had to visit health care professionals.

A third person received intensive support from instructors, the clinical team, family members and workers from another service within the organisation, to leave their flat and spend a long holiday (up to four weeks)

away while their flat was renovated, refurbished and decorated. This had been a huge success, as they were usually very intolerant of unfamiliar environments.

Two more people that had personal care issues required a bit of creative 'thinking outside of the box'. Instructors came up with ideas for both people and tried these out whilst reinforcing the positive aspect of the strategies. We found both people now had a much improved quality of life in respect of their personal care and hygiene. So much so that a relative of one person wanted to exactly repeat the experience for their family member when they visited them for stay-overs.

Another person had disengaged with their family members and would not spend any time with them shortly prior to moving into Options Thorpe House. They had gradually been introduced to outings and events that reinforced the positive aspects of the activities and now were regularly meeting up with family members at ten pin bowling sessions. Further work was on-going for this person and it was hoped they would eventually accept family members joining them when swimming or having a meal out.

The clinical team were very responsive to people's individual needs, often the same day of an incident. This quick response enabled people to deal with their frustrations and changes in need almost immediately.

People's relationships were respected and instructors supported people to keep in touch with family and friends. Instructors that key worked people got to know family members and kept them informed about people's situations. They encouraged people to receive visitors and also spend time at their relatives' homes.

The provider had a complaints policy in place that was displayed within the service and a copy was available in each person's support plan. The policy was also available in an easy read format to help people who used the service to understand its contents. We saw that few complaints had been received by the service. Those recorded had been investigated in accordance with the service complaints policy and followed up with appropriate action, responses and acknowledgements to complainants. Relatives we spoke with told us they had no need to make a complaint in the time their family members had been using the service.

Where suggestions had been made to improve the service in the past these had been acknowledged and action taken. Instructors were aware of the complaints procedure and had a positive approach to receiving complaints. They understood that these helped them to improve the support they provided.

Options Thorpe House provided an outstandingly responsive service.

## Is the service well-led?

### Our findings

The one person we spoke with was relaxed and comfortable with the way the service was run. Instructors felt the service had a pleasant, family orientated atmosphere. They said the culture of the service was, "Sometimes challenging" for instructors, "But very supportive." For people they said the culture was "Enabling, friendly, patient, understanding and comfortable."

The provider was required to have a registered manager and on the day of the inspection the registered manager had been in post for the past year. 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.

The provider and registered manager were fully aware of the need to maintain their 'duty of candour' (responsibility to be open, honest and responsive to critical analysis) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Notifications were sent to the Care Quality Commission (CQC) as required.

The management style of the registered manager and deputy manager was open, inclusive and approachable. Instructors told us they expressed concerns or ideas freely and felt these were always considered by the registered manager. The registered manager attended quarterly organisational manager forum meetings to learn about and share best practice.

Health and social care professionals told us, "I am confident the house is managed and run very well. I have a great deal of respect for all the staff at Thorpe House and feel that the place is led in an extremely positive and person centred way. I have nothing but praise for everyone within the service" and "The management team at Thorpe, and particularly the manager, show strong leadership and the service is very well led." One health care professional said, "I have been particularly impressed by the manager. They have a good rapport with staff and know people and their families well. More recently I have been fortunate to meet the organisation's clinical director and am very pleased they are going to work with the practice to help us provide appropriate care and understanding of autism. The clinical director has provided the practice with educational updates."

People maintained links with the local community, where possible, through the church and visiting local services and businesses: shops, stores and cafés. Relatives also played an important role in helping people to keep in touch with the community by supporting people to take part in community based events and to visit them at home.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a regular basis, including, for example, on support plans and instructor training needs, health and safety and infection control. An annual report was produced. Satisfaction surveys were issued to people that used the service, relatives and health care



professionals. We saw that information gathered from the most recent survey responses (May 2017) had not yet been analysed. However, responses from surveys were positive and people and their families were satisfied with the support they received. Previous years' surveys had been analysed and action plans produced to address any shortfalls in satisfaction. The service was annually checked by the local authority for compliance with contracts and Options Autism (2) Limited completed an annual review of the service.

The registered manager kept records regarding people that used the service, instructors and the running of the service. These were in line with the requirements of regulation and we saw they were appropriately maintained, up-to-date and securely held. The provider was registered with the Information Commissioner's Office (ICO) to ensure data was only held according to the Data Protection Act 1998.