Kingston upon Hull City Council

Kingston upon Hull City Council - 220 Preston Road

Inspection report

220 Preston Road
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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

220 Preston Road is situated to the east of the city of Hull, close to local shops and amenities, with easy access to public transport and sports and social facilities nearby. The service is registered to provide accommodation and personal care for up to nine people with a learning disability and autistic spectrum disorder. There were nine people living at the service on the day of our inspection.

The service is split into two units with four bedrooms on one side and five bedrooms on the other. All the rooms are for single occupancy. Each unit has its own kitchenette that people can use to prepare drinks and snacks, a lounge, dining room, bathroom and shower room, a sensory and activity room. A central kitchen and laundry are shared by the two units. Three separate gardens

Summary of findings

are accessible to the rear of the building, with each dedicated to a different purpose to enable all people to benefit from the outside space. Parking is available to the front of the building.

The service has a registered manager, they had been registered since December 2010.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We undertook this unannounced inspection on 27 and 30 November 2015. At the last full inspection on 8 November 2013, the registered provider was non-compliant in cleanliness and infection control. We issued a compliance action for this area and received an action plan which told us what the registered provider was going to do to address this issue. A follow up visit was completed on 16 January 2014 and we found the service had taken action in respect of this and was compliant.

The people who used the service had complex needs and were not all able to tell us fully their experiences. We used a Short Observational Framework for Inspection (SOFI) to help us understand the experiences of the people who used the service. SOFI is a way of observing care to help us understand people who were unable to speak with us. We observed people being treated with dignity and respect and enjoying the interaction with staff. Staff knew how to communicate with people and involve them in how they were supported and cared for.

We found there were policies and procedures in place to guide staff in how to safeguard people who used the service from harm and abuse. Staff received safeguarding training and knew how to protect people from abuse.

Risk assessments were completed to guide staff in how to minimise risks and potential harm. Staff took steps to minimise risks to people's wellbeing without taking away people's rights to make decisions. People lived in a safe environment and staff ensured equipment used within the service was regularly checked and maintained.

We found people's health and nutritional needs were met and they accessed professional advice and treatment from community services when required. People who used the service received care in a person centred way, the care plans described their preferences for care and staff followed this guidance.

Positive interactions were observed between staff and the people they cared for. People's privacy and dignity was respected and staff supported people to be independent and to make their own choices. When people were assessed by staff as not having the capacity to make their own decisions, meetings were held with relevant others to discuss options and make decisions in the person's best interest.

We found staff were recruited safely and were employed in sufficient numbers to meet people's needs. Staff had access to induction, training, supervision and appraisal which supported them to feel skilled and confident when providing care to people.

Medicines were ordered, stored, administered and disposed of safely. Training records showed staff had received training in the safe handling and administration of medicines.

People who used the service were seen to engage in a number of activities both within the service and the local community. They were encouraged to pursue hobbies, social interests and to go on holiday. Staff also supported people to maintain relationships with their families and friends.

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?
The service was safe.

The registered provider had systems in place to manage risks.

People's medicines were stored securely and staff had been trained to administer and handle medicines safely.

Staff were recruited safely and there were sufficient staff, with the competencies, skills and experience available at all times to meet people's needs.

Policies and procedures were in place to guide staff in how to safeguard people from abuse and staff received training about this.

Good

Is the service effective?
The service was effective.

People's capacity to make decisions about their care and treatment was assessed.

Staff were supervised by their line manager and provided with training opportunities to ensure they developed the skills and knowledge required to support people.

Meals provided for people were well balanced and met their nutritional needs.

People's health care needs were assessed and met. They had access to a range of health care professionals for advice and treatment.

Good

Is the service caring?
The service was caring.

People were supported by staff that had a good understanding of their individual needs and preferences for how their care and support was delivered.

We observed positive interaction between staff and people who used the service on each day of our inspection. Staff had developed positive relationships with the people they supported and were seen to respect their privacy and dignity.

People who used the service were encouraged to be as independent as possible, with support from staff.

Good

Is the service responsive?
The service was responsive.

People were supported to participate in a range of activities.

Good

Summary of findings

The provider had a complaints procedure in place and documentation on how to make a complaint was available in an easy read format. This helped to ensure documents were more accessible to people who used the service.

People's care plans were recorded information about their preferred lifestyles and people who were important to them. People were encouraged to maintain relationships with those people who were important to them.

Is the service well-led?
The service was well led.

There were sufficient opportunities for people who used the service and their relatives to express their views about the care and quality of the service provided.

Staff worked well as a team and told us they felt able to raise concerns in the knowledge they would be addressed.

The environment was regularly checked to ensure the safety of the people who used the service.

Good

Kingston upon Hull City Council - 220 Preston Road

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 27 and 30 November 2015 and was unannounced, which meant the registered provider did not know we would be visiting the service. The inspection team consisted of one adult social care inspector.

We looked at notifications sent to us by the registered provider, which gave us information about how incidents and accidents were managed.

Prior to the inspection we spoke to the local safeguarding team, the local authority contracts and commissioning team and a health professional about their views of the service. There were no concerns expressed by these agencies.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us. We spoke with The relatives of five people who used the service, the registered manager, the deputy manager, a care leader, two activity co-ordinators and two support staff.

We looked at the care records for three people who used the service. We also looked at other important documentation relating to people who used the service such as 36 medication administration records (MARs). We looked at how the service used the Mental Capacity Act

2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, the training record, the staff rota, minutes of meetings with staff, quality assurance audits, complaints management and maintenance of equipment records.

Good

Is the service safe?

Our findings

Relatives told us they felt their family member was safe living at the service. Comments included; "I do feel he is safe there, with [Name] and the staff here I feel particularly happy for the first time ever" and "I do indeed consider him to be safe; every time I visit I see how professional the staff are. Another relative told us, "Since he has been at Preston I can relax, it is wonderful here and I have peace of mind that he is safe."

People had communication and language difficulties and because of this we were only able to have very limited conversations with them about their experiences. We relied mainly on observations of care and our discussions with people's relatives and staff to form our judgements.

People were protected from the risk of abuse through appropriate processes, including staff training and policies and procedures. All of the staff we spoke with knew about the different types of abuse, how to recognise the signs of abuse and how to report any concerns. Staff told us they had never witnessed anything of concern in the service. One staff member told us, "We know everyone really well and their usual behaviours. We pick up on any unusual behaviour very quickly. I would speak to the registered manager or team leader if I ever had any cause for concern."

We observed people were confident, relaxed and happy in the company of their peers and staff. Staff were seen to be caring and respectful of the people they supported and were able to observe people easily within the service, without intruding upon their personal space.

Training records showed staff had received refresher training in the safeguarding of vulnerable adults and staff told us updates of the training was also provided. Safeguarding and whistle blowing procedures were also seen to be in place. Whistle blowing is a way in which staff can report misconduct or concerns within their workplace. Staff were able to refer to these procedures if they needed more information.

People's risks were well managed through individual risk assessments that identified the potential risks and provided information for staff to help them avoid or reduce the risks. People were helped to understand the ways in which risks could be minimised. Staff discussed the possible risks with people using social stories, pictures and symbols to help them understand this.

Risk assessments included plans for supporting people when they became distressed or anxious. Plans described the circumstances that may trigger these behaviours and ways to avoid or reduce these. If people became agitated staff used distraction or calming techniques and avoided the use of physical restraint. Discussions with the registered manager and staff confirmed that restraint was not used within the service. Records seen confirmed this and showed that low level interventions and distraction techniques were effective in diffusing incidents of behaviours that were challenging to the service and others.

Staff received guidance on what to do in emergency situations. For example, protocols had been agreed with hospital specialists for responding to people who experienced seizures. Training in providing people's medication and who to notify if people experienced prolonged seizures was also provided to staff. Staff told us they would call emergency services or speak with the person's GP, as appropriate, if they had any further concerns about the person's health.

Details of actions taken to keep people safe and prevent further reoccurrences were recorded and whenever an incident occurred, staff completed an incident form for every event which was then reviewed and signed off by the registered manager. Records showed that accidents and incidents were recorded and immediate appropriate action taken.

There was enough staff to meet the needs of the people who used the service and keep them safe. Staff told us there was always at least one member of staff on duty for each person who used the service. Staff we spoke with told us, " Staff is provided on the needs of the individuals living here. There is always enough staff and cover is provided when needed." We observed staff were available to support people whenever they needed assistance or wanted company.

We checked the recruitment files for three staff members, one of whom had been recently recruited to work at the service. Application forms were completed, references

Good

Is the service safe?

obtained and checks made with the disclosure and barring service [DBS]. The recruitment process ensured that people who used the service were not exposed to staff that were unsuitable to work with vulnerable adults.

Systems were seen to be in place to protect people's monies deposited in the home for safe keeping. This included individual records and two signatures when monies were deposited or withdrawn and regular audits of balances kept on behalf of people who used the service.

We found medicines were correctly obtained, stored, administered, recorded and disposed of. The service was clean and tidy. Medicines were stored in a lockable cabinet in the manager's office. The service used a Monitored Dosage System (MDS) prepared by the supplying pharmacy. MDS is a medicine storage device designed to simplify the administration of medication and contains all of the medicines a person needs each day. Protocols were seen to be in place for all medicines that had been prescribed to be taken 'as and when required' (PRN), these described in which situations the medicine was to be administered and to ensure that it was not used to control people's behaviour by excessive use of medication. Staff spoken with confirmed that this type of medicine was only ever used after following the guidance

People who used the service were unable to manage or administer their own medicines, without the support from staff. All staff had received medicine training and their competency was regularly reassessed. We checked the medicines being administered against people's records, which confirmed they were receiving medicines as prescribed by their GP.

The service was found to be clean and tidy. Staff spoken with confirmed there was plenty of personal, protective equipment (PPE) to use to prevent the spread of infection.

The registered provider had contingency plans in place to respond to foreseeable emergencies including extreme weather conditions and staff shortages. This provided assurance that people who used the service would continue to have their needs met during and following an emergency situation. We saw records which showed emergency lighting, fire safety equipment and fire alarms were tested periodically.

Good

Is the service effective?

Our findings

Relatives told us they thought staff had the skills and abilities to meet their family member's needs. Comments included; "I certainly know they attend regular training, because we have discussed it in conversation. They are very knowledgeable about my relative and his strengths and limitations." Other relatives told us, "Yes, they are all very good and they know him well. He is very settled and happy here" and "The staff keep in touch with me and let us know what he is doing." When asked about the food provided in the service, relatives told us, "The meals are very good and people have the opportunity to go out to eat regularly too. I have been visiting for a long time and have seen that people are always accommodated if they wish to eat elsewhere or later. There is a lot of flexibility at mealtimes and people are afforded the same sort of choices we enjoy ourselves in our own homes."

We observed how people were supported at lunchtime and saw staff prepared their preferred meals, in keeping with their identified dietary requirements. The atmosphere was relaxed and calm and people were given time to complete the task at their own pace, without being hurried.

We saw people's nutritional needs were assessed and kept under review. There was information in the kitchen to guide staff when preparing meals for people with specific needs such as swallowing difficulties. The chef prepared menus based on people's preferences and likes. Two alternatives were always available at mealtimes, but both the chef and staff confirmed that if people did not want these options they would prepare another meal alternatives. They showed us the daily records where examples could be seen of people having been offered alternatives in such situations.

Menus were reviewed regularly on a seasonal basis and new dishes were trialled in the form of 'themed nights' to give people the opportunity to try different foods and introduce new dishes into the menu. We saw there was a range of food and drink supplies in the service.

Staff we spoke with had a good understanding of people's specific nutritional needs and their preferences of food and drink and were able to clearly describe how these were catered for. The information provided corresponded to the information detailed within people's care plans. Staff gave examples of one person needing to have their meal split into three smaller portions, with a break in between each portion in order to prevent them from regurgitating their meal. This approach had helped prevent further weight loss.

Staff recorded the meals and fluids each person consumed each day and commented on whether they liked particular foods or disliked others so a preference list could be maintained. In one of the care files we looked at, the person had been prescribed food supplements by a dietician; these were recorded accurately on the medication administration record as provided to the person twice a day. We saw people had their weight monitored and appropriate action taken when there were concerns.

We saw the health care needs of people who used the service were met. They had been referred to health professionals for assessment, treatment and advice when required. These included, GPs, dieticians, speech and language therapists, emergency care practitioners, specialist nurses for epilepsy management, podiatrists, dentists, and opticians. Records indicated people saw consultants via out patient's appointments, accompanied by staff, and had annual health checks. We saw each person had a health action plan which detailed their health care needs and who would be involved in meeting them. This helped to provide staff with guidance, information about timings for appointments and instructions from professionals.

In discussions it was clear staff knew people's health care needs and they described the professionals involved in their care. Comments included, "We have health action plans and yearly updates" and "We know people well and are able to recognise quickly when things aren't right. One person's behaviour will change; they will become confused and say things out of context, so we will contact the GP immediately."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Good

Is the service effective?

The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty safeguards (DoLS)]. This is legislation that protects people who are not able to consent to care and support and ensures that people are not unlawfully restricted of their freedom or liberty. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and authorisations were in place for each of the people who used the service. The registered manager had notified the CQC of the outcome of the DoLS applications. This enabled us to follow up the DoLS and discuss them further with the registered manager. We found the authorisation records were in order and least restrictive practice was being followed.

During discussions with staff and the registered manager we found they had a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and were able to describe how they supported people to make their own decisions. We saw people had their capacity assessed and where it was determined they did not have capacity, the decisions made in their best interests were recorded appropriately. Throughout our inspection we observed staff offering choices to people and supporting them to make decisions about what they wanted to do, what they preferred to eat and drink and the activities they wanted to engage in.

The registered manager told us weekly meetings were held with each of the people who used the service with their keyworkers where they were enabled to make choice about their menus and activities. Records detailed the information discussed and how decisions had been made by each person. When we spoke to staff about this process they were able to describe the different types of support provided to each person in the decision making process.

We looked at staff training records and saw staff had access to a range of training which the registered provider considered to be essential and service specific. This included Team Teach (positive handling strategies training) epilepsy, administration of, autism, aspergers, safeguarding of vulnerable adults, first aid, health and safety, infection control, the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards(DoLS). Staff were also either working towards or had completed a National Vocational Qualification in Health and Social Care (NVQ).

The registered manager and team leader told us, that after their appointment, all new staff completed a week of induction which covered training which the registered provider considered to be essential including; medication, safeguarding and care planning. They then had a period of shadowing experienced staff in the service. Following this they completed a work based induction booklet during the next three months. Further, more specialised training was also made available to them during this time including, epilepsy and autism. Records seen for a newly appointed staff member confirmed this process. Staff spoken with told us, “My induction was fantastic, they are a great team here and they have really helped develop my confidence in my own abilities.”

Another staff member we spoke with told us, “We have so many opportunities through training, support and skills development, I love it.” They told us they had regular support and supervision with the registered manager or team leader and were able to discuss their personal development and work practice. Other members of staff said, “We can go to the manager about anything, whether it is of a personal nature or work related and we know they will do their best to support us.”

Staff were further supported through regular team meetings which were used to discuss any number of topics including; changes in practice, care plans, rota’s and training.

The environment was found to be designed to promote people’s wellbeing and safety. Bedrooms were personalised and people who used the service had been involved in choosing their own colour schemes and decoration for their rooms.

Good

Is the service caring?

Our findings

Relatives told us they considered their family member was well cared for by staff. Comments included: "The staff often ring me to tell me how he is" and "They are so caring and are very close to looking after him the way my mother did when he was at home. I can't praise them enough." Other comments included; "We are always invited to any meeting or review of their needs and any best interests meetings." Another relative told us, "We can't get to visit him now, but the staff regularly bring him to visit us and we go out for lunch together. I can see how well they understand him and care for him and he is very fond of them too, particularly [Name of member of staff]. I may be far away, but I have peace of mind, they are always on the phone to me telling me what is happening and how he is. I can't fault them." This relative added,"They are such a thoughtful and knowledgeable staff team and work together to overcome any difficulties which may arise. They are a lovely group of staff and are exceedingly caring, I can't fault them."

Relatives told us that they felt able to raise concerns. Comments included, "I have never had any cause to complain, but I know I could go to the manager or any staff about anything."

During the inspection we used the SOFI which allows us to spend time observing what is happening in the service and helps us to record how people spend their time, the type of support received and if they had positive experiences. We spent time in the communal lounge /dining areas and we observed staff interacted positively with the people who used the service showing a genuine interest in what they had to say and respond to their queries and questions patiently. Staff chatted with each of the people who used the service, even though not everyone was able to engage in verbal discussion. We saw people respond to staff and acknowledged them through smiles, eye contact and other gestures. People were seen to approach staff with confidence; they indicated when they wanted their company, for example when they wanted a drink and when they wanted to be on their own and staff were seen to respect these choices. People were seen to be given time to respond to the information they had been given or the request made of them, in a caring and patient manner. Requests from people who used the service were seen to be responded to quickly by staff.

During our inspection we saw that when one person hesitated when they were asked if they wanted to go out, staff allowed the person time to reflect on the question and then asked again. The person asked staff a number of questions about the outing and staff reassured them they could go to their preferred café for a coffee, if that was what they wanted to do. After a few moments of further consideration the person then went to get changed, ready for their outing. Another person indicated they would prefer to go for a walk rather than use the mini bus and we observed this too was respected and made available to them. After a few moments of further consideration the person then went to get ready for the trip. Throughout the two days of our inspection there was a calm and comfortable atmosphere within the service.

We saw people who used the service looked well cared for, were clean shaven and wore clothing that was in keeping with their own preferences and age group. Staff told us the people who used the service were always supported to make their own selections of clothing and other purchases for example toiletries. When we spoke with staff they told us trips they had planned with people to support them with their Christmas shopping on an individual basis and to have a festive lunch.

Staff understood how people's privacy and dignity was promoted and respected, and why this was important. They told us they always knocked on people's doors before entering their room and told them who they were and they explained to people what support they needed and how they were going to provide this. Staff told us they recognised that there were times when people who used the service may indicate they did not want particular staff to support them. In these situations other members of the team would step in until the individual made their preferences known.

Staff told us about the importance of maintaining family relationships and supporting visits. They described how they supported and enabled this; in home visits, meeting up with family members during holidays and supporting people to purchase gifts and cards for special occasions. Staff told us how they kept relatives informed about important issues that affected their family member and ensured they were involved in all aspects of decision making. Relatives were also invited to reviews and if they were unable to attend their views were sought and shared in the meetings.. Records seen confirmed this.

Good

Is the service caring?

Staff spoke about the needs of each individual and had a good understanding of their current needs, their previous history, what they needed support with and encouragement to do and what they were able to do for themselves. The continuity of staff had led to the development of positive relationships between staff and the people who used the service. We observed people greet staff as they came on duty and chat to them about their planned activities for later in the day.

During discussions with staff, they were clear about how they promoted people's independence. One support worker described how they supported an individual to make choices about going out; the person was unable to communicate verbally. Staff explained that one person when they were asked if they wanted to go out, would go and get their coat on if they did, but if they chose not to they would go to their bedroom and return without this. At this point staff would give them some time to reconsider, before asking them again and await their response. If the person declined they would then offer other activities they may prefer. Two activity co-ordinators were employed by the service, which ensured people were able to access a range of community based activities including; swimming, bowling, meals out and trips to the theatre. People who used the service also had the opportunity to choose their preferred activities and staff at the service supported people with activities too including holidays and day trips.

Staff confirmed they read care plans and information was shared with them in a number of ways including; a daily handover and team meetings.

People's care records showed that people were supported to access and use advocacy services to support them to make decisions about their life choices.

Good

Is the service responsive?

Our findings

Relatives told us they considered the service was responsive to their family member's individual needs. Comments included; "They respond quickly to any requests made. During one visit he asked staff if he could go out for breakfast, within fifteen minutes he was out enjoying a cooked breakfast. Another relative told us, "We are involved in all aspects of his life and the decision making process. On a recent holiday he became unwell and we made a joint decision to return back to the service." They added, "We are in regular contact, nothing is too much trouble. Being able to pick up the phone to any of the staff and them being able to tell me how he is, is an absolute lifeline."

We looked at the care files for three people who used the service and found these to be well organised, easy to follow and person centred. Sections of the care file had been produced in pictorial easy read format, so people who used the service had a tool to support their understanding of the content of their care plan.

People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and the wider community. Details of what was important to people such as their likes, dislikes preferences were also recorded on a 'one page profile' and included for example, their preferred daily routines and what they enjoyed doing and how staff could support them with these in a positive way.

Individual assessments were seen to have been carried out to identify people's support needs and care plans developed following this, outlining how these needs were to be met. We saw assessments had been used to identify the person's level of risk. These included identified health needs, nutrition, fire, road safety and using the minibus. Where risks had been identified, risk assessments had been completed and contained detailed information for staff on how the risk could be reduced or minimised. We saw that risk assessments were reviewed monthly and updated to reflect changes in people's needs where this was required.

Evidence confirmed people who used the service and those acting on their behalf were involved in their initial assessment and on–going reviews. Records showed people had visits from or visited health professionals including; psychologist, psychiatrists, chiropodists and members of the community learning disability team, where required.

We saw that when there had been changes to the person's needs, these had been identified quickly and changes made to reflect this in both the care records and risk assessments where this was needed.

When we spoke to the registered manager and staff they were able to provide a thorough account of people's individual needs and knew about people's likes and dislikes and the level of support they required, whilst they were in the service and the community. They were able to give examples of how they supported individual choice. They explained how for one person who used the service, if staff brought out two outfits for them to choose from, if they didn't want these they would go to their wardrobe to indicate they would rather wear something else. Similarly if they didn't like their meal they would push it away and staff would then offer them other alternatives until they found something they preferred. During discussion with staff, they told us there was more than adequate information in people's care plans to describe their care needs and how they wished to be supported.

During the two days of our inspection we observed a number of activities taking place both within the service and the local community. These included people being supported with going out to a cookery lesson, going out for coffee, shopping, walks in the local community, using the sensory room and listening to music. Activity records showed other activities people had participated in including: theatre visits, shopping, bowling, swimming, holidays, trips out, flower crafting, baking and pamper sessions.

Staff told us how one person had initially been very reluctant to engage in any type of activity outside of the service. They had worked with the person offering gentle encouragement and using every opportunity they were provided with. If the person asked to do something the team would seize the moment and respond to the request. In doing so the person has become more involved and interested in activities.

The registered provider had a complaints policy in place that was displayed within the service. The policy was available in an easy read format to help people who used

Good

Is the service responsive?

the service to understand its contents. No complaints had been received by the service, but where suggestions had been made to improve the service these had been acknowledged and action taken.

Good

Is the service well-led?

Our findings

Relatives we spoke with told us they knew the registered manager and told us they had regular contact with them and other key members of the staff team. They told us, "There has always been a good staff group here, but now especially there is a really nice atmosphere within the home and there is goodt team work, with all the staff working together. I think the service is excellent." Another told us [Name of registered manager] and the staff do a great job in looking after my son and the other people who live there. I can ring any of them anytime, they are always asking what we think about things, and we are fully consulted and involved."

We observed people who used the service were comfortable in the registered manager's presence with some people being seen to approach her directly whilst others acknowledged her in their own way. During our inspection we observed the registered manager took time to speak with people who used the service and staff and assisted with care duties. The registered manager told us they were supported by a senior manager within the organisation.

The registered manager was experienced, having initially worked with many of the people who lived at the service prior to becoming the registered manager. A deputy manager and two care leaders worked with the registered manager and shared some of the management responsibilities on a day to day basis for example, supervision for some of the staff and completing checks and audits of the environment.

Social and health care professionals told us that they had no current issues with the service and that the staff worked effectively with the people who used the service. Any changes that needed to be implemented were acknowledged and implemented quickly and there was open communication with the registered manager and staff. Comments included, "I have a lot of praise for the staff team. They are always very approachable when I visit and very forthcoming with information" and "We work well together to address any issues."

Staff we spoke with told us they enjoyed their work and worked well together as a team in order to provide consistency for the people who used the service, which was particularly important for people with autism. They told us they felt well supported and valued by the manager and senior staff at the service and comments included, "She has an open door policy we can speak to her at any time about anything and we will be listened to" and "She is always there and quite happy to lend a hand. I think she has a balanced approach and at the end of the day it is about what is best for the people living here." Another staff member told us, "We can go to her or any of the other senior staff and we will be listened to and they will make time for us. I have been here for a number of years and they are all good to work for."

The registered manager said, "I think my management style is fair, I have an open door policy, and staff can come to me at any time with any queries or ideas. I am willing to try new things suggested by the team but I am happy to rein it in if it is not working and look at something else. I value my team and consider myself to be a positive role model, I'm prepared to do anything I would expect my team to do. Every member of my team is equally important in carrying out our role. Over the years I have developed my staff in their roles and actively encouraged them to develop themselves further. The staff need to be supported, and the people who use the service deserve the best care possible. The job can be demanding at times and we need to make sure that everyone is confident and comfortable in their role." They told us they felt supported by the registered provider and attended regular management meetings where best practice and changes to legislation were discussed.

We found there was a system of quality monitoring which consisted of audits, checks and surveys to obtain people's views. Daily checks of medicines, food temperatures, fire checks and the cleanliness of the service were completed. Additional; monthly audits of care records, supervision, training, risk assessments and the environment were also I place. The audit systems had worked effectively in identifying shortfalls from which action could be taken to improve practice. People who used the service, relatives, staff and other professionals were actively involved in the development of the service. We looked at the results from annual reviews and found that information from relatives had been collated and action taken when these had been identified.

Good

Is the service well-led?

The registered manager showed us a copy of the quality audits completed within the service; we saw that where areas of wear and tear had been identified within the service, a request had been made for redecoration to be done within agreed timescales.

We confirmed the registered manager had sent appropriate notifications to CQC in accordance with registration requirements.

A selection of key policies and procedures were looked at including, medicines, safeguarding vulnerable adults, consent, social inclusion and infection control. We found these reflected current good practice.