

# Autism East Midlands Carlton Road

## Inspection report

181-183 Carlton 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 ●

# Summary of findings

## Overall summary

This inspection took place on 30 June 2016 and was unannounced.

Carlton Road is situated in the north Nottinghamshire market town of Worksop, within walking distance of the town centre. The service provides accommodation, care and support for up to nine people with learning disabilities. On the day of our inspection 9 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The person referred to in this report as the manager is the person who has applied to CQC to become the registered manager for the service.

People who used the service and those supporting them knew who to report any concerns to if they felt that they or others had been the victim of abuse. Risks in relation to people's daily life and the places they visited, were assessed and planned for to protect them from harm. There were enough staff with the right skills and experience to meet people's needs and plans in place in the event of staff shortage. Medicines were stored, administered and handled safely so that people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. Staff received supervision of their work. People were enabled to make decisions and staff knew how to act if people did not have the capacity to make decisions. People spoke positively about the food, choosing what they ate, and being supported to maintain a healthy diet. Staff monitored and responded to people's health conditions, with people having access to their GP and other health care professionals as needed.

People were supported by staff who were caring and treated them with kindness, respect and dignity. Where people showed signs of distress or anxiety, staff responded to them quickly and provided reassurance. People were supported to access an independent advocate if they wanted to. There were no restrictions on friends and relatives visiting their family members. People could have privacy when needed.

People and their relatives were involved with the planning of their care and support provided. Care plans were written in a way that focused on people's choices and preferences. Regular monitoring of people's assessed needs was conducted to ensure staff responded appropriately. People were able to access the activities and hobbies that interested them. A complaints procedure was in place and people felt comfortable in making a complaint if needed.

People were involved in giving their views on how the service was run. There was a positive atmosphere within the home and people were encouraged to contribute to decisions to improve and develop the service. Robust auditing and quality monitoring processes were in place. The service continually strived to

improve the quality of the service that people received.

## 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 supported by staff who could identify the different types of abuse and knew who to report concerns to.

People were supported to make choices, take risks and were protected from abuse by staff who were supporting them.

People were supported by a sufficient number of staff who had been appropriately recruited.

People's medicines were stored, managed and handled safely.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who had the appropriate skills, training and experience to carry out their role effectively.

Staff applied the principles of the Mental Capacity Act 2005 appropriately when providing care for people.

People were able to choose their food and drink and were supported to maintain a healthy diet.

People were supported to maintain good health and had access to healthcare services when they needed them.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff in a respectful, kind and caring way.

Staff knew people well, promoted their independence and supported them to make their own choices.

People were treated with dignity and compassion and their privacy was respected

There were no restrictions on people's friends and family visiting them.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were able to do things that were important to them.

A complaints procedure was in place, people felt confident in speaking up if they had a concern and felt it would be acted on.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a positive, friendly atmosphere at the service.

People were supported by a registered manager and staff team who each had a clear understanding of their role.

There was an effective process in place to check on the quality of the service.

# Carlton 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 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 30 June 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with six people who were using the service, three relatives, five members of the staff team, the present and previous registered manager of the service and provider's Quality Manager. We also observed the way staff cared for people in the communal areas of the building.

We looked at the care records of three people who used the service, as well as a range of records relating to the running of the service including four staff files, medication records and quality audits carried out at the service.

# Is the service safe?

## Our findings

People were protected from abuse and avoidable harm and people told us they felt safe living at Carlton Road. One person told us, "I feel very safe here." Another person said, "The staff do everything they can to keep me safe." Relatives we spoke with also said that their family member was safe living at the home and told us, "[My family member] is absolutely safe there," Another relative said, "Yes they are definitely there, most definitely safe".

Staff we spoke with were confident that people were protected from harm and abuse and told us, "People are safe here because we are a good, open, staff team." Staff could describe the different types of abuse which may occur and every staff member was clear that they had a duty to report anything untoward that they saw or were told. Another staff member described to us how they had been involved in instigating the safeguarding protocols and collating information which was passed to the local safeguarding team following an incident in the home so that they could help to protect the person.

The atmosphere in the home was calm and relaxed and people were interacting confidently with one another and with staff. Staff told us they were able to manage situations where people may become distressed or affected by the behaviours of other people. In addition, staff found the layout of the building with the various communal areas helpful for this. During our visit we saw that staff understood people well and provided reassurance to prevent any anxiety escalating. There was information in people's care plans about how to support them to reduce the risk of harm to themselves and others which staff were aware of.

Information about safeguarding was available in the home and a safeguarding adults' policy was in place which was also available in an accessible format for those living at Carlton Road. Where required, information had been shared with the local authority about incidents which had occurred in the home and staff had responded to any recommendations made.

People were protected and their freedom was supported because risks were assessed and managed. They told us how staff made sure that they were safe when at home and out and about in the community. We spoke with relatives who were confident that their family members were being protected and had their freedom supported and respected because the staff knew them well. They told us how staff ensured that people received their care and support in a way that had been assessed for them to do so safely.

Staff explained to us how there were risk assessments in place and following the guidelines set minimised the risks to people. They told us, "We have general risk assessments for the building, risk assessments relating to 'the guys' (those that lived in the service) and also COSHH assessments which are about the cleaning materials." Another staff member spoke about the safety checks that they undertook to ensure the safety of the building; we saw how these checks were recorded. They also explained how the provider had a dedicated maintenance team who responded quickly to make any repairs needed so that the building remained a safe place to live and work. External contractors were used when checks or maintenance on equipment such as fire detectors or electrical appliances were needed. Staff also told us how regular fire drills were held so that people would know how to act and where to go in the event of fire.

The care records that we looked at showed that risks to people's safety had been comprehensively assessed. Plans had been put in place for staff to follow to assist them in maintaining people's safety, and we saw staff following these during our inspection. For example, a new activity was being planned and staff were working with each other to foresee and mitigate the risks that they were expecting.

There were enough staff to ensure that people received the support they needed. People told us they felt there were enough staff employed by the service and they were able to do the things that they wanted to do with staff support. One relative we spoke with told us, "There always appears to be enough staff when we visit." Another relative reflected, "There have been some changes recently, but I would say there are enough staff."

Staff also told us they thought there were always enough staff available to keep people safe at Carlton Road. One staff member told us, "When we are fully staffed, like we are now there is enough staff." Another member of staff said, "Yes, there are enough staff here," and went on to explain how staff at nearby services, who were familiar with those living at Carlton Road could be called upon in the event of unexpected staff shortage, such as sickness. This ensured that people always received support from staff who were familiar to them.

The registered manager told us they had a rolling rota in place to give people consistency of support and planned in extra staffing around the activities and events planned in people's diary so that there were always enough staff. People's needs were regularly assessed to ensure that there were sufficient staff available. Many staff also were rostered to work 'long days' so that people could be supported without the need for a changeover of staff in the middle of the day. The registered manager described how they checked regularly that staff were not finding the length of their working day excessive. The arrangements that were in place to share staff with nearby services in the event of staff shortage meant that there was never need to for the use of agency staff

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People's medicines were stored and handled safely. The people we spoke with affirmed that they received their medicines as prescribed and in a timely fashion. One person answered, "Yes," when asked if they were given their medicines on time. Another person said, "Yes, we take them in there," pointing to the office where the medicine cabinet was located. Relatives we spoke with were confident that people were supported to take their medicines as prescribed and could not recall any incidents when they had been concerned about people not receiving their medicines correctly.

Staff also told us they were confident that people received their medicines as prescribed. One staff member said, "We have training regularly to make sure we know what we are doing with meds. They (the registered manager), also check we know what we are doing when they observe us giving out the meds. And the pharmacist comes and checks it is all okay too." Another staff member explained how people's medicines might change after seeing their doctor and the protocol that was used to ensure that any change in prescription was implemented.

Staff explained how an area in the staff office had been set up specifically for the medicines to be stored and administered so that staff could focus on the task which minimised the risk of mistakes being made with



people's medicines. We saw how people's medicines were stored securely in a locked cabinet and kept at an appropriate temperature and observed staff administer medicines in a safe way. Staff explained to the person that they were taking their tablets and were patient, ensuring that people had the time they needed to take all of their medicines.

Staff correctly recorded the medicines they had administered to each person on their medication administration records (MAR). These records were used to record when people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. The MAR included useful information about each person, including whether they had any allergies and the name of their GP. There were processes in place to protect people when 'as needed' medicines were administered. 'As needed' medicines are not administered as part of a regular daily dose or at specific times but are given when they are needed. There were clear protocols in place for staff to follow before they administered these medicines. No one at the service took controlled drugs. Controlled drugs are a group of medicines that have the potential to be abused and so are subject to more stringent safety measures.

## Is the service effective?

### Our findings

The people we spoke with felt that staff were competent and provided effective care. One person told us, "The staff go off on training." Another person said, "All the staff look after us very well." Relatives also felt that the staff were well trained, were competent and had the knowledge and skills they needed to carry out their roles and responsibilities effectively to meet people's needs. One relative said, "Yes, they are well trained," while another told us, "We think they are very good. They know what they are doing".

The staff we spoke with told us about the range of training that was available at Carlton Road and felt that this had contributed to the skills they needed to support people well. They said, "There is lots of training and it is all updated when needed." Another staff member told us, "I had an induction when I first joined the service and then have ongoing training in things like medication and fire safety." They also said, "I get time off to read files for training," and told us about the specific training undertaken to provide reassurance and support people in the event that they became distressed.

New staff were provided with a comprehensive induction comprising of shadowing experienced colleagues as well as attending various training courses. Staff were also working towards attaining their Care Certificate. The Care Certificate is designed to ensure all care staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. We looked at the training matrix which showed that staff had received the training that they required and that any training which needed updating had been refreshed in a timely fashion. The registered manager told us how they could request additional training should they feel staff required it and this was arranged by the provider.

The staff we spoke with felt well supported. They told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed this. In turn the manager also told us that they felt well supported by their line manager and received regular supervision and appraisal.

People made decisions about their own care and were given the opportunity to provide consent where possible. We spoke to one person who told us, "Oh yes, they always ask me when they are writing my care plan." Other people we spoke with nodded in agreement when we asked if they had helped to put together and agree their care plan. We saw that each care plan had a place for people to record their feelings about each section of their plan in as well as to sign their agreement. Relatives told us how they had been involved in the writing and updating of their family member's care plans.

Staff we spoke with told us about the importance of supporting people to give consent and make their own decisions. They told us how important it was to consider whether the person had the capacity to make decision they were making at the time they were making it. Staff reflected that people's capacity to make a decision can vary depending on the situation and their mood and the support they provided needed to be matched accordingly. Records showed that for each aspect of a person's life and care an assessment of their capacity had been undertaken to ensure that they could be empowered to make as many decisions for themselves as possible.

Staff could also tell us about the Mental Capacity Act and how this guided them when supporting people to make decisions. Records also confirmed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent to decisions about each aspect of their care. 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. The support plans we looked at had taken into account people's capacity in each aspect of their lives.

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). 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. People were not unlawfully restricted as authorisations under DoLS were being applied for by the registered manager when needed and staff understood how they needed to provide support in order to meet any conditions set. Staff told us that they received training in DoLS, so that they understood the requirements of these arrangements.

People were supported to eat and drink enough to keep them healthy. One person told us, "I like the food here. Lasagne is my favourite and we have that sometimes." Another person told us that they liked to make a homemade quiche for dinner and described enthusiastically the ingredients they used and how they made it. People also told us that they were able to choose something different if they did not like either of the choices on offer each day. Relatives we spoke with said that their family members helped with the shopping and were able to choose what they ate and drank. They were confident sufficient was provided for people to enable them to maintain a balanced diet.

We saw people check the menu that was on display to choose what they wanted to eat on the evening of our inspection. The menu was on display and showed the range of food that was planned for the week. This gave a good balance of different types of food. We heard how regular theme evenings were planned so that people could explore the foods from different countries and cultures. For example, a Hungarian evening was being planned for the weekend after our inspection and people were looking forward to this.

At breakfast time, people were supported to choose what they wanted to eat and prepare their own food. One person liked to have their toast very well done and received support to prepare this independently. People were involved in preparing the main meal and in clearing away. There was a rota on the dining room wall allocating tasks so that everyone took an equal turn to contribute and we saw people check this during our inspection so that they knew what they were doing to help on that day. Between meals people were able to help themselves for drinks and snacks when they wished. Jugs of squash were left prepared so that people could help themselves to a drink when they were thirsty and plenty of snacks were available.

We saw there was information in support plans detailing people's nutritional needs. Several people had diabetes and there were care plans in place detailing how staff should support people with diabetes to choose their food and maintain good health.

People had access to the healthcare professionals they needed at the right time. One person said, "If I feel ill, I'll tell the staff and they can call the doctors for me." Another person told us how staff always made sure they got help if they were unwell. Relatives told us how their family members had access to their GP when necessary and were supported by staff to go to medical and dental appointments.

Staff told us how everyone living at Carlton Road attended appointments with medical professionals to ensure that they remained in good physical and mental health. They explained how people used a mixture of local healthcare support and also the arrangements made by the provider with a healthcare provider so that people could receive the best care possible in a timely way when they needed specialist support. One staff member said, "Making sure we record and share the advice given (in the care plan), is key, and we always involve the person and their family if they want too". Staff were also aware of the different situations that may require them to contact emergency services and were clear that they would not hesitate to call for an ambulance if it was necessary.

The care plans we looked at confirmed that people received regular input from healthcare professionals, such as their GP, the psychologist or diabetic nurse on a regular basis. We saw that staff noted any advice given by healthcare professionals and where changes to a person's care were required, these were put into place. For example, one person had attended the diabetic clinic where it had been suggested that they use sachets for their favourite hot chocolate rather than spooning powder from a tin so that the sugar content was better regulated. We saw this recorded in the person's support plan and also in the team meeting notes so that all staff were aware of the new advice. Staff also contacted specialist services for people such as a Speech and Language therapist for advice when needed, and we saw that the guidance that had been provided was implemented within people's care plans.

## Is the service caring?

### Our findings

People who used the service and their relatives were very positive about the care and support staff gave and said they were kind and caring. One person told us, "All of the staff here are very nice." We saw that people had formed positive relationships with the staff and observed warm interactions between people and the staff supporting them. Relatives also voiced resoundingly positive comments about staff. One relative said, "We are very happy with [my family member's] care, they (staff) are absolutely marvellous." Another relative told us, "They, (the staff) are very friendly and we get on well with them".

One staff member told us, "I love my job – the guys I work with are brilliant." Another staff member said, "We know people well and spend lots of time working with them one to one." We also heard from staff how important it was to recognise if someone was upset and provide the support and reassurance that they needed.

We observed there was a happy and relaxed atmosphere in the home. We observed staff give a lot of reassurance to people and there was also a lot of friendly banter between staff and people who used the service. Staff had an excellent knowledge of how people preferred to be supported and there was detailed information in people's care plans detailing how they communicated their wishes and how staff should respond.

During our inspection, people were made aware of who the inspector was and why they were there by the staff that were supporting them. Staff checked with people that they were happy for us to speak with them. We saw that staff were attentive and supportive, speaking with people clearly and directly, but also in a way that made them feel like they mattered.

People were able to be involved in decision making and planning their own care. While there were clear routines and structures in place for each person, people were able to make day to day choices too. One person told us, "I can always ask the staff for help with whatever I need." Another person said, "They have all the details in my care plan, I talk to staff about it but I don't have much to do with the file myself." We spoke with another person who was being supported to move into their own home. They told us how they had chosen the house and were now choosing colours and finishes before moving in in a couple of months' time. Relatives told us they were involved in writing and reviewing their family member's care plans saying, "We go to reviews along with other family members as they will be involved in their care when we are unable".

Staff told us that it was important that Carlton Road felt like home to those that lived there. People were supported to decorate their bedroom to reflect their interests and tastes. They also helped out with household tasks. Staff were also keen to ensure that people spent their time doing the things that they wanted to, "Which means every day is different, it's never boring here," one staff member reflected. Another staff member told us how everything was focused around people's needs, likes and interests, telling us, "People choose what they want to do and how they spend their time. We make suggestions of new things they might want to try." Staff also related how pictures and symbols were used by some people to assist

their decision making and communication.

There was an emphasis on supporting people to become as independent as possible. We saw some people used an electronic application on their mobile phone to promote their independence. It could be programmed to give reminders by text message to the person at certain times, for example one person received a message at the end of their working day reminding them which number bus they needed to catch to get home. The device also had a means of enabling the person to let staff know that they were OK, if they were feeling unsure or that they needed assistance. Reports of the data from these devices were reviewed and used to provide the appropriate level of support to each person at the time that they needed it.

Analysis of accident and incident records were also used by the registered manager to gain people's views on their lives and the support they received. We saw that data could be viewed in 'fields' such as time, place and staff so that action could be taken review how people were supported. The registered manager also told us about an initiative that the provider was running to promote people having a greater voice in controlling the service that they received and how those at Carlton Road were able to take part.

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak

People were treated in a dignified and respectful manner by staff. People we spoke to described how staff treated them with regard to their rights to dignity and privacy. We observed people were treated as individuals and staff were mindful of people's needs and preferences. The relatives we spoke with told us that their family members were encouraged and supported to be as independent as possible. One relative told us, "[My family member] has a part time job (working at a local recycling facility)." Another relative told us how their family member was being supported with to learn "home living skills" through a local college course.

Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and ensured that any information passed to the inspector was done with due regard and respect for the person. We saw these values threaded throughout the care plans to ensure people understood what to expect from staff. Staff were also aware how important it was to promote people's independence, with one staff member telling us, "I think it is important that people are as independent as possible," and described to us how they provided support to promote this in several specific instances.

Carlton Road had a vehicle which people could use to get out and about when they needed. However, staff also encouraged people to walk into town or to use local public transport which was easily accessible from the home. This enabled them to travel further afield independently to pursue their hobbies and interests.

Personal details for people were kept in their files which were stored securely in a cabinet so that they could only be accessed by those who needed them. This protected people's personal details. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully.

## Is the service responsive?

### Our findings

People felt that they received the care and support they required and that it was responsive to their needs. One person told us about their work placement and the things that they made at work. Another person told us how they were looking forward to being able to go cycling soon now that a suitable venue had been found. Relatives told us that they felt the staff supported their family member to live the life that they wanted, pursuing their hobbies and interests. One relative told us about their family member's interests and how the staff supported them with these. Another relative spoke to us about the preparations that were made before their family member moved into Carlton Road, saying, "They (staff) asked what [my family member] would like their room to be like and then decorated it for them."

Staff told us how important it was for them to be vigilant and respond to people's needs quickly. Accordingly, we observed that staff were responsive to people's needs and requests for help. Staff were attentive and responded quickly to provide reassurance or distraction when someone began to show signs that they were unsure or anxious. They told us that the support plans were particularly helpful with this and the practice we saw from staff reflected that detailed in the care planning documents.

Information about people's care needs, their support needs and preferences were assessed and planned for and presented in care plans. We saw that care plans included what and who was important to each person and how they preferred to be supported as well as details about people's capacity and how risks were managed and reduced. The care plans were regularly reviewed and updated when required and relatives told us how they were involved in these reviews. Staff told us that they had the time to read people's care plans and were kept informed where there had been changes. It was evident that staff had an understanding of people's care needs and how they had changed over time.

Each person was able to choose what they did and how they spent their time; there was a wide range of activities that each person had planned. These included work placements, college courses and various leisure pursuits akin to each person's likes and interests. While at home, there were several communal areas within Carlton Road which people could move between as they wished as well as being able to spend time in their rooms or the secure garden area, where those who enjoyed gardening could tend pot plants or grow some vegetables. People's rooms were personalised and decorated according to their choice and staff understood the importance of respecting this.

People told us they had no complaints but would have no hesitation in raising any concerns with the manager or a staff member. One relative said, "We are very happy but if we had a concern we would talk to the staff first and then the manager if we weren't happy". Another relative described how they felt their family member had a very good bond with their key worker, which gave them confidence they would have support to resolve any difficulties they may have. So that people knew what to do if they had a concern or complaint, the complaints procedure was made available to people and was displayed in several places within the home. It was also displayed in an easy read format for those who may prefer this.

Staff we spoke with were aware of the procedures and protocols to follow in the event that they wished to

raise a concern, or if someone raised a concern them. One staff member told us, "If I saw anything which concerned me I would speak to the person first but go to the manager if I was not satisfied". Another member of the staff team told us how they would always put something right using the complaints procedure if a concern was brought to their attention.

We reviewed the records of the complaints received since our last inspection. There had been no complaints and only one concern recorded which had been resolved without having to instigate the formal complaints procedure.



## Is the service well-led?

### Our findings

People benefitted from the positive and open culture in the home. We saw people felt comfortable and confident to speak with the staff that were supporting them and the manager of the service. People who used the service and their relatives were complimentary about the leadership in the home. We saw that people were happy to approach the manager and make requests. A relative also told us, "The communication from them (the registered manager), is great; they keep us informed." Another relative said, "[The registered manager] is very reassuring, we get on fine with them." Relatives also told us how their views were sought using surveys and questionnaires asking their opinion and experience.

Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. They told us, "It is all about the service users here, first and foremost. They are at the centre of everything." Staff we spoke to during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good.

Staff told us that they felt well supported by the registered manager and the team of seniors. This was summarised by one staff member who told us, "Even on a bad day, I feel very supported." Another staff member agreed, saying, "I feel very well supported here. We have one to one's every three months and yearly appraisal. I can raise any concerns at any time." Staff also told us that they know who to speak to at the head office if they had a concern and said that they would feel confident to speak to them. This affirmed what we had heard from other staff that they felt there was an open and transparent culture in the home and they were comfortable raising concerns or speaking up if they had made a mistake. We heard that staff felt there was strong teamwork and everyone pulled together to resolve problems.

During our inspection, we saw that people were happy to visit the office to speak with the staff on duty or the manager to make requests or just engage in conversation. Staff told us that they found the manager to be 'very hands on' and said, "The registered manager always helps out if they are needed and never just stay in the office."

The conditions of registration with CQC were met. The service had a registered manager who had a good understanding of their responsibilities and how they needed to respond to ensure that the needs of those using the service were met. There was good delegation of tasks between staff at the office base with each person knowing what was required of them, and staff knowing who was responsible for what. The registered manager was well supported by their line manager. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received required notifications in a timely way.

People lived in an enabling and inclusive service where links with the community were seen as a valuable part of people's lives. Staff told us how people were encouraged to use the facilities in their local community, for example at the college opposite, as well as to travel to those places on the bus or train that they would like to visit.

People could be confident that the service was monitored and any improvements identified were implemented. There were systems in place to provide specialist support to the manager and to oversee and analyse any incidents in the service. These included dedicated teams at Autism East Midlands, for example behaviour therapists and psychologists who analysed incidents to see if action needed to be taken to learn from the incident and make changes to the way people were supported.

There were also robust monitoring systems used to audit the quality of the service provided. We were shown the audits which were carried out by the registered manager and submitted to the provider to demonstrate how Carlton Road is meeting all of the required standards. The provider then visited the service periodically to check this submission for themselves. We looked at the systems in place and saw these were focused on the five key questions asked by the CQC, is the service safe, effective, caring, responsive and well led. The system asked questions which looked at every aspect of the service including care records, the environment, staffing and safety. This gave the provider an overview of the quality of the service. The questionnaire used had been populated by the registered manager with the evidence as to how the standard was met at Carlton Road. Where any shortfall had been identified, an action plan was made to raise standards in the home.

People's care planning records and other records relevant to the running of the service were well maintained and the manager had appropriate systems in place which ensured they continued to be. Where any areas of improvement within the documentation had been identified this had been addressed.

Clear communication structures were in place within the service. Staff we spoke with said, "The communication is excellent. They (the registered manager) keep us well informed." There were regular staff meetings held to discuss pertinent issues within the service. This gave the manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group.