

Options Autism (2) Limited

Options Applegate 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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Applegate House is a care service providing accommodation and personalised support for up to six younger adults with autistic spectrum conditions, learning disabilities and complex needs, based in the local community of Barton-upon-Humber.

It is an autism specific transitional service where life-long learning can be developed further, including social and domestic skills, along with community and leisure facility access. Based on the philosophy of the organisation, 'Fitting a service around you, not fitting you within a service,' flexible staffing and personalised programmes enabled and promoted people to live as independently as possible. This philosophy was embraced by the staff team and drove staff practice in their delivery of care.

Accommodation is provided in six self-contained flats each with a bedroom, en-suite bathroom, kitchen/diner and lounge.

At the last inspection, the service was rated Outstanding.

At this inspection we found the service remained Outstanding.

We saw the provider was committed to personalising the services they provided and also to following the recommendations outlined in 'Putting People First' (a shared vision in transforming adult social care to put people first through a radical reform of public services, enabling people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.) and the Autism Act (2009). The service was accredited with the National Autistic Society (NAS), which drove best practice to deliver outstanding care to people who used the service.

There was a strong person-centred culture apparent within the service. Person centred means care is tailored to meet the needs and aspirations of each individual. Positive risk taking was driven throughout the organisation, balancing the potential benefits and risks choosing particular actions over others, in order to support people to lead fulfilling lives in as ordinary a way as possible. In delivering this consistent approach people were supported to try new things and make positive changes in their lives. The provider, the registered manager and the staff team all had an excellent understanding of positive risk management and supported people that had previously challenged services to reach their full potential.

An outstanding feature of the service was the time invested developing the service to accommodate the changing needs of the people who used the service, using innovative and flexible ways to move people forward. The registered provider was seen to constantly adapt and strive to ensure people were able to achieve their full potential.

The registered manager demonstrated strong values and a desire to continue to learn about and implement

best practice throughout the service and also shared their skills to support other registered providers to develop their services.

We found personalised programmes and flexible staffing arrangements enabled people to learn to live fulfilled and meaningful lives. Staff knew people well and were skilled at ensuring people were safe whilst encouraging them to stretch their potential and achieve as much independence as possible. Care plans had been developed to provide guidance for staff to support in the positive management of behaviours that may challenge the service and others. This was based on least restrictive practice guidance to support people safety.

Robust systems were in place to protect people from the risk of harm or abuse. People who used the service were supported by staff who understood the importance of protecting them from harm. Staff had received training in how to identify abuse and report this to the appropriate authorities. Staff were recruited in a safe way and all checks were in place before they started work. The staff had received an induction and essential training at the beginning of their employment and we saw this had been followed by periodic refresher training to update their knowledge and skills. People were supported by sufficient numbers of staff.

People who used the service were supported to access health care professionals when needed and were supported to have maximum choice and control over their lives. We looked at how the service used the Mental Capacity Act 2005 to ensure 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.

The service developed and maintained strong links with external organisations and within the local community. Complaints were investigated and resolved wherever possible to the complainant's satisfaction.

People who used the service, and those who had an interest in their welfare and wellbeing, were asked for their views about how the service was run and the care they received. Regular audits were carried out to ensure the service was safe and well run.

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?

Outstanding ☆

The service remains outstanding.

Is the service responsive?

Good ●

Responsive the service remains good.

Is the service well-led?

Outstanding ☆

The service was outstanding.

The service was well led. The leadership, management and governance of the service were outstanding and assured the delivery of high-quality, person centred care which supported learning and innovation.

The culture of the service was honest, open and inclusive, which enabled staff to raise concerns. There was a range of methods for staff and people who used the service to be included in the development of the service and to express their views.

Staff were well-motivated, worked well together as a team and were dedicated to providing person-centred care and supporting people to achieve their potential. National guidance in supporting people with a learning disability and autistic spectrum disorder was promoted.

Options Applegate 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 checked 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.

This inspection took place on 23 and 27 June 2017. We gave notice of the inspection the day before so the service could ensure someone was available at the service to assist with the inspection. The inspection team consisted of two adult social care inspectors on the first day of the inspection and one on the second day.

Before the inspection, we asked the registered provider to complete 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. We received the completed PIR within the timescale given. We requested information from professionals involved in the service.

During the inspection we observed how staff interacted with people who used the service. We spoke with three of the six people who used the service, the registered manager, the deputy manager, two care staff an advocate and a relative. Following the inspection we spoke with a further two relatives and received comments from two health and social care professionals.

We looked at three care files which belonged to people who used the service. Other important documentation relating to the six people who used the service such as their Medication Administration Records (MARs) were also looked at.

We looked at how the service used the Mental Capacity Act 2005 to ensure 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 also checked a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, the staff rotas, minutes of meetings with staff, records of complaints, accident and incident records and quality assurance audits.

Is the service safe?

Our findings

At this inspection we found people continued to be supported in a safe way. The rating continues to be good.

People who used the service were protected from the risk of abuse and avoidable harm. They told us they felt safe and were comfortable in the service. People told us they were happy with the staff and trusted them. One person told us, "If I am worried, I talk to staff and they will help me to sort out what is bothering me. I just tell them and they will talk things through with me."

Relatives were confident their family members were protected from harm. They told us, "I have no concerns whatsoever; I trust the staff completely to do the things I have done previously. It is a real home from home. I'm not ever worried about what I will find and can come at any time and there has never once been a problem." Another relative told us; "They have made sure he is safe whilst helping him to make decisions to make sure his best interests are safeguarded." Another relative we spoke with also commented, "Yes he is safe. When you see those awful stories on the news, I think oh my god how awful it is for those people and their families. Thank goodness he is at Applegate."

The registered provider had detailed policies and procedures in place to direct staff in safeguarding vulnerable people from harm or abuse and whistleblowing procedures. As well as the services and local authority safeguarding tools, an additional 'cause for concern form' was also in place. This form was available for use by both people who used the service and the staff team and provided in both written and other suitable formats. The form was used to share any concerns people may have, for example staff practice. We saw that any cause for concern raised was taken seriously and fully investigated.

Staff had a positive understanding of their responsibilities to keep people who used the service protected from harm. Staff were confident the registered manager would take action to follow up any safeguarding issues when this was required. Annual safeguarding training was provided to ensure staff knew how to recognise and report issues of potential abuse.

Safer recruitment practices were carried out with relevant checks being completed before new employees were allowed to work unsupervised. We saw this included following up pre-employment references before offers of employment were made, together with official checks by the Disclosure and Barring Service (DBS). This helped to minimise the risk of unsuitable people working with people who used the service.

A positive and proactive approach was adopted to ensure people were supported to take risks safely and where possible, encouraged to make choices and decisions concerning their lives. Care files seen contained risk assessments for all areas where a need had been identified. These included; accessing the local community, independent travel, work placements, and behaviours that may challenge the service or others. The concept of positive risk taking involves measuring risk and balances the benefits gained from taking risks against the negative effects of attempting to avoid the risk altogether.

Incidents and accidents were closely monitored to enable the service to identify issues and take appropriate action to minimise the risk of them occurring again. The senior management team and clinical teams were also involved in this process, to ensure people were receiving the level of support they required.

Regular checks were completed to ensure the environment and equipment within the service was well maintained and clean. Weekly fire procedures were undertaken to ensure the service could respond in an emergency situation.

Sufficient staff were available to meet people's needs and to provide personalised care and support with activities. Staffing levels were determined and provided in line with people's assessed needs, with most people receiving one to one levels of staff support throughout the day.'

There were systems in place for the safe management of people's medicines. Medicines were securely maintained and staff completed relevant training and had their skills in administering medicines assessed to ensure they were competent in following medicines procedures safely. Medication Administration Records (MARs) seen had been accurately completed and people's medicines were audited daily.

Is the service effective?

Our findings

At this inspection we found people continued to be supported in an outstandingly effective way.

People who used the service and relatives told us they had the upmost confidence in the staff team and considered them to be competent and skilled.

Relatives told us, "The staff are definitely skilled, they have enabled me to take a step back with things like appointments, they take him now. He has to be in a service we trust, in coming here (Applegate) we have that." And, "The specialist autism training and support in place from the clinical team is marvellous, they invest in staff and people get the benefit of this back, in the way staff support them." Another relative told us, "They have managed my relative's weight loss plan brilliantly. He understands the benefits of it and looks fantastic. He also has less anxiety over food now and has lots of choices built in, losing weight without trying really."

The service was committed to personalising the services they provided and followed the recommendations outlined in Putting People First and the Autism Act (2009). The staff had innovative and creative ways of training and developing their staff team based on these recommendations that ensured they put their learning into practice to deliver outstanding care to people as individuals. People received an outstanding level of effective care based on current best practice for people with autism. The service was accredited by the National Autistic society, employed a behavioural specialist to train staff and participated in a wide variety of forums to exchange information and best practice. Every effort was made to assist people to be involved in and understand decisions about their care and support. This greatly enhanced people's self-esteem, quality of life and confidence.

For example, each person who used the service had a sensory profile assessment to determine whether aspects of sensory processing might be contributing to performance challenges in their daily lives. The assessment established people's thresholds of sensory stimuli and how this could impact on their lives. Support plans had been developed to guide staff to recognise this for each individual and how to support them in the various challenges this may present.

Staff also told us about the innovative communication plans in place, a creative and person-centred approach making life easier for the people who used the service. This information informed staff of how each person communicated individually, whether this was verbal or non-verbal and detailed their role in promoting effective communication.

Relatives told us, "[Name] uses different types of communication, PECS (The Picture Exchange Communication System, or PECS, allows people with little or no communication abilities to communicate using pictures), a visual timetable or if he is in a café he will tick what he wants from a list. The staff are all very adaptable and have a brilliant knowledge of him. That is what makes the difference, they are always seeking positive solutions."

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We found the registered manager and staff were aware of their responsibilities in relation to DoLS and authorisations were in place or had been applied for, for each of the people who used the service.

Care files looked at contained clear guidance for staff in how to meet people's assessed health needs. People were supported to attend health appointments, for example; doctors, opticians and dentists. Where there was difficulty with supporting people with medical treatment, the registered manager liaised with health professionals and involved them in best interests meetings to consider how this could be facilitated.

People were supported to eat healthily while still enjoying treats. Staff had introduced a healthy eating board to show people healthier alternatives and had encouraged people who used the service to grow and try new fruits and vegetables. One person told us how they had watered the plants and tried the green beans they had grown, commenting on how tasty they were.

Staff training records we looked at showed staff had access to and completed a range of training which included; safeguarding, MCA, food hygiene, first aid and infection control. Further more specialised training included; autism, epilepsy, medication, Makaton, least restrictive practice, positive and proactive care and protecting rights in a caring environment which was British Institute for Learning Disabilities (BILD) accredited.

All new staff were expected to complete the foundation for knowledge level2 Diploma in health and social care. We saw from training records that staff were also expected to complete refresher training annually and two days Protecting Rights in a Caring Environment (PRICE). The service also have staff members who were dignity champions in place who reflect on practice to ensure people receive compassionate care from staff who are empathetic to their needs.

Staff commented, "The training is great, the PRICE training has developed and the new trainer is fantastic. It is so much better and more person centred" and, "We are really supported in our roles and are listened to so we can all come together to look at approaches and work together for the benefit of the individual." Staff told us they were also well supported by the registered manager to develop within their role and achieve their potential and aspirations.

Individual flats provided positive learning opportunities for people to practice and develop skills they would need to live more independently. One person was keen to show us their new pet, while others were involved in meal preparation and laundry tasks. One person told us how they been to try out new beds for their flat and the colours they had chosen, for when they moved in on a permanent basis. Families told us how they too had been involved in supporting their relatives to decorate and personalise their flats.

Is the service caring?

Our findings

At this inspection we found people continued to be supported in an outstanding caring way. People who used the service told us, "I love it here, I can be my own boss and try new things. The staff are my friends and help me." Another person told us, "I am going on holiday next week with the staff I have chosen and will see my family there; My dad's been poorly so it will be good to see him."

Relative s told us, "It is a real home from home. It is all down to the staff group; they share all the information and pass things on so nothing gets missed. They welcome calls and visits and we have a really good relationship with them as does our son." Another told us, "We are so happy about the outlook for our son now."

Professionals commented on the positive approach, promotion of choice and professionalism of the registered manager and staff at the service and their commitment to the promotion of people's independence. One commented, "My first impression of the service was how calm and clean the service was. I observed the registered manager dealing with an incident and straight away this formed a positive impression. The situation was dealt with in a kind, calm and compassionate way."

We saw there was a strong person centred culture apparent within the service. People who used the service were supported to take the lead in planning and developing their individual personal development plans and day to day activities. These plans consisted of accessing voluntary or paid work placements, further education and learning opportunities and accessing social and leisure activities within their local and extended communities. People were supported to become more independent for example: managing their household finances, having their own front door fobs, using public transport and planning their own holidays.

One person showed us an award they had received for recognition of their long service as a volunteer as well as a picture that had been taken of them at Buckingham Palace where they had previously received another award their work colleagues had nominated them for.

During the inspection we had the opportunity to speak to a visiting advocate and clinician who were both visiting the service to support one of the people who used the service, who was experiencing a difficult period in their life. They were also seen to make themselves available to staff should they wish to discuss any ways in which they could support the person further or other matters they may wish to raise.

The registered provider used person centred care plans and good practice tools to support and involve people to enable people to make decisions and set their own goals. These tools helped to highlight what was important to them and helped them to identify any potential barriers they may face in achieving their aspirations, whilst focussing on how these could be overcome with the promotion of positive risk assessment.

Personalised programmes and flexible staffing arrangements enabled people to learn to live as

independently as possible with the minimum of support. This was based on the philosophy of the service 'fitting a service around you, not fitting you within a service.'

The registered manager told us how they promoted a more personalised service and enabled people to have more of a voice about what they wanted to do with their lives. This involved making decisions about holidays, activities, planning programmes and making decisions about who they wanted to have as their keyworkers. They had developed a new programme format for person centred planning meetings encouraging people to take the lead in making decisions about what they wanted and focussing on their achievements. People who were unable to communicate verbally spent time with staff developing photograph albums of activities and things they enjoyed and those they disliked. This enabled them to engage in their meetings and share their views and wishes.

Relatives we spoke with told us, "The reviews there are very productive. They have introduced more independence for my son for example, encouraging him to have a key fob to the front door of the building. They are very focussed in promoting his independence and are very enthusiastic and amenable to suggestions." Another told us, "When my son transitioned here, staff came with him so the process wasn't traumatic for him and familiar faces were there" and "the staff know him so well, they can 'read people' and identify any problems quickly and reduce triggers." Other relatives told us, "We would never ask the staff to do anything we as a family would not be prepared to do. We have always worked towards that and now we have it. The staff do an outstanding job. They are brilliant and know each individual so well."

Staff told us, "It doesn't feel like a care home, it feels like a home." Another told us, "Person centred care is the basis of people's development here. Our manager is very proactive and really puts the effort in and this filters down to all of the team, we are all really committed to ensuring people get the best opportunities possible in all aspects of their lives. Seeing people develop and sharing their achievements is so rewarding."

Each of the staff we spoke with had an in-depth understanding of each individual who used the service. They were able to describe their individual personalities, personal qualities and attributes, their aspirations and particular interests, how they communicated and how they expressed themselves as well as their strengths and areas they needed support with. They were also able to describe in detail the progress and achievements each person had made. For example one person had previously been reluctant to engage with staff except for one or two of their preferred staff. They were now much more relaxed and engaging with all staff, choosing to spend time with them. Another example was given of another person who had found difficulty in accepting any change, often expressing their anxieties through their behaviour. Staff told us the person was now much calmer, relaxed and accepting of change over a short period of time, which they saw as an incredible achievement. Relatives confirmed this progress.

Is the service responsive?

Our findings

People who used the service and relatives confirmed they were involved in the development and review of their care. One person told us, "We are involved in all decisions, they are very responsive to any suggestions we make." Another told us, "The manager and staff adapt a two way approach to any problems and always apply a 'can do attitude' to solve potential problems. Our son is really happy and there is such a big difference in his anxiety levels reducing. He is very content. There is a small group of consistent skilled staff which means there is better level of care provided."

Relatives told us they were able to visit or ring at any time and were encouraged to do so and staff maintained regular contact with them.

People's care plans were detailed and informative and included records of initial assessments completed prior to people moving into the service. People were encouraged to visit Applegate House regularly before moving in. This gave people an opportunity to meet other people using the service, get to know staff and gain an understanding of how the service operated.

Clearly documented information of planning for and during transition visits were maintained. These included photographs of what the person had been involved in during their visits, for example being involved in purchasing their bed and taking paint colour samples back home with them so they had time to consider how they would like to have their flat decorated.

The registered manager and staff told us about the 'inclusive initiative' the organisation promoted, which involved staff and people who used the service working together to promote inclusion and activities. People from the service attended these meetings and shared their views about various events and activities they would like to see planned, this included theatre visits in London, visits to theme parks and any other events people wished to be involved in. The group were also actively involved in fundraising and held an annual 'inclusive day' which was supported by the local community and external companies through sponsorship or offering preferential rates for their services. The service had recently hosted a barbeque which family and friends had been invited to and part of the menu had included their own home grown vegetables. This meant people were able to promote their independence and try new experiences through voicing their views and opinions.

Plans for holidays were developed with people who used the service. These were planned for carefully by staff based on people's wishes and preferences. Staff spent time with people considering options, people's needs and ensuring they were able to access suitable accommodation. Activities were planned for and risk assessed with alternatives considered and incorporated into plans, should the person decide they didn't want to participate in the first activity planned for on the day. This approach ensured people accessed holidays they enjoyed and engaged in.

Community based activities were risk assessed according to need and planned for to ensure people were given the opportunity to engage in interesting and exciting activities of their choosing. Staff worked as a

team to 'think outside of the box ' and to develop innovative ways of working to support and enable people to be actively involved in their local communities.

One person who particularly enjoyed listening to loud music had been supported to purchase headphones they could use throughout the service to enable them to listen to their music whilst not disturbing their peers.

Staff worked closely with people who used the service and their families to support people to develop milestones and work through their anxieties in a positive way, working with people so they feel secure and are able to express what they are trying to communicate.

Another person had been supported to have their own pet to care for. This had promoted their confidence and led to them being more engaging with all staff (rather than their preferred few) and visitors to the service who they had previously been reluctant to engage with.

The registered manager told us about a local incentive the service was involved in with the local police. A safe place is a scheme developed within local communities to help vulnerable people to stay safe while out in the community. The scheme is largely for people who have learning disabilities or difficulties, people with dementia and those who may need support or require assistance whilst in public. The initiative involves working with a range of organisations and businesses to create recognised environments where people can go, knowing that they will be safe. Window stickers are displayed at the venues that are all part of the schemes to show they are a safe place for people to go.

We reviewed the care plans for four people and found them to be very person-centred and detailed. Information about people's likes, dislikes, personalities and personal qualities had been recorded and responded to by supporting people to achieve new targets and live life to their fullest abilities. Staff responded well to people's behavioural needs and care plans were based on a positive and proactive approach based on best practice guidance. Further detailed information was included in people's sensory support profiles, which explained people's sensory experiences associated with their condition, how this affected them and what support they needed to manage this.

Relatives and people who used the service told us they knew how to complain and had regular contact with staff about any updates or concerns in relation to their family member. They told us they had good relationships with staff and would be able to approach them with any concerns, should they ever be a need to do so. Each person who used the service had a copy of the complaints process within their flat in their preferred format.

Is the service well-led?

Our findings

Relatives and professionals we spoke with considered the service to be led in an excellent way and felt the whole management team were open, inspirational and forward thinking. They were extremely positive about the care and support offered to people who used the service and comments included, "[Name] is fantastic, he has definitely been a key inspiration to our son's development and progress." Another family member told us, "When we found out the previous manager was leaving we were concerned. However, [Name] is even more of an inspiration; he is so enthusiastic, positive and passionate. We can speak to him at any time."

Staff we spoke with told us, "[Name] is great. He always listens and takes on board what we are saying. He would never ask us to do anything he isn't prepared to do himself; it is a real team effort." Another told us, "[Name] is the best manager I have ever had he is totally committed to person centred care and supporting people's development, both the people living here as well as the staff team." And "We are all able to come together to look at approaches and work together to offer a consistent approach."

The service promoted an open and transparent culture, with clear vision and values for the future. Staff were committed and enthusiastic and shared this vision and were supported through training and clear leadership from the registered manager to provide this for people who used the service.

The registered manager demonstrated passionate, person-centred values and was committed to providing an excellent service for people. They told us, "Being compassionate and empathetic to service user's needs and daily lives is essential in everything we do. Autism brings forth many challenges and we need to adhere to best caring and specific practices to bring about reassurance and positive support. For some people it may be about providing a low arousal environment, for others (most) a clear path of structures and routines around their preferences and wishes. They want staff to be proactive and to be treated with dignity and respect; this culture is always and will continue to be vitally important."

Applegate House has dignity champions in place, where staff members have lead roles in promoting the ethos of the organisation within the service to ensure people receive safe, effective, caring and responsive outcomes. Staff reflecting on practice and meeting people's needs and being caring is important and we exercise this within supervisions and also on a daily basis through general conversations. Staff themselves may need support in positive ways of caring, sometimes new experiences on people's needs requires some input from others to consider positive ways forward."

They told us about the reflective piece of work they had completed based on never losing focus of outstanding care. They had involved staff in applying the 'mum test', based on the principle if a service isn't good enough for a loved one; it isn't good enough for the people you support. The response from staff was that each would be happy for any of their family to be cared for at Applegate House and they would ensure this remained the case through their practice.

The registered manager and deputy manager both spent time working alongside staff, providing a positive

role model; consistent presence and promoting core values and care skills based on the 'driving up quality in learning disability services code of practice.'

When we spoke with staff we found they shared this commitment and the philosophy of 'fitting a service around you, not fitting you within a service.' Imaginative and personalised support was at the forefront of enabling people to live fulfilled lives. This proactive approach from the registered manager and staff team ensured people were supported in innovative ways to deliver the best possible outcomes for them.

The registered manager told us that this meant careful consideration and planning needed to be made to plan for and support people to do the things they wanted to do in order to lead the life they wanted to lead. For example, when a person selected a new venue or activity they would like to access, staff would visit the venue at different times to establish, how busy it was, the noise levels, what the lighting was like and any other factors the person may find difficult to tolerate. Once this was completed, further assessment and risk planning was put in place to consider and plan for the best way the person could be supported to be introduced to the activity so they could try it out for themselves without causing them any anxiety.

The service worked in partnership with key organisations, including specialist health and social care professionals. They provided training for community based services in order to promote understanding and inclusion. The organisation was also involved in a national 'outstanding society group,' where along with other providers rated as outstanding, networking and working together they supported other services to drive and develop the services they provided.

The records within the service were well organised and staff were able to easily access information from within people's care records. Regular audits were designed to monitor the quality of care and identify areas where improvements could be made and we saw they had been completed. For example, people who used the service had asked for a private seating area in the garden, which funds were raised for and put in place. Where issues or possible improvements were identified these were always addressed and resolved promptly and effectively.

We saw the provider was committed to personalising the services they provided and also to following the recommendations outlined in 'Putting People First' and the Autism Act (2009). The service was accredited by the National Autistic Society (NAS), which drove best practice to deliver outstanding care to people who used the service. For example, sensory assessments had been introduced by the service to establish people's baseline tolerance levels and in doing so; they could provide suitable environments for each person in line with their identified sensory needs. For some people this was about providing low arousal colour schemes, while for others low level lighting.

People were encouraged to provide feedback and their views were actively sought by managers before changes were made to the service. We saw evidence of home meetings, staff meetings and senior management meetings. Staff were exceptional in their commitment to understanding and helping people to communicate their views and using and adapting people's preferred communication systems to gain their input. Records seen from meetings held confirmed this process.

The provider promoted an open and transparent culture taking time to visit each of the services individually speaking to staff and people who used the service. Directors road shows were also in place where senior management staff took time to visit services and involve staff in discussions and obtain their feedback, for example on the development of the company. A quarterly 'Our Voice' newsletter was also produced by the organisation with staff survey results and news of events, promotions and what was happening in individual services.

The registered manager told us how they were supported within their role and encouraged to develop. As well as attending managers and senior management meetings with clinicians to discuss and share best practice initiatives. The provider's training department also shared current and updated guidance with the registered manager and their staff team. This was then discussed within the service further through team meetings, supervisions and reflective practice. The registered manager was also involved in a number of networking groups with their local authority, for example 'keeping safeguarding personal'.

Records from management meetings showed that learning from accidents and incidents took place and was reviewed and analysed at senior management level in order to identify any emerging trends and to take action to reduce the risk of further occurrences. This showed us that the provider took all incidents seriously and discussed these openly and at a senior level, the learning from incidents was implemented quickly and effectively and the people who used the service are at the centre of any learning.

Robust quality assurance systems were in place. Relatives and people who used the service confirmed they had been involved in this process through surveys and questionnaires and received feedback about the results and any necessary actions required where appropriate. They also confirmed their involvement in the review process.

The registered manager completed a comprehensive audit system comprising of weekly and monthly audits and safety checks, complemented by a further quarterly audit carried out by the providers quality assurance lead. Information completed from these processes was submitted to the senior management team for further analysis and review. This was followed up with a report and action plan with timescales should this be required. In addition to this an annual review was completed based on the five key questions used by the Care Quality Commission in this report and included any recommendations for further improvement.