

The Kent Autistic Trust

The Kent Autistic Trust - 14 High Street

Inspection report

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Date of inspection visit:
30 June 2016

Date of publication:
22 August 2016

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

The inspection was carried out on 30 June 2016. Our inspection was announced.

The Kent Autistic Trust - 14 High Street is a supported living scheme for adults with an autistic spectrum condition. The service provides personal care and support for people living in self-contained flats in Chatham and Strood. The Kent Autistic Trust - 14 High Street provides personal care and for four people who are living in the community. Staff provided assistance to people such as washing and dressing, preparing food and drinks, administering medicines and helping people maintain their health and wellbeing.

Management of the service was overseen by a board of trustees for The Kent Autistic Trust. Trustees and the chief executive officer for the trust visited the supported living schemes regularly.

The service had a registered manager and a 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 and associated Regulations about how the service is run. The manager was in the process of applying to become a registered manager so that each of the support living schemes would have a registered manager.

People were unable to verbally tell us about their experiences. People were relaxed around the staff and in their own home. We received positive feedback from relatives about all aspects of the service.

Staff knew and understood how to safeguard people from abuse, they had attended training, and there were effective procedures in place to keep people safe from abuse and mistreatment.

Risks to people had been identified. Systems had been put in place to enable people to carry out activities safely with support.

Medicines were appropriately managed to ensure that people received their medicines as prescribed. Records were clear and the administration and management of medicines was properly documented.

Staff and people received additional support and guidance from the behaviour support manager when there had been incidents of heightened anxiety. Staff received regular support and supervision from the management team.

There were suitable numbers of staff on shift to meet people's needs. The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Robust recruitment procedures were followed to make sure that only suitable staff were employed.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements. Staff had supported people to understand decisions that needed to be made with regard to their health, which had enabled them to make an informed decision about treatment.

People were supported to prepare and cook food that met their needs and records evidenced that people made choices in relation to their food and drinks.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner and took appropriate action.

Relatives told us that staff were kind, caring and communicated well with them. Interactions between people and staff were positive and caring.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect. People's information was treated confidentially and personal records were stored securely.

People's views and experiences were sought during meetings and by completing questionnaires.

People were encouraged to take part in activities that they enjoyed, this included activities in their homes and in the local community. People were supported to be as independent as possible.

The complaints procedure was on display within the foyer of the supported living scheme and this was also available in an easy read format to support people's communication needs.

Relatives and staff told us that the service was well run. Staff were positive about the support they received from the senior managers within the organisation. They felt they could raise concerns and they would be listened to.

Communication between staff within the service was good. They were made aware of significant events and any changes in people's behaviour. Handovers between staff going off shift and those coming on shift were documented, they were detailed and thorough.

The provider and registered manager had notified CQC about important events such as safeguarding concerns these had been submitted to CQC in a timely manner.

Audit systems were in place to ensure that care and support met people's needs and that the service was suitable for people. Actions arising from audits had been dealt with quickly.

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.

Staff had a good knowledge and understanding on how to keep people safe from abuse.

There were sufficient staff on duty to ensure that people received the care and support when they needed it. There were safe recruitment procedures in place to ensure that staff working with people were suitable for their roles.

Risk assessments were clear and up to date so staff had clear guidance in order to meet people's needs.

Medicines had been appropriately managed, recorded and stored.

Is the service effective?

Good ●

The service was effective.

Staff had received training and supervision relevant to their roles. Staff felt they received good support from the management team.

Staff had a good understanding of the Mental Capacity Act and how to support people effectively with making complex decisions.

People were supported to prepare and cook food of their choice at each meal time which met their likes, needs and expectations.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring.

The staff were kind, friendly and caring.

People and their relatives had been involved in planning their

own care.

People were treated with dignity and respect, their records and information about them was stored securely and confidentially

Is the service responsive?

Good ●

The service was responsive.

People's care plans had been reviewed and updated regularly to reflect changes in people's needs.

People and their relatives had been asked for their views.
Relatives told us that they were kept well informed by the service.
Relatives had confidence that complaints would be dealt with effectively.

People were encouraged to participate in meaningful activities, which were person centred and included community trips.

Is the service well-led?

Good ●

The service was well led.

Records were well maintained and stored securely.

The service had a clear set of values and these were being put into practice by the staff and management team.

Staff were positive about the support they received from the management team and felt valued.

The registered manager and provider carried out regular checks on the quality of the service.

The Kent Autistic Trust - 14 High Street

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.

The inspection took place on the 30 June 2016, it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

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 plan to make.

We visited one of the supported living properties. People were not able to give us feedback about their experiences of the service. We spoke with three relatives by telephone. We interviewed 10 staff including the registered manager, service quality compliance manager and the chief executive.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority care managers, commissioners and nurse assessors.

We looked at two people's personal records, care plans and medicines charts, risk assessments, staff rotas, staff schedules, four staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send us additional information after the inspection. We asked for copies of policies and procedures, quality audits, training information and compliments. This was received in a timely manner.

The service was last inspected on the 05 February 2014 and there were no concerns.

Is the service safe?

Our findings

People were not able to tell us about their experiences of support they received from the service. Relatives told us their family members received safe care. Comments included, "My son is well looked after and I believe he is safe in his care"; "Excellent care, everything since he has been there has been no issues. I can leave him with them knowing he is safe" and "I definitely believe that [family member] is kept safe by the staff there". Relatives told us that there were plenty of staff to meet their family member's needs at home and in the community. A health and social care professional told us that people received safe care and support.

Staff had completed safeguarding adults training. The staff training records showed that all staff had completed training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns. People were protected from abuse and mistreatment.

Support plans contained in depth risk assessments to keep people safe. Risks to the environment had been considered as well as risks associated with people's complex needs. The risk assessments gave clear, structured guidance to staff detailing how to safely work with people. For example, a risk assessment had been carried out to support a person to make a cup of tea safely. This included steps that should be taken to protect the person, such as only filling the kettle with as much water as was required and always having staff support in place. People were positively supported to take risks. Risks had been reduced to ensure people, staff and others were protected when accessing the community. Guidance was clear about how each person accessed the community, what equipment was required and how many staff were needed. This meant that safe systems of work had been put in place to protect people and staff.

Accidents and incidents were reported to the registered manager. All accidents and incidents were reviewed by the registered manager and by the positive behaviour team. Records evidenced where follow up action had been taken after the accident or incident. This included who had been notified of the incident and whether support plans and risk assessments had been updated.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files held at the providers Human Resources department. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked. The provider had carried out additional checks on staff that had been employed by companies that had gained negative feedback in the press to check that staff were suitable to work with people. People were involved with recruiting new staff to the service, this was done by observation through

a taster session, people were asked for feedback about the prospective staff member after the taster session and interaction during the session was observed and recorded. Robust recruitment procedures were followed to make sure that only suitable staff were employed.

The Kent Autistic Trust - 14 High Street employed enough staff to cover the care packages that were in progress. Rotas and schedules showed that people had consistent staff working with them. People in receipt of one to one staffing received this level of support as required. Staff told us that they provided flexible care and support. One staff member told us, "I am part-time and the person I look after decides what days and times they want me to be on duty. As most people are at least one to one care it does mean that they can all go individually choosing where they wish to go. I know that if a particular outing needed a change of time then the rota would be arranged to accommodate for this".

Medicines were appropriately managed to ensure that people received their medicines as prescribed. Records evidenced that people had received medicines when they needed them. Care records clearly listed how people showed they were in pain. There were clear medicines procedures in place which were dated 2015. The procedures set out directions for staff about administration of medicines, this included information about over the collection of prescriptions, records and medicines error reporting. Staff made accurate records of medicines taken on medicines administration charts (MAR) and medicines records. Relevant action had been taken by staff when medicines errors had occurred, this included contacting people's GP for advice and guidance. Medicines errors had been recorded.

Is the service effective?

Our findings

People were not able to tell us about their experiences of support they received from the service. Relatives told us their family members received effective care and support. They told us that their family members were supported to make decisions and they have been involved in the process where this was appropriate. Comments included, "Yes we have been involved, he has been there eight years. He is NHS, and we are always involved in his care planning"; "Well he can make decisions but they may not be good ones. For example he may decide to spend all his money on music. But the staff explain to him that is not a good idea because he needs to get things to eat and stuff like that. He understands. I have been involved in things, but he is not too bad if things are explained, this is what they do at this place"; "They [staff] always let us know if he is not well and they call whoever they need to" and "They let me know about things like hospital appointments and I go with him if I can, but the staff would always let me know what has gone on".

Staff had received training and guidance relevant to their roles. Training records evidenced that staff had attended the provider's mandatory training such as health and safety training, first aid and medicines training. The provider had also listed 'required training' that staff should attend which included Autism training and nutrition and diet. Staff had good knowledge and understanding of their role and how to support people effectively.

Staff had a good understanding of managing behaviours that may challenge, staff had attended training to give them skills which enabled them to divert and distract people when they showed signs of becoming emotionally aroused this training and support enabled staff to do this without using restraint. The behaviour support manager was available if staff required assistance or training concerning the management of behaviour that could be challenging.

New staff had completed training and worked with experienced staff during their induction period. This enabled staff to get to know people and learn how to communicate with each person effectively. New staff had completed workbooks to evidence their learning and development and had gained the Skills for Care Certificate. One staff member told us, "When I started we were given a workbook this was part of our induction, I had no care experience when I started with the agency. I shadowed other staff and they checked. I was competent before I started working with people on my own. I have undertaken a lot of training since then".

Staff received six monthly supervision from their manager in line with the provider's supervision policy. Supervision meetings allowed staff and their manager to discuss their performance in their role, training completed and future development needs. Staff felt they received good support from the management team in order to carry out their roles. One staff member said, "They invest in us as staff with extra training and if you want to develop your career and they are happy to support that too". Staff were offered training opportunities and work related qualifications to help them develop in their roles and develop within the organisation.

Relatives told us that staff communicated well with them and their family members. Relatives explained that

they were involved in making decisions. Staff had attended training in the Mental Capacity Act (2005) and had a good understanding of the main principles. We saw mental capacity assessments for people, which showed that appropriate steps had been taken to ensure that they were treated lawfully. Staff had supported people to understand information in relation to decisions required such as medical treatment. Staff had spent time explaining to people each step and had provided help to make informed choices by visiting the hospital and meeting ward staff, seeing the machines that would be used in the process. Photographs and pictures were used to help people understand and make decisions. One person that had been supported through treatment for a serious illness. Staff and health professionals supported them by providing information, advice and guidance. The person had then worked with staff to develop documents for training staff, so that staff and other people could learn from their experience. This enabled staff to learn how to fully involve people in decisions about their health care treatment.

Staff explained that they supported people to make day to day choices and people's choices were respected. One staff member said, "I have done mental capacity training and feel I have a good understanding, this is about supporting people to make informed decisions and understanding the capacity that they do have".

People's support plans detailed where people needed support with preparing and cooking food. Some people were able to do this with very little help as staff offered prompts at each stage. Others needed more support to cook. People's support plans and daily records evidenced that they were supported to cook a variety of meals in line with their likes and dislikes. The manager for one of the supported living services told us that the staff had encouraged and helped people to get involved in local community projects that had enabled people to grow their own vegetables and fruit. This had led to one person preparing and cooking the food they had grown and eating things that they wouldn't normally try. People's daily records detailed choices they had made in relation to food eaten. Staff had also recorded when drinks had been offered, given and refused.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Relatives told us that their family members received appropriate support to maintain good health. People had a health action plan in place. This outlined specific health needs and how they should be managed. Staff had sought medical advice when required and had discussed concerns with relatives. Records demonstrated that staff had contacted people's GP, community nurse, dentist, psychiatrist, blood test, 111, hospital, Occupational Therapist when required. Staff had also supported people to attend appointments for scans, pre operation appointments, opticians, medicines reviews, wound clinics, podiatry. People received effective, timely and responsive medical treatment when their health needs changed.

Is the service caring?

Our findings

People were not able to tell us about their experiences of support they received from the service. Relatives told us, "The staff are very caring, he likes them all"; "Caring they are 110%. There [supported living service] all the staff go over and above with him. They are always so good to him" and "The staff are always nice to all the people who live there. Some people can be challenging including [family member] but the staff always respond calmly and politely even if they are being shouted at. The staff do treat everyone with respect".

Staff were aware of the need to respect choices and involve people in making decisions where possible. Staff were aware about encouraging people to be more independent. Daily records evidenced that people were making choices about all aspects of their life. People were supported to make decisions, choices and be independent when appropriate.

Staff maintained people's privacy and dignity. Relatives told us that staff were respectful towards their family members. They said, "Yes the staff are spot on, they treat him well, they know him and they respect him as a person"; "They treat him well, they do show him respect at all times, they have a lovely way with him" and "Staff are caring and they do treat her with respect and they respect her choices. For example she does not like to sleep in any other bed but her own. This means she cannot go on holiday. So staff will take her out every day to the coast for example they went to Margate and the day she went to Hastings". The manager of one of the supported living buildings told us that they "Knock on doors and wait for people to respond, all people have their own flats, ask if I can come and have a chat, or come in, check they need support with anything, such as medication, meals and offer choices".

Staff explained how they recognised they were working in people's homes and tried to ensure that they did not disturb people's privacy. One relative said, "If they want to talk about private things then we go to the office, everything is confidential I am confident of that". Another relative said, "We always go in the office for meetings, staff do keep everything confidential. I have never heard them talking to people about anything private". The registered manager said that staff "Respect privacy, don't move people's things".

Staff shared with us the different ways in which they worked with each person which showed they knew people well. The rota's evidenced that people had consistent staff providing their support. For example, people had a core group of staff that visited them in their homes to provide their care and support.

People's care plans detailed their life histories and important information which helped staff engage and respond to their individual needs, this included information about where they had lived, who their relatives were, important dates and events and what people's favourite things were.

People's care plans clearly listed the care and support tasks that they needed. Daily records evidenced that care had been provided in accordance with the care plan.

People's information was treated confidentially. Personal records were stored securely. People's individual

care records were stored in lockable filing cabinets in the office to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password. Each supported living service had an office which was accessible to staff who worked there. The office area was locked and secured when not in use to ensure people's confidential information remained private and confidential.

Is the service responsive?

Our findings

People were not able to tell us about their experiences of support they received from the service. Relatives told us they were involved with their family member's assessment and attended regular reviews. Relatives knew who to speak to if they had any concerns, complaints and compliments. Comments included, "They did do a full assessment while he was in hospital. I was able to tell them about all her likes and dislikes for example"; "Yes we were involved in the care plan they have for him, and they let us know if things need to change, they have a review of his care for time to time as well"; "I was involved in the completion of the care plan. We have reviews and are invited to these to".

A health and social care professional told us that the service was responsive to people's changing needs. They said, "The service has a very individualistic approach to the clients they support and is needs led and very proactive in their approaches" and "Staff are very empathic to client needs".

Relatives told us that their family members were supported to access the local community as well as support to maintain their personal care and their homes. Support plans and daily records showed that people were active in their local community and attended a variety of events, clubs and visiting shops, restaurants and other local places. Relatives told us, "They do take him out, he eats out some times"; "They do loads of things with him, he goes to the cinema, goes to shows, he eats out sometimes. He's been to the theatre too" and "She has plenty to do though the whole week. She likes to go for walks but only if they end up somewhere, she has a coffee whilst she is out". People were supported to maintain contact with their relatives. Some people regularly stayed with their relatives for weekends and holidays.

Each person had a detailed care and support plan in place which detailed their support needs and their abilities to live independently with support. People's care and support package had been reviewed every six months. People had positive support and behaviour strategies in place. These plans documented what made people happy and outlined how a person showed that they are happy. The plans also included information about how people communicated and anything that would make them anxious. Daily records evidenced that staff were following the positive behaviour strategies and providing consistent support. A health and social care professional told us, "The service is very responsive to unpredictable situations and flexible in their approaches". This meant that staff were aware of how they should support people in a positive manner.

People had been asked for feedback about their experiences of the service regularly. We viewed completed questionnaires. These showed that people were happy with the support provided. Written comments seen on the completed questionnaires included, 'I'm happy with my staff'; 'I have my own car' and 'I'm doing great'. The supported living service also gained feedback from people in different ways, such as coffee mornings, time spent with staff and through developing newsletters. One newsletter seen showed that people had recommended places to visit in Kent and one person had shared their recipe for a fruit pie.

Relatives had also been asked for feedback about the service. Survey results had been collated by the senior management team and action taken to address any feedback received. The collated survey results for the

services showed that relatives were generally happy with all aspects of the service. During the inspection relatives told us, "Yes they do either ask us or we get a questionnaire. It is not often I need to say anything we are very pleased with the care, and if I did I would talk to the staff at the time, and yes I do feel listened too"; "I have helped [family member] to fill in a survey, I have also filled one in too, but not at the same time. [Family member] is happy with the care" and "I have had surveys about one or two year. I wish they would review the questions to include a section on what we think about the manager".

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display within the communal area of the support living scheme and this was also available in an easy read format to support the communication needs of people. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the home such as the local government ombudsman. Staff had a good understanding of the complaints process and how to support people to complain. There had not been any formal complaints about the service since our last inspection.

The service had received a number of compliments from relatives about the service received, which included messages of thanks for going the extra mile.

Is the service well-led?

Our findings

People were not able to tell us about their experiences of support they received from the service. Relatives told us the service was well run. Comments included, "They keep us well informed and they make sure he is well looked after"; "Yes it is well run, when they first had him there they made us promises about the care and how he be looked after, they have kept to all of them. He does like or can't manage the bath so they have made application to get his bathroom made it to a shower, they have asked the council for the money" and "The home staff including manager is [well led]".

Relatives told us that communication was good. Comments included, "There is always someone I can speak to if I need to. Communication is good the staff would always pass on messages" and "If I want to speak to the manager it is never an issue, if he is not there he rings me back". A health and social care professional also told us that two way communication was good between the service.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. The service had a clear whistleblowing policy that referred staff to Public Concern at Work, an organisation that supports staff who feel they need to blow the whistle on poor practice. The provider had put on a safeguarding seminar in June 2016 for staff to learn, discuss and share ideas for improvement in relation to keeping people safe. Effective procedures were in place to keep people safe from abuse and mistreatment. One staff member said, "There is a very open culture in this organisation and we are encouraged to talk things through particularly if we have any concerns". Other staff told us, "We have a very open culture here we can talk openly to the manager who is very supportive" and "We work very much as a team, I feel very comfortable talking to the manager".

The provider's vision and values for the service were to empower people to live as independently as possible, protecting people's rights, preferences, needs, individual abilities and choices. Staff clearly followed this. Daily records evidenced that they were supporting people in all areas of their life as required. Staff told us, "The vision and values of the organisation is to make sure that service users lead a full life as possible and are provided with a good quality of life. Ensuring this is to their individual taste and it is about what they want in their lives. It is enabling people to lead the full life as possible supporting people to go to college for example"; "Visions and values of the organisation is to support the clients to become as independent as possible and to achieve their goals in life"; "It's about supporting them with what they want to do putting them first, listening to the clients talking to them and knowing them really well their likes and dislikes" and "Supporting people to have a full life meeting their aspirations encouraging them in a safe way to independence. Helping them lead fulfilled lives".

Staff told us that communication between staff within the service was good and they were made aware of significant events. Handovers were documented and this included relevant information such as health conditions that needed to be monitored. Staff told us, "I think we are very good communication, we have hand overs which are detailed and ensures we know what is going on. We can also ask any member of staff if we're not sure about anything, everything is always explained very well"; "Communication is good because we are a small team, we have meetings every six to eight weeks when we get together and discuss what goes

on in the home [supported living service] at what is planned etc. We have full and detailed handovers so we do know what is going on with our client and other clients in the house" and "Communication between all the staff is good and we have a communication book which helps that".

The registered manager and manager of the service knew people and the staff team well. The management team were proud of staff for the dedication they gave to the people they supported particularly through difficult and challenging situations. Staff felt valued by their managers and the organisation. Staff told us, "We also get feedback when we've done something really well a new piece of work or something we've tried, that is nice because we not only get the satisfaction of knowing someone's had a good time and enjoyed something and it makes us feel valued" and "We do get feedback, praise when it's due which is good because people like to feel valued".

Staff had a good understanding about their roles and responsibilities. They received effective support from the management team and provider. Staff said, "All staff are all extremely well supported, and the manager is accessible and encourages us to ask questions about anything we not sure of. The management team itself is available, we see them on a regular basis and are comfortable to talk to them"; "I know that I am responsible for my clients, to my team and to my manager. I am accountable for what I do I have to take responsibility for my own actions. We do have six to eight weekly meetings and other arenas where we can talk through any concerns or new ideas and our feedback on situations that may have occurred are valued and used to improve the service" and "I think we provide a quality service because we treat everyone as an individual and they are always put first. Because we work so closely with people on a one to one we are the best people to make suggestions where we think improvements can be made, or involve others if something isn't working for that particular client".

The registered manager and manager demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, safeguarding concerns and Deprivation of Liberty Safeguards (DoLS), as these had been made in a timely manner. The registered manager explained that they had good support from their manager and the provider. They said, "I do have support networks, there's always someone to tap in to discuss concerns, worries, ask for help, lots of opportunities, I've never felt isolated".

Policies and procedures were in place for staff to refer to. The policies and procedures had been updated in 2015 and were scheduled for review in December 2016. A copy of the policies and procedures were kept in the staff office areas in each of the support living schemes so that staff had access to them at all times.

The quality assurance procedure set out key responsibilities of the board members, operational managers, finance, positive behaviour support team and service quality compliance manager and clarified the frequency of meetings and quality checks. The service quality compliance manager told us that they completed a quality audit on the service every three months. They explained that the audits were themed. We viewed completed audits from the two supported living schemes. The audits were themed against the key questions CQC inspect; safe, effective, caring, responsive and well led. The audits had identified minor concerns which the registered manager had already been working on, such as updating staff training plans. The audits also reflected that the service quality compliance manager had observed good practice.

A number of other audits were carried out by the registered manager and manager in order to identify any potential hazards and ensure the safety of the people. This included health and safety audits, risk assessments, finance, staffing, training, care plans, people's health and care documentation. Actions identified were time limited and allocated to individuals, actions had been completed.

The Kent Autistic Trust had been inspected and audited by the National Autistic Trust in April 2016 as part of the 'Autism Accreditation' scheme. The inspection included observations of care and practice, interviews with people and staff and review of documentation. The overall feedback from the inspection was very positive. Comments by the reviewers in the report included, 'Kent Autistic Trust (KAT) offers individual, tailor made, person centred, solutions of support for adults through living and day vocational and life skill services' and 'During our time at Kent Autistic Trust, the review team found that the frontline staff and managers have a very good understanding of the needs of the people they support and the quality of service they deliver were very visible and the individuals were relaxed and enjoy living in their homes. KAT has a robust system of support plans which gives better idea of the needs of the individuals and how to support them effectively. KAT has a positive behavioural team comprised of three staff who specialise in behavioural and communication support. They are committed to integrating the principles of Positive Behavioural Support (PBS) into every aspect of the service provided to the people they support. Staff are well trained and well informed on all aspects of autism and review team observed staff putting their autism knowledge into practice. Quality of the delivery of service at Kent Autistic Trust reflects on the emotional well-being of the individuals who live there. Staff enjoy working there and they really work hard with lot of empathy and understanding of individual needs of the people they support to make a difference in the life of another human being'.

In order for the service to develop and improve, one of the supported living schemes was about to pilot the use of a scanner to scan in all completed documents such as daily records, accident forms and other documents relating to the running of the service. The idea was to test storage of records on a secure database, cut down the time and costs of transporting documentation to the office.