National Autistic Society (The)

# Park View

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Park View is in a residential area within walking distance of the town centre and sea front. The home can accommodate up to four people and specialises in providing support to adults who have autism and a learning disability. Three people lived in the main part of the house; one person had self- contained accommodation but did use communal parts of the main house when they wished.

This inspection took place on 5 October 2016 and was announced.

A registered manager was responsible for the home. 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.

We spoke with one person at length and had limited communication with three other people. We also used our observations and discussions with people's relatives and staff to help form our judgements.

Staff understood people's needs and provided the care and support they needed. The home was a safe place for people. One person said, "The staff keep me safe." One relative said, "I think most hazards to [name] have been risk assessed and well thought out."

People interacted well with staff. Staff knew people and understood their care and support needs. People made choices about their own lives; staff encouraged them to try new things. They were part of their community and were encouraged to be as independent as they could be.

Staffing levels were good and people received good support from health and social care professionals.

Staff had built close, trusting relationships with people over time. One relative said, "Staff do try to understand [name]. His needs can change and staff do make sure they keep meeting his needs."

People, and those close to them, were involved in planning and reviewing their care and support. There was a close relationship and good communication with people's relatives. Relatives felt their views were listened to and acted on.

Staff were well supported and well trained. Staff spoke highly of the care they were able to provide to people. One staff member said, "I think the care is excellent here. Staff really do care and I think people are happy."

There was a management structure in the home, which provided clear lines of responsibility and

accountability. All staff worked hard to provide the best level of care possible to people. The aims of the service were well defined and adopted by the staff team.

There were effective quality assurance processes in place to monitor care and safety and plan ongoing improvements. There were systems in place to share information and seek people's views about their care and the running of the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm. Risks were assessed and managed well.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff recruitment was managed safely.

People were supported with their medicines in a safe way by staff who had been trained.

### Is the service effective?

Good

The service was effective.

People made decisions about their lives and were cared for in line with their preferences and choices.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Staff had a good knowledge of each person and how to meet their needs. They received on-going training to make sure they had the skills and knowledge to provide effective care to people.

### Is the service caring?

Good

The service was caring.

Staff were kind and patient and treated people with dignity and respect.

People were supported to keep in touch with their friends and relations.

People, and those close to them, were involved in decisions about the running of the home as well as their own care.

### Is the service responsive?

Good

The service was responsive.

People, and those close to them, were involved in planning and reviewing their care. People received care and support which was responsive to their changing needs.

People chose a lifestyle which suited them. They used community facilities and were supported to follow and develop their personal interests.

People, and those close to them, shared their views on the care they received and on the home more generally. Their views were used to improve the service.

## Is the service well-led?

Good

The service was well-led.

There were clear lines of accountability and responsibility within the management team.

The aims of the service were well defined and these were adopted by staff.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. People were part of their local community.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

# Park View

**Detailed findings**

## Background to this inspection

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

This inspection took place on 5 October 2016 and was announced. The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in. Two adult social care inspectors carried out the inspection.

People had communication difficulties associated with their autism. We met all four people who lived at the home. We spoke with one person at length and had limited communication with three other people. We observed staff interacting and supporting people in communal areas of the home. We also used our discussions with people's relatives and staff to help form our judgements.

We spoke with three relatives, four care staff and the registered manager. We looked at two people's care records. We also looked at records that related to how the home was managed, such health and safety checks, staff rotas, staff training records and quality assurance audits.

We reviewed all of the information we held about the home before our inspection. We looked at notifications we had received. A notification is information about important events which the home is required to send us by law. We reviewed previous inspection reports. We looked at the Provider Information Return (PIR) prior to this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

Good

# Is the service safe?

## Our findings

The service was safe. People were protected against the risks of potential abuse. One person said, "Safe? Yes. The staff keep me safe." People had a house meeting each week where safety was always discussed. People were encouraged to talk about any concerns they had about their safety. We noted one person had raised a concern about their safety at a recent meeting and staff acted upon this immediately.

People's relatives told us they had no concerns about the safety of their family members. Each thought it was a safe place. They would be happy to talk with staff if they had any worries or concerns. One relative said, "It is safe. It is as it ought to be for [name]." Another relative told us, "Yes, it is a safe home. We have every faith in the staff."

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Each member of staff told us they thought the home was a safe place for people. One staff member said, "Yes, I do think it's safe here. The staff really do care about the people here." Staff had received training in safeguarding adults; the staff training records confirmed all staff had received this training. All staff spoken with were aware of indicators of abuse and knew how to report any worries or concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. One staff member told us, "No concerns personally since I have worked here. If I had any concerns I would report them to the managers, CQC or the police. I would have no problem with that."

Risks to people's personal safety were assessed and plans were in place to minimise these risks. For example, one person had the risks assessed for their trips into the community and for the activities they enjoyed, such as swimming. Staff spoke in detail about risks to people and worked in line with the assessments to make sure people remained safe. One relative said, "I think most hazards to [name] have been risk assessed and well thought out."

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. People had their own plans if they needed to be evacuated in the event of a fire or if they needed a hospital admission. The home's emergency plans provided information about emergency procedures and who to contact in the event of utility failure. We saw there was a 'disaster box' in the home; this contained information and equipment which staff may need if there were an emergency.

People had very few accidents or significant incidents at the home. People were happy and relaxed during our visit. One staff member said, "It's very rare to have an incident here. It's normally a lovely, relaxed house." Staff completed an accident or incident form for each event which had occurred; these were read by the registered manager and entered onto the provider's computer system. This ensured that each incident was recorded and reviewed. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate.

People were supported by staffing numbers which ensured their safety. Two people had one to one staff support during the day; other people shared staff who were on duty. The registered manager also worked in the home and could provide additional support if this was needed, as they did on the day we inspected. Rotas were planned in advance to ensure sufficient staff with the right skills were on duty. The provider employed a small team of nine staff which ensured consistency and meant staff and people in the home got to know each other well. Staff told us they thought there were enough staff available to meet people's needs. They told us any vacant shifts were covered with permanent staff working additional hours or with regular agency and relief staff. Staff confirmed they only ever had one agency staff member working on a shift. Staffing rotas confirmed this.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Staff had to attend a face to face interview and provide documents to confirm their identity. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and prevented unsuitable people from working with vulnerable people. References were also provided and checked. Staff were not allowed to start work until all satisfactory checks and references were obtained. Care plans contained information about the characteristics of staff who would be best placed to support a particular individual. The registered manager told us they considered this as part of the recruitment process. For example, people who liked to be physically active were supported by active staff. This ensured staff were suitable to work in the home.

There were safe medicine administration systems in place and people received their medicines when required. People had prescribed medicines to meet their health needs. These were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home. All medicines were stored securely; each person had a safe place to keep their medicines.

One person was able to self-administer their medicines and signed their own records to say they had taken them. Another person partially self-administered but required some support from staff. The risks to people had been assessed and were reviewed regularly. Staff administered medicines to the two other people. Staff helped one person at a time, which reduced the risk of an error occurring. Staff received medicines administration training and had a competency check before they were able to give medicines to people. This was confirmed in the staff training records.

Medicine administration records were accurate and up to date. Each person had a detailed care plan which described the medicines they took, what they were for and how and where they preferred to take them. People understood the reason and purpose of the medicines they were given. They had been given information about their medicines in an 'easy read' format which described what their medicines were for and what the possible side effects could be.

Good

# Is the service effective?

## Our findings

The service was effective. People were able to make some of their own decisions as long as they were given the right information, in the right way and time to decide. One person said, "I chose what I want to do and where I want to go." People were not able to make all decisions for themselves and we therefore discussed the Mental Capacity Act 2005 (MCA) with staff. The 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.

Staff knew how to ensure the rights of people who were not able to make or to communicate their own decisions were protected. One staff member said, "We do explain things to people and they can agree or disagree. If they can make their own decisions and we respect that. Some things are done in their best interests though." We looked at care records which showed that the principles of the MCA had generally been used when assessing an individual's ability to make a particular decision. For example, one person told us they had asked to move to a home where they could live on their own. They were assessed as not having the capacity to make this decision. People close to them had therefore made the decision that they needed to remain at Park View, as this would be in their best interests. This meant their legal rights were protected.

Some improvements were needed in people's care records regarding mental capacity and decision making. For example, one person's plan said they could choose what they ate or drank. However, their plan stated because of possible excessive drinking they had agreed to restrict the drinks they had each day. This agreement was not in the person's care plan. This was discussed with the registered manager both during and after our inspection visit. They confirmed they would review people's care plans to ensure they were clear on seeking consent from people and making sure this was recorded.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had identified people who they believed were being deprived of their liberty. They had made DoLS applications to the relevant body and these had been authorised without any conditions. This ensured people's legal rights had been promoted.

Relatives told us staff understood their family member's care needs and provided the support they needed. One relative said, "On the whole, staff support is going very well. He's got a good team around him. They try to keep the staff as consistent as possible. That's very important to [name]." Another relative told us, "We are very happy with [name's] care. Staff have been great with him. They make sure his needs are met."

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. New staff completed an induction when they commenced employment. This provided

them with the basic skills and training needed to support people who lived in the home. We saw the induction programme was linked to the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us the induction included a period of 'shadowing' experienced staff and reading people's care records. They said their induction could be extended if they needed more time to feel confident before working as part of the staff team.

We viewed the training records for staff which showed all staff received basic training such as first aid, fire safety, health and safety and food safety. Staff had also been provided with specific training to meet people's care needs, such as how to support people who had autism, epilepsy or those who could become upset, anxious or distressed. This ensured staff knew how to meet people's needs.

Two people were becoming older and therefore some training had been provided to staff, such as dementia awareness, to help them understand how people's needs may change due to their age. One staff member said, "People here are getting older. We have had some training but I think bereavement training would be a good idea to support people, as their parents are elderly. It would be a good idea as we need to know how to care for them properly." We discussed this with the registered manager who confirmed they were looking into additional training for staff in this area. This was also confirmed in the PIR as an area for improvement in the next 12 months.

People were supported by staff who had supervisions (one to one meeting) with their line manager. The PIR stated there was a six to eight weekly supervision system and an annual appraisal system in place for staff. The records we looked at confirmed this. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "Supervisions are good; you can talk about anything really. Recently we have started doing some reflective things in supervision as well, to look at your practice. It's a good idea." Staff told us they felt supported by the registered manager, and other staff. Comments included: "[Registered manager's name] listens to you" and "We are a good team; we all work well together. Everyone is helpful."

People's health care was well supported by staff and health professionals. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. One relative said, "[Name] is healthy on the whole. If he's not well staff are very good and they follow up things with the GP right away."

Records confirmed people saw a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy. For example, one person had regular blood pressure checks by a GP. People also had specialist support, such as from a psychiatrist, chiropodist and psychologist, to ensure their health care needs were met.

We saw people spoke with staff about their care needs and the things they wished to do. Staff told us most communication was verbal although they also used written information and pictures if this helped people to understand or make choices. We saw staff used clear, simple sentences and allowed people time to process the information. One staff member said, "All of the people here can speak. Two people like writing or things being written down; one person likes pictures. We use whatever works best for each person." Care plans contained details about the most effective ways of communicating with each person. Staff knew people well; we saw they were able to communicate effectively with them.

People told us they liked the food and were able to make choices about what they had to eat. One person said, "Yes, I like the food. I choose. I do some cooking. I like to cook." People decided on what meals they would like for the coming week at their house meeting. The records we looked at showed that each person was involved in choosing varied and healthy meals and helped with food shopping. If people did not want the planned meal on the day, they chose an alternative. One staff member told us how they were supporting one person to experience 'themed nights' to try different foods from other countries. They said how the person had particularly enjoyed spicy meals and the themed music.

Staff monitored people's food and drink intake to ensure each person received enough nutrients every day. We observed the evening mealtime during our inspection. People appeared to enjoy their meals. There was laughter, chatter and friendly banter between people and staff. This made the mealtime a relaxed, sociable event.

Good

# Is the service caring?

## Our findings

The service was caring. People appeared happy and contented. One person said, "I like the staff. I like it here." People's relatives praised the way staff cared for their family member. There were many positive comments from relatives about staff. These included "They are all great people who work there" and "The staff do a wonderful job."

People received care and support from staff who had got to know them well. The relationships between staff and people demonstrated dignity and respect at all times. One staff member said, "I think care is about trusting relationships, bonding and respect." People looked happy and settled; they were relaxed in each other's company and in the company of staff. There was a calm and homely atmosphere throughout our visit. People used communal parts of the home and the garden, but also spent time sitting quietly or in their own room if they wished to. Staff knew if a person liked to have time to themselves and they respected this. Staff checked on people in their own rooms but always knocked and waited for a response before entering the room. This showed staff respected people's privacy.

People's care was not rushed enabling staff to spend quality time with them. We saw staffing levels were good and this meant that staff were available when people needed them. People were supported with personal care and trips out of the home. Staff also took time to talk things through with people or explain things to them, which ensured people were given the right emotional support. Staff had time to sit and chat or joke with people. One staff member said, "We have time to sit and talk to people, to reassure them. You can see how happy people are. It's a lovely, chilled, happy home."

People were encouraged and supported to be as independent as they could. Some people were independent in some aspects of their care, such as with their personal care or their medicines. People were also involved in looking after their home. People chose household tasks each week, such as cooking, vacuuming, washing up, taking the rubbish out and ensuring the recycling was done. We saw one person vacuumed part of the home during our visit.

Staff were aware of and supported people's diverse needs. Staff knew how to support people as care was well planned. For example, one person did not like bright sunlight as this could upset them. Staff were aware of this and took appropriate steps to ensure the person was not distressed as it was a sunny day when we visited. Staff were able to show us how they met individual needs of people with religious beliefs, for example relating to one individual's choice of churches they attended.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of staff. People's views were sought at house meetings, care reviews and person centred planning meetings (where people discussed their feelings, wishes and future goals). There was a lot of information for people displayed in the home. For example, there was a pictorial weekly staff rota so people could see what staff were working each

day and overnight. There was other information written in an 'easy read' format, such as how people could raise a concern. This ensured people had the information they needed.

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. Staff took time to introduce us to people and explain the purpose of our visit to them as this was not a regular event. Staff were very positive about the care they were able to provide; they aimed to provide people with individualised support. One staff member told us, "I think the support here is very good. Our team are passionate about their work." Another staff member said, "I think the care is excellent here. Staff really do care and I think people are happy."

Staff had a good understanding of confidentiality. Some people had signed to say they agreed to information about them being shared with others, such as with health and social care professionals. We saw staff did not discuss people's personal matters in front of others; they made sure this was done in a private part of the home. Personal records were stored securely. People's individual care records were stored in lockable cabinets in the home to make sure they were only accessible to staff.

People were supported to maintain relationships with the people who were important to them, such as their friends and relations. They were encouraged to visit as often as they wished and people visited their relations. One relative said, "We visit once a month. We spend time with him at home and we take [name] out. He comes to stay with us usually twice a year." One person said told us they used a computer to write a letter each week to their parents so they could tell them how they had spent their week. We read copies of these letters, which were kept in this person's care records.

Good

# Is the service responsive?

## Our findings

The service was responsive. People were supported to follow their interests and take part in social activities, education and work opportunities. One person said they were able to do things they enjoyed. They said, "I went swimming this morning. I go out a lot, walking, coffee mornings, on holiday. I go out on day trips with [the registered manager]. I'm going on holiday to Torquay. I'm going on the ferry on one day [whilst on holiday]." One relative said their family member "Does lots of things. He loves music, he goes out a lot, watches TV, goes to social clubs. He's very happy with the things he does."

Staffing levels were good and ensured people had opportunities for meaningful activities; people were able to plan their day with staff. People were usually out during the day. Two people chose to go to a day service during the week. The other two people planned how they wished to spend their day with staff. Records showed people went shopping, went to pubs, for walks, visited places of interest, had day trips, went on holiday and to social clubs. The home had one vehicle to take people out in.

Staff provided support and encouragement to people to help them develop their interests or try new things. People had person centred planning meetings where they could discuss their goals and the support they would need to achieve them. One person told us their goals had been to work and to do more cooking at home. They told us, "I go to work at church" and they did cook more with staff support. Records we saw confirmed this. One relative said, "I thought [name] needed to do more things that interested him. They did listen and he now has more opportunities to be creative."

One person had said they wanted to go camping. Staff had supported the person to attend a forestry school where they were learning about outdoor living to support them to achieve their goal. The person had also shown a keen interest in science. In response to this the registered manager arranged for the provider to advertise for a volunteer that had specific knowledge and interest in this subject. This would enable the person to explore their interest. One staff member said, "One of the best things about the job is people can decide what they want to do and then do it."

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. People kept in touch with their friends and relations. People wrote a monthly newsletter, which was sent to family members. This explained how people were progressing in working towards their goals. One relative said, "I really look forward to the newsletters. We know what he's been doing so it gives us something to talk about when we see him." One person liked to speak with people they knew on the telephone; they told us they had their own mobile phone and also used the house phone at times.

People or their relatives were involved in developing their care and support plans. People participated in planning their care as much as they were able to. Others close to them, such as their relatives or other professionals involved in their care, were also consulted. One relative said, "They discuss things with me as I

know my son so well. I have read through his care plans and I have made comments on them. I have checked the right plans are in place."

The PIR stated extensive life plans for each individual were in place, which included people's routines, preferences and how they would like to be supported. We looked at two people's care records. People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Care plans included people's routines, interests, likes and dislikes, communication and personal care needs. Plans were detailed; they described people's aims and objectives, the communication needed with the person, the levels of support they needed and identified any risks. All of records were kept up to date and reflected people's current needs. Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health and how they had spent their day. This helped to review the effectiveness of a person's plan of care.

People's care and support was discussed and reviewed regularly to ensure it continued to meet their needs. People told us they had a keyworker, who they could choose. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. These staff also reviewed people's care plans and updated them when necessary. The person, their relatives, a social worker and staff attended care review meetings and person centred planning meetings. People shared their views. We read two people's review notes, which were very positive about the care and support provided by staff and the service overall.

Relatives felt staff understood people's needs and adapted care and support if needs changed over time. One relative said, "Staff do try to understand [name]. His needs can change and staff do make sure they keep meeting his needs." Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's care needs and progress was monitored.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People were given an 'easy read' guide to the service so they knew what quality of service they could expect. People were asked if they had any worries, concerns or complaints at weekly house meetings. There was 'easy read' information displayed for people in the home explaining how to complain and who to complain to. There had been no formal written complaints since our last inspection.

People's relatives had been given information about the home's 'vision', to help them understand the standards of care they could expect. Relatives had been given specific information by the registered manager about how to raise concerns or complaints with the provider as well as external organisations such as the CQC. One relative said, "I will raise issues if I have them. I generally speak to staff but I will speak to [the registered manager] if I need to. The issues are always sorted out. I have spoken to the NAS chief executive in the past so I do take things further if I need to."

Good

# Is the service well-led?

## Our findings

The service was well led. The registered manager regularly worked alongside 'on shift' to support people. This gave them an insight into how people's care needs were being met and the ongoing support and training staff needed. One person told us they particularly enjoyed their day trips with the registered manager. The registered manager was keen to develop and improve the service; they encouraged people to share their views. They were supported by a deputy manager and two senior members of the staff team. People's relatives spoke highly of the service and of the registered manager. One relative said, "[The registered manager] is very good and approachable."

The service had a positive culture that was person centred, open and inclusive. The provider had clear aims for the service including ensuring people had the support, education and training they needed, making sure people lived with dignity and as independently as possible and ensuring people were part of their community. The aims were discussed with staff; staff were asked to reflect on their practice to make sure staff worked in line with these aims. One staff member said, "We are here to support people to achieve their goals."

The registered manager said they had a very good staff team who worked well together to meet people's needs. Care staff were honest and open; they were encouraged to raise any issues they had and put forward ideas and suggestions for improvements. One staff member told us "I love working here. We make sure people are happy; we have a laugh with them. We are very professional though. Things are discussed as a team." Staff were very positive about the registered manager. One staff member said the registered manager was "Very supportive; he listens to you." Another told us, "[Name of registered manager] is approachable and really nice."

Staff spoken with said the support from the registered manager, deputy manager and senior team was good. They did however feel there was a lack of support from the provider. Staff gave specific examples, such as not seeing the provider's senior managers and the provider's on call system (where one of the provider's managers was available to staff for advice and support 'out of hours'). Staff told us the on call system did not work. Sometimes the person on call did not answer their phone or call back. If they did, they did not always help resolve the issue, which left staff feeling unsupported. This was discussed with the registered manager who said the provider was looking at ways to improve the on call support.

The provider valued people's, their relative's and staff feedback and acted on their suggestions. The PIR stated people and their relatives had opportunities to feedback their views about the home and quality of the service they received through questionnaires, feedback forms, observations and inclusion events. The records we looked at confirmed this. Where people had made suggestions, such as purchasing a trampoline and football goal for the garden or people going to different churches, these had been acted upon.

People, their relatives and staff had recently completed satisfaction surveys. These had been sent to the

provider's head office for analysis. The results of these surveys were awaited. A parents and siblings group had been formed and met to discuss the service. They had developed good links with staff at the home as well as the provider's senior managers. A newsletter about the home was sent to relatives every two months. This included details about any changes or developments at the home. This ensured there was ongoing communication and gave people a variety of ways to share their views about the service.

People were part of their local community; Park View was a well-established home. People used local shops, supermarkets, cafes, pubs and went to church. People went out with staff during our inspection. One relative said, "[Name] likes to go out locally. The town is in easy walking distance. People know him locally, in the shops and cafes. He enjoys all of that." A charity concert had been held in April 2016 to raise funds for the home, which the public had attended.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. A peer (managers from some of the provider's other services) carried out regular quality audits. We read the audits carried out in April, June and August 2016. These audits had rated the service highly. Action had been taken, where audits had identified shortfalls. For example, improvements had been made to the garden to better meet people's needs and in the frequency of staff supervision. The registered manager wrote an annual quality assurance report. This reviewed improvements made in the previous year, contained a summary of the quality audits and the service's development plan for the coming year.

The service had attained the provider's autism accreditation award (which confirms the service was "committed to understanding autism and is setting the standard for autism practice"). The service had been through a recent reaccreditation process and was now accredited until 2019.

The registered manager checked accident and incident reports, although there were very few of these. Staff told us incidents were discussed as a team so staff could try to learn from them and try to prevent them from recurring. Staff ensured the environment remained safe by carrying out regular tests and checks such as on fire safety procedures and equipment. The service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. We used this information to monitor the service and ensured they responded appropriately to keep people safe.