

National Autistic Society (The) Pine Croft

Inspection report

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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

Pine Croft provides accommodation and personal care for four people. People who live at the home have autism and mental health needs. There were two people living at the home at the time of the inspection. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

In addition the service provides personal care as part of an outreach service to people in their own homes. This service was situated in a separate self-sufficient office in the back garden of Pine Croft. At the time of the inspection they were supporting seven people however, none of these people were receiving assistance with personal care. The Care Quality Commission therefore did not inspect this part of the service as they were not carrying out any regulated activities.

There were two registered managers in post. One was responsible for Pine Croft and the other the Outreach Service. 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.

People were receiving care that was responsive and effective. Care plans were in place that described how the person would like to be supported. This included the early warning signs that a person's mental health was changing and how the person's autism impacted on their day to day lives. The care plans were tailored to the person and provided staff with information to support the person effectively. People had been consulted about their care needs and their views sought about the service. People were supported to make decisions and take proportionate risks. Systems were in place to ensure that complaints and any concerns in respect of abuse were responded to.

Staff were caring, supportive and demonstrated a good understanding of their roles in supporting people with autism. Staff received training and support that was relevant to their roles. Systems were in place to ensure important information was shared amongst the team and other health and social care professionals to ensure a consistent approach to people's care.

People had access to other health and social care professionals. Feedback received from visiting professionals was that they were made to feel welcome and were kept informed about any changes enabling them to adjust any treatment and support for the person. People confirmed they could access an advocacy service if they wanted. At the time both people had declined an advocate, saying they could speak out for themselves. Safe systems were in place to ensure people received their medicines as prescribed.

There was enough staff to support people both in the home and the community and to respond to their changing needs. Staff worked in both Pine Croft and the Outreach Service. This was seen as positive by the management of the service as some people had previously lived in Pine Croft and it offered them some

consistency and familiar staff.

People were being supported and enabled to take more control over their lifestyle choices. People were being encouraged to shop and prepare their own meals, look after their own finances and take some responsibility for their medicines. This was in preparation should people chose to live more independently.

The service was well led. There were systems to monitor the quality and seek the views of people to improve the service.

The service was advised to review the name of the service as currently it does not acknowledge the service provided in the community, the Outreach Service.

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.

There were sufficient staff to support people. The service provided a safe environment for people and risks to their health and safety were well managed by the staff. People received their medicine safely.

People could be assured where an allegation of abuse was raised the staff would do the right thing. Staff had received training in safeguarding adults enabling them to respond and report any allegations of abuse. Staff felt confident that any concerns raised by themselves or the people would be responded to appropriately.

Is the service effective?

Good 

The service was effective.

People who used the service told us the food was good and they were given sufficient food and drink to meet their nutritional needs. People were encouraged to take an active role in shopping and cooking their own food.

People were involved in making decisions and staff knew how to protect people's rights. People's freedom and rights were respected by staff who acted within the requirements of the law. This included the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff received appropriate training and were supported to provide effective care.

People were able to access health and social care professionals and specialists to ensure their physical and mental health needs were met.

Is the service caring?

Good 

The service was caring.

People who used the service and visiting health and social care

professionals we spoke with thought the staff were approachable and kind. People were supported in an individualised way.

We saw people were involved in developing their plans of care to ensure their wishes were taken into account.

We observed there was a good interaction between staff and people who used the service.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's care needs enabling them to respond to their changing needs. Care plans clearly described how people wanted to be supported. People were involved in the planning of their care.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

People could be confident if they had any concerns or suggestions for improvement these would be responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

Staff were clear on their roles and aims and objectives of the service. They supported people in an individualised way and encouraged them to take control over how they wanted to live. People's views were sought to drive improvement to the service.

Staff described a cohesive team with the registered manager working alongside them. Staff told us they felt supported both by the management of the service and the team.

The quality of the service was regularly reviewed by the provider/registered manager and staff.

Pine Croft

Detailed findings

Background to this inspection

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

This was an unannounced inspection which was completed on 12 and 13 April 2016. The inspection was completed by one inspector. The previous inspection was completed in February 2014 there were no breaches of regulation at that time.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted four health and social care professionals to obtain their views on the service and how it was being managed. You can see what they told us in the main body of the report.

During the inspection we looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, recruitment, supervision and training information for staff. We spoke with four members of staff and the registered manager for Pine Croft and the Outreach service. We spoke with the two people living at Pine Croft.

We also spent a short time in the Outreach Service. This service provides support to people living in their own homes. The service was supporting seven people but at the time of the inspection no one was receiving personal care. This was confirmed in discussion with the registered manager of this part of the service and two members of staff who regular work with some of the people.

Is the service safe?

Our findings

People told us they felt safe and were well supported by the staff team. They told us there was always enough staff to support them in the home and to provide them with opportunities and support to go out when they wanted. One person told us when they went out independently they were given a mobile telephone. This enabled them to keep in contact with the staff should they have any difficulties. They told us this gave them some security when out in the community and they confirmed the staff would help them if this was needed.

Medicines were kept safely and were stored securely. Clear records were kept of all medicines received into the home and given to people. These records showed people were getting their medicines when they needed them. People were supported to look after their own medication. This was done within a risk assessment framework. People told us staff regularly explained what their medicines were for and any side effects. Care files included information about what medicines people were taking and any side effects. This included guidelines for the administration of 'as required' medicines.

Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the registered manager and completed medication training. The medicines were checked monthly by a designated member of staff. There had been 11 medication errors in the last 12 months where staff had failed to sign the medication administration record. The registered manager told us these had been investigated and staff had received additional training and their competency reassessed. They were continuing to monitor this.

The provider had a comprehensive staff training and induction program which included safeguarding training about how to protect people from harm. Equality and diversity training was also provided building on the skills of the staff to keep people safe from harm and discrimination.

People told us they were treated well by the staff and each other. Staff were confident the registered manager would respond to any concerns raised about poor practice. They were also confident people would tell a member of staff if they were not treated fairly and appropriately. A safeguarding adult's policy was available for staff to guide them on the procedure to follow. There was a whistle blowing policy enabling staff to raise concerns about poor practice. These were displayed on the office notice board.

People received a safe service because risks to their health and safety were well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent. People were able to access the community independently, be involved in the cooking of their meals and were responsible for their own money. It was evident people were empowered to take control over their own lives. People's mental capacity had been taken into account when such choices were made and their right to take informed risks was respected.

The staffing was suitable to meet the needs of the people living at Pine Croft. There was a senior member of staff and a home support member working during the day. At night there was a waking night and sleep in

member of staff. This ensured people's support needs were met and enabled adequate time for safe, individual and person centred care to be provided. We saw that each person was treated as an individual and the staff during our visit gave each person appropriate attention and support. Staff worked both in the home and the Outreach service supporting people living in the local community. The registered manager said this worked well to offer people continuity as some people had lived at Pine Croft and were now receiving a service from the outreach team.

We looked at two staff files to check whether the appropriate checks had been carried out before they worked with people living in the home. The files contained relevant information showing how the registered manager had come to the decision to employ the member of staff. This included a completed application form, two references and interview notes. New members of staff had undergone a check with the Disclosure and Barring Service (DBS) which was formerly known as a Criminal Records Bureau (CRB) check. This ensured that the provider was aware of any criminal offences which might pose a risk to people who used the service. The registered manager was aware of their responsibilities in ensuring suitable staff were employed. Safe recruitment systems were in place that recognised equal opportunities and protected the people living in the home.

The registered manager told us they were actively recruiting to two vacant posts and interviews were being held on the day of the inspection. Both registered managers were involved in the interview process.

Staff completed a six month probationary period where the registered manager checked if they were performing to a suitable standard. This continual process enabled the registered manager to come to a conclusion on whether the member of staff was suitable to work with people Pine Croft. The registered manager told us this could be extended if staff needed more support. The provider had a disciplinary procedure and other policies relating to staff employment.

The home was clean and free from odour. People told us they were supported by staff to complete daily chores and the cleaning of their bedrooms. Cleaning schedules were in place. Staff received training in infection control. There were policies and procedures in place to guide staff on minimising the risks in respect of infection control.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. There were policies and procedures in the event of an emergency and fire evacuation. Staff confirmed they took part in regular fire evacuations. There were some gaps in respect of the fire checks but this was being reviewed on the day of the inspection. Staff explained that one of the gaps was because an external contractor had inspected the fire equipment and the other gap was the first day of the inspection. This was rectified by the second day of the inspection. The reason this was not completed was the staff did not want to cause any further stress to the two people living in the home.

Checks were completed on the environment by external contractors such as the fire system and routine checks on the gas and electrical appliances. Certificates of these checks were kept.

An annual audit was completed in November 2016 by the organisation's health and safety team in respect of whether the premises were safe and fit for purpose. Where concerns had been raised these had been actioned. Regular maintenance was completed on the premises. There was clear guidance for external contractors which was given to them when they arrived at the home. This was to ensure the safety of the people living in the home and the contractor. This included information about keeping safe by ensuring all tools were stored safely when not in use, keeping areas tidy and information about the asbestos which

could be found in the garage. This showed the service took into consideration the safety of people.

Is the service effective?

Our findings

People told us they were happy with the care and support they received from the staff. People told us the staff listened to what they had to say and spent time with them. One person told us, "I am very happy to be living here, it is my home". Another person told us, "I like living here, the staff are helping me to eat healthily and eventually I want to live on my own".

There was detailed information in care files to inform staff about people's mental health and general well-being. The signs of a person's mental health deteriorating was clearly documented. This included when it was likely to occur, early warning signs and the action staff should take to support the person. The actions for staff to take were clear, person-centred and described how to provide effective support. The plans included who should be contacted, for example the person's GP or psychiatrist. People where relevant were receiving support from the community mental health team and a psychiatrist. Feedback from healthcare professionals was positive.

Where people's needs had changed staff were proactive in contacting health and social care professionals for advice and support. This ensured the person was receiving an effective service and the staff were supporting the person appropriately. People told us they had regular meetings with their psychiatrists or community mental health nurse. Where people were on a conditional discharge or community treatment order under the Mental Health Act 1983 this was regularly kept under review with professionals ensuring it was appropriate. People confirmed they were offered an advocate if they needed this during these meetings.

People had access to health and social care professionals. People confirmed they had access to a GP, dentist and opticians and could attend appointments when required. Where people had refused treatment this was clearly recorded and the consequences of the refusal explained to them. People had a 'my health plan', which described what support they needed to stay healthy. Staff were working with people on the importance of good oral hygiene and the effect this can have on people's health and general well-being. There were other health promotional leaflets that were available to people to increase their own awareness in managing both their autism and other health related matters.

Staff told us the least restrictive approach was used to avoid behaviours escalating. They said the priority was to make the environment safe for people, rather than imposing restrictions on people or their movements. Staff spent time talking and listening to people. People's care records included plans which provided guidance for staff about how to respond to changes in people's behaviour. This helped to ensure staff supported people in a safe and consistent way. Staff had received training on managing conflict and how to de-escalate behaviours.

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 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 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 had not received any notifications from the service during the last year in connection with the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm.

Each person had information in their care file about deprivation of liberty safeguards and whether there were any areas of concern which would indicate an application should be made. These had been kept under review. The registered manager told us everyone presently had been assessed as having mental capacity so at this point of time no applications for a DoLS was required. The registered manager and staff showed a good level of understanding of the process. Policies and procedures were in place guiding staff about the process of DoLS and the MCA. All staff received annual training updates about the MCA and DoLS.

It was evident people were asked for their consent prior to any care and support being delivered. Where people had refused support this was recorded which showed that these decisions were respected.

People's weight was monitored on a monthly basis or more frequently if there were any concerns. Where there were concerns the staff told us they would liaise with the person's GP and other health professionals. It was evident the staff saw the importance in good physical health as a link to the person managing their own mental health. Staff told us they were supporting people to eat more healthily without compromising the person's choice.

People told us there was always enough to eat and drink. People independently accessed the kitchen to make drinks, snacks and prepare their breakfast, lunch and evening meal. There was a rota in the kitchen detailing who was cooking along with a menu. People told us they had fortnightly take away meals. One person told us they were now cooking for themselves four nights a week. Whilst they acknowledged they did not particularly like cooking they told us they were very pleased with some of the dishes they had recently cooked. Fresh fruit was available in the kitchen for people to help themselves.

Staff received training so they knew how to support people in a safe and effective way. Staff felt they were provided with appropriate training and were competent in the tasks they carried out. They told us their training needs were discussed during their individual supervision meetings with the registered manager. A member of staff praised the organisation and the registered manager on the commitment to ensure staff had the appropriate skills and training. They told us about an external conference they had attended which was pertinent to their role of supporting people with autism. They also told us the team they were receiving specific training on supporting people with mental health needs. They told us the training was delivered electronically, face to face and through seminars. Staff had recently completed a range of training in October 2015 on meeting and promoting people's health care needs. This had been organised jointly by South Gloucestershire Council and Sirona Care and Health CIC for care staff across the local area.

Individual staff training records and an overview of staff training was maintained. The registered manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling, safeguarding, MCA and DoLS training. A training plan was in place to ensure staff received regular training

updates.

There was a policy in place to guide the registered manager on their responsibilities to ensure all staff received supervisions with their line manager on a monthly basis. Staff confirmed they met with the registered manager regularly to discuss their roles, training and any concerns that either party might have. In addition all staff had an annual review of their performance, this included setting goals in relation to their role and identifying any future training needs and areas for improvement.

The people currently living at Pine Croft were provided with suitable accommodation. There were four spacious bedrooms. People were able to decorate and personalise their bedrooms to their own taste. The registered manager told us people were asked before they moved to the home what colour they would like their bedroom. People were able to personalise their bedrooms with pictures and other personal effects.

There was a bathroom and shower room on the first floor and a toilet on the ground floor. These were suitable for the people living in the home. We noted that there was no window covering in the bathroom although there was frosted glass this may compromise people's privacy and dignity especially at night when the light was on. The registered manager said this had been redecorated in March 2016 and assurances were given that new blinds would be purchased.

There was a large kitchen which both the people and the registered manager told us was being replaced. They told us whilst it was functional it required updating with a plan to have two cookers. This was to enable people more choice of when they wanted to cook as presently only one person could cook safely in the kitchen at a time.

There were two lounge areas for people to socialise, which people had called the laminated and the carpet lounge. From talking with the two people living at Pine Croft each person had their preferred area to sit and relax, to either watch television or listen to music. These areas were homely and comfortably furnished. There was also a light and airy conservatory.

The house had a front and rear garden. The registered manager told us people were encouraged to assist in the garden up keep including planting and watering the garden. One person told us they were planning to grow some potatoes and other vegetables with help from staff.

To the rear of the property was a double garage which had been refurbished since our last inspection to include a self-contained office for the outreach service. There was a large office, a training/meeting room, catering facilities and a toilet. Staff who worked for the outreach service shared the small car park but were completely separate from Pine Croft.

Is the service caring?

Our findings

People told us they liked the staff that supported them. They told us they had a named member of staff a key worker who helped them to plan their support needs. They told us they spent time regularly with this member of staff discussing what they wanted to do.

The relationships between people at the home and the staff were friendly and informal. People looked comfortable in the presence of staff and sought out their company. The atmosphere was calm and relaxed. When a person became slightly anxious about what was happening in relation to going out. Staff listened and supported the person with making a plan on when, how they were going to get there and what they wanted to do when they arrived and agreed a time they would return. This provided the person with the reassurance they needed. They seemed more relaxed once this discussion had taken place. It was clear the person wanted a very clear plan on when they going and when they would return.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date. They also spent time with people individually. The key worker met with each person on a weekly basis to discuss and explore whether they were happy with the care, what changes could be made and what they would like to do over the forthcoming week.

The registered manager and the staff clearly knew the two people well. It was evident they were knowledgeable about the people they were supporting. This included how people's autism was having an effect on their day to day life. They were aware of the individual triggers that may cause them anxiety and what assurances the person needed. They spoke positively about the people, describing their interests, likes, dislikes, their personal history and the person's personal achievements. It was acknowledged by staff that sometimes progress was slow and little steps had to be taken so as not to cause the person increased anxiety.

People confirmed their bedrooms were their own private space and staff only entered with their permission. People confirmed they had a key to their bedroom door affording them more privacy.

People were being supported to take control over their lives and offered opportunities to increase their independence in all aspects of their lives. People told us they looked after their own finances and medicines, made decisions on how they spent their time and were active in daily chores within the home. People told us the staff supported them in areas they found difficult such as planning a healthy menu or visiting new places. People told us they could see their GP and other health professionals in private or with the support of a member of staff.

People told us weekly meetings were organised to enable them to be kept informed of any changes in the running of the home, including any staff changes. People told us this was an opportunity to discuss activities, menu planning and whether they had any concerns or suggestions for improvement. Both people were well aware of the home's business plan in making improvements to the environment including the

kitchen refurbishment. One person told us they were always reminded that if they would like an independent advocate this was available.

Care records included information about important relationships in people's lives and what support was required to maintain contact. People told us they could receive visitors to the home and were supported to visit friends and family. One person told us they met family when they went to Cribs Causeway shopping outlet, as it was easier. Staff told us social events were organised in the past where family and friends were invited. Although we were told the two people presently living in the home were not so enthusiastic. It was evident that people were asked what information if any they wanted to be shared with family and this was respected. There was a pay phone for people to keep in contact with friends and family situated in one of the lounges. Where people needed to speak in private then they were offered to use the mobile phone, which could be taken to their bedrooms.

Visiting health and social care professionals reported that the staff were kind and knowledgeable about the people they supported. They also told us they were made to feel welcome when they visited.

Records about people were held securely in a locked cupboard in the office. The registered manager told us people could view their records any time they requested. People had signed their plans of care where relevant.

People had been consulted about their end of life plans and what they wanted to happen in the event of their death or an event where they became unwell.

Is the service responsive?

Our findings

People told us about the activities organised in the home and in the community. Each person had a structured time table with opportunities to go out with staff on a one to one basis. This was very much led by the person based on their interests. One person told us they liked music and staff assisted in finding them venues in the local area. They told us they enjoyed a recent folk session at the local church and enjoyed going into Thornbury on most days for a coffee and to collect a newspaper. Over the two days people had been supported to go to a local garden centre to purchase items for the new fish tank, a DIY shop to look for bathroom blinds and a trip to the pub. Staff were also exploring other options such as a local cinema that recognised for some people with autism the experience could be daunting. Therefore the cinema lighting was brighter and there was no trailers and advertisement. One person told us they had recently been supported to attend a social club in Bristol which the staff had actively found for them.

The registered manager told us it was important for people to have structure to their daily lives and complete activities they enjoyed. In the past the registered manager told us people had been supported to find work if it was appropriate or voluntary roles for local charities. A visiting health care professional stated that they were excellent in responding to people's needs and promoting social inclusion.

People were supported to go shopping for their weekly groceries. Each person was allocated a budget to enable them to plan, shop and cook their meals. One person told us they were doing this three times a week and the other person four times a week. Staff would then cook on the other days for the person who was not cooking. This was innovative and showed the service's commitment on supporting and encouraging people to be as independent as possible. The level of involvement of people in their day to day lives such as household chores, cooking and shopping was clearly described in the person's care plan. This was seen as being part of the ethos of the home enabling people to maintain daily living skills as part of their recovery and potential move to more independent living.

People had their needs assessed by the registered manager 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. As part of the assessment process a compatibility assessment was completed involving the other people in the home to ensure that there were no risks to them or triggers which might affect another's well-being. It was acknowledged by the registered manager that both people presently living at Pine Croft like a quiet atmosphere. So therefore it may not be suitable for someone who was noisy or boisterous to move to Pine Croft, as this may affect the well-being of the other two people. One person said, "It is much nicer here now, before there was a person that was quite often shouting, I did not like it then, It is ok now, we all get on well now". Staff confirmed that this person had moved on to an alternative placement. Another person had also recently moved into their own flat.

People had a care plan covering all areas of daily living. This included daily living skills, social networks, responsibilities, daily routines and hobbies and interests. Care documentation included any risks associated with their care or medical conditions. There was information about the person's autism and the affect it may have on their daily living. People had been involved in completing a sensory assessment to enable them and

staff to have a better understanding on how this impacted on their daily lives. Staff told us both people prefer an environment and atmosphere that was quiet and calm. They told us they liked to keep the atmosphere as calm as possible whilst encouraging and supporting people to be more independent. Staff told us it was important to celebrate people's successes rather than any failings.

Staff knew people well in relation to their daily routines. They understood that some people did not like mornings and during this period it was best for people to get up in their own time with no pressure. Because of the layout of the home there was sufficient space for people to be on their own if they chose. Both people had chosen a lounge where they preferred to spend their time. They confirmed staff would sit with them and chat if that is what they wanted or they would spend time in the kitchen talking with staff.

People had been involved in making decisions about their care and support they required. Care was tailored to the person ensuring their individual needs were being met. People had signed their plan of care confirming their agreement.

A social care professional told us, "Care is person centred and the focus is on the person and making it a home for them, there is a good team and they know my client well. I have no concerns". They confirmed they were kept informed of any changes and were generally pleased with the success of the placement. They told us the staff had to take it slowly so engagement with their client was successful. They told us they would have no hesitation in placing another person at the service in the future. Another health care professional told us they were always kept informed of any changes enabling them to adjust treatment and discuss improved ways of working with the person.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. There were written records of the handover so staff could keep up to date if they had been off for a few days. In addition to the daily handovers, staff completed daily records of the care delivered. These were positively written. Daily records enabled the staff to review people's care and their general well-being over a period of time.

Key workers completed a two page monthly summary about the general well-being of the person, what activities they had taken part in, any health care appointments and what progress had been made in relation to the individual's planned goals. These were comprehensive and showed clearly how the service was responding to people's changing and on going support needs.

At the time of our inspection the registered manager informed us there were no on going complaints. The records seen indicated this was the case. Staff told us they were confident any concerns or complaints raised by people using the service would be dealt with appropriately and in a timely manner. People told us they were asked at the weekly house meeting if they had any concerns and were confident these would be addressed. Both people told us they were happy with the care and support they received from the staff.

Where people had raised concerns it was evident the registered manager had taken appropriate action, including informing the complainant about the outcome. For example one person had complained a member of staff had been late in supporting them to cook their evening meal. It was evident the registered manager and the staff were committed to listening to people and acted on their concerns. No other complaints had been received in the last twelve months.

Is the service well-led?

Our findings

The registered manager told us the service had changed over the last two years and was more about enabling people and teaching them the skills they needed to live independently. Staff confirmed this stating there was an ethos of encouragement and enabling people to do for themselves rather than staff taking the active role. The registered manager told us the change had not been initially embraced by some staff or the people living in the home, but this was now changing. People confirmed this was the case and said they now enjoyed the responsibility of cooking and making decisions on how they wanted to live. One person was looking forward to moving on and felt the skills they had learnt would enable them to do this safely. Recently another person had moved into a supported living service. Both their relative and the person had thanked the staff for their support whilst living at Pine Croft. They had written, 'fantastic team of highly skilled and dedicated, kind people, could not have asked for better care'.

There was a culture where people felt included and their views were sought. Weekly house meetings were taking place where people's views were sought about the running of the home, activities, menu planning and any planned works in the home. People were consulted about the décor and colour schemes. Regular individual meetings were held with people about their care and support needs. The registered manager told us key workers routinely meet with each person, to discuss their support needs and any improvements that can be made to the care delivery. This was confirmed in discussions with the two people living in Pine Croft. Care plans were being reviewed regularly this included seeking the views of the person to ensure it was appropriate. Care plans were audited monthly identifying any improvements or gaps in the care documentation.

Staff and people were kept informed about changes to the organisation and the wider picture of supporting people with autism and mental health. There was information available to people from the National Autistic Society including leaflets. Regular staff meetings were taken place enabling staff to discuss and share ideas for improvement and any changes in respect of the care of the people living in the home. Minutes were maintained to enable staff unable to attend to keep up to date and for the staff to follow up on any agreed actions.

Health and social care professionals received information about the people they placed with the service to enable them to monitor the wellbeing of the person. A social care professional told us the service kept them informed of any changes and they worked together in supporting the person. They described an incident that happened back in December 2015 where the staff had worked with the person to create a safe place for them to live which included reducing any further stress or anxiety for the person. They had been kept informed about any changes to the person's care plan and were asked for their advice. Another health professional described the service positively including how the staff worked together with them to meet the needs of their client. Another told us, "The manager is very good she has great vision for both the service users and members of the team. She is very approachable and has an open door policy. She shows a lot of dignity and respect to everyone she works with and meets. My service users who have left Pine Croft are doing very well back in the community and it is lovely to get service users in such a positive place".

The staff told us they were confident to report poor practice or any concerns, which would be addressed by the management. Communication between the registered manager and staff was positive and respectful. People were aware of the management structure in the home and knew who to speak with if they were unhappy.

The registered manager and staff we spoke with were passionate about providing quality care that recognised people as individuals. Staff told us they were listened to and valued by the registered manager and felt that they worked together as a team which improved the quality of life for the people they supported. A member of staff told us, "The manager works alongside us, we have had our ups and downs with staff leaving but the manager is open to suggestions, on the whole it is a good place to work and I would recommend to friends and family as a good place to live and work". The registered manager told us they were positive with the direction the home was taking and with the recent recruitment to the vacant posts they would go from strength to strength.

Annual surveys were undertaken to obtain people's views on the service and the support they received. These were also sent to friends and family, staff and visiting professionals. We saw the results of the last survey, which were all very positive. One professional commented that they were impressed with the staff's commitment to the people and the manager had high expectations and helped people reach their potential. People said in the survey that they all felt listened too, were supported to make choices and were happy with the activities that took place.

We saw from looking at records that the registered manager conducted regular audits to check on the quality of service provision. These included infection control, medicine administration, care plans, cleaning rotas, weights and nutrition, accidents and environmental checks.

The provider had a governance procedure which was designed to keep the performance of the service under regular review and to learn from areas enabling them to make improvements. The registered manager told us their line manager visited the service regularly to complete checks on the quality of the service and to provide individual supervision with them. They also told us they had a good working relationship with the registered manager of the Outreach service which was situated in offices to the rear of the home and regular met up to discuss areas for improvement.

The registered manager told us they were hoping to become re-accredited by the National Autistic Society. In order to achieve accreditation a service must provide evidence that it has a specialised knowledge and understanding of autism, which was central to the assessment process and the development of people's care plans and the management of the organisation. The registered manager and staff had already completed a lot of work towards this. For example ensuring the care files were person centred and autism friendly. The accreditation process was taking place the week after the inspection.

We reviewed the incident and accident reports for the last twelve months. Appropriate action had been taken by the member of staff working at the time of the accident. There were no themes to these incidents and had been reviewed by the registered manager. From looking these reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.