

The Kent Autistic Trust

The Kent Autistic Trust - 30 The Close

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

The inspection was carried out on 06 September 2016. Our inspection was unannounced.

The Kent Autistic Trust – 30 The Close is a care home providing personal care and accommodation for up to six adults with an autistic spectrum condition. The home is set out over three floors. There were six people living in the home on the day of our inspection.

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 service regularly.

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 and associated Regulations about how the service is run. The registered manager was on holiday when we inspected.

At our previous inspection on the 22 May 2015 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, medicines had not been well managed. We asked the provider to take action in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made to the management of medicines.

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. One risk assessment needed updating following an incident. We made a recommendation about this.

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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Best interests meetings had taken place with relevant people. Where people were subject to a DoLS, the management team had made appropriate applications.

People had access to drinks and nutritious food that met their needs and they were given choice.

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 home and in the local community. People were supported to be as independent as possible.

The complaints procedure was on display within the service, 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 relevant to their roles. Staff had received supervision and good support from the management team.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had choices of food 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 were supported to maintain relationships with their relatives, this included visits from relatives, support to visit relatives at weekends and telephone calls.

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

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.

The complaints policy was prominently displayed in the home.

Is the service well-led?

Good ●

The service was well led.

The management team and provider carried out regular checks on the quality of the service.

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 Kent Autistic Trust - 30 The Close

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 06 September 2016, it was unannounced. The inspection was carried out by one inspector. An additional inspector made calls to staff members and relatives after the inspection.

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 also reviewed notifications we had received. A notification is information about important events which the service is required to send us by law. We reviewed the previous inspection report.

Most people were not able to give us feedback about their experiences of the service. We spoke with four relatives by telephone. We interviewed eight staff including the manager and service quality compliance manager. The manager was in the process of applying to become the registered manager of the service.

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

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

We asked the service quality compliance manager to send us additional information after the inspection. We asked for copies of quality audits and action plans. These were received in a timely manner.



Our findings

People were not able to tell us about their experiences of support they received from the service. We observed that people knew the staff well, staff supported people to be safe in their home environment by providing support tailored to each person's wishes. One person chose their own space and utilised the garden, staff respected this and monitored the person's safety from a distance.

Relatives told us their family members received safe care. Comments included, "He is definitely safe there, they take very good care of him"; "We know [Person] is safe and very well cared for"; "I would say that my son is safe at 30 The Close. The staff are wonderful they really care about him" and "We know that he is safe there, we have every confidence in the staff to take care of him. Also if something was not right we would know from his behaviour". Relatives also told us their family members received their medicines as they should do. They said, "The staff deal with all the medication for him, they make sure he has what he should"; "He does have medication, and when we have him for the weekend they send them to us with clear instructions of what he is to have when" and "My daughter does have medication and the staff see to all that".

At our last inspection medicines had not been appropriately managed. At this inspection, 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. The staff and management team carried out frequent audits of the medicines records and stock. The dispensing pharmacy had carried out an external audit of the medicines on 24 June 2016. The audit identified some minor actions which had been addressed in a timely manner.

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. 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. One person's risk assessment required updating following an incident that had occurred several days before the inspection. We spoke with the manager about this. After the inspection they updated the person's risk assessment to ensure that additional guidance was in place for staff to keep the person safe from harm whilst travelling in the minibuses.

We recommend that the provider reviews risks in a timely manner.

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. Robust recruitment procedures were followed to make sure that only suitable staff were employed.

There were suitable numbers of staff on shift to meet people's needs. 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.

The premises and gardens were well maintained and suitable for people's needs. Bedrooms had been decorated and furnished to people's own tastes. Any repairs required were completed quickly. Records relating to the maintenance of the premises showed that regular checks were made to ensure that the home was well maintained and safe. Checks on fire equipment were made regularly. People had personal emergency evacuation plans in place that detailed how they should be supported in case of an emergency that meant the home needed to be evacuated. Fire drills were carried out regularly in accordance with the fire risk assessment. A settee was worn and ripped; the foam inside of the settee was exposed. The manager told us they planned to replace this and talked through their plans to update other areas of the home such as the conservatory and the garden.



Our findings

People were not able to tell us about their experiences of support they received from the service. We observed that people made choices and decisions about their day to day care and support. People were free to move around the home, they helped themselves to drinks and snacks when they wanted them. Staff communicated well with people and took time to reassure people and check that people understood what had been discussed.

Relatives told us they were involved in making decisions along with their family member. Relatives told us that people's health needs were well met. Comments included, "The staff are very good if he is not well they let me know and they make sure he sees the doctor. They make sure he gets to all his appointments"; "They encourage him to have a healthy diet, in fact more recently his sugar levels have dropped and so has his cholesterol"; "The staff are fully aware of his health needs, they absolutely are. They know when he needs to see someone and they arrange that and keep us informed"; "The staff know her history including health needs. If she is not well, needs a doctor or dentist they make appointments"; "Joint decisions are made we do have lots of meetings about his care and what staff do with him"; "The staff do encourage him to make the day to day choices about where to go what to he wants to do"; "We have an input in to the decision making, for example he is due to go on holiday to Norfolk on the 03 October. Normally we would have him home the weekend as he comes back on the Friday but I have been in touch with the keyworker and said I think that will be too much for him. We have arranged the visit now for the following weekend" and "The staff are so caring and they do offer her choices so she is able to make simple decisions. We have meetings with everyone involved in her care and somethings are decided between us"

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, "I then had two weeks training in a class room, then I was shadowing other staff for a while, I got to know people then I was watched to make sure I had reach an ok level before I worked as part of the team".

Staff had received three 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. Staff said, "Supervision is normally once a month, but this time it will be about six weeks as I was on leave I have got one booked for Tuesday"; "I had supervision last month, I think it is once a month earlier if we need to talk about something we are worried or concerned about" and "Lots of training is made available, through e-learning, as well as classroom training, I know there is induction, I have had staff shadowing. I recently did a course about epilepsy". Staff were offered training opportunities and work related qualifications to help them develop in their roles and develop within the organisation. The manager was undertaking a work based qualification to support them in their role.

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 required and understanding tenancy agreements. We observed staff supporting people to make day to day choices. One person's holiday had been cut short and staff supported the person to choose activities and day trips to enable the person to enjoy their time off.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some of the people were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The management team understood when an application should be made and how to submit one.

People had access to nutritious food that met their needs. They had a choice of two different meals at dinner time and could ask for another option if they wished. People's specialist diets were catered for. Staff we spoke with had a good understanding of people's like and dislikes. Mealtimes were not hurried which promoted dignity and respect. People chose where in the home they wished to eat, some people preferred to eat in a group at the dining table and some people preferred to eat alone. People were supported to make and have cold and hot drinks when they wanted them. The kitchen of the home was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices.

People's weights were regularly monitored to identify any weight gain or loss that could have indicated a health concern. Relatives told us, "He loves the food most of the time from what he tells me. From what staff say, he is offered well balanced meals a lot of the time, although as they say they can only encourage them to eat it"; "He is encouraged to eat healthy and well balanced meals. He loves his food and we have been really impressed that he is now losing weight and doing very well. When he comes home we do give him treats, he deserves a few now and again"; "I know that he has a good variety of meals, I knew the staff keep eye his weight. He has plenty of fluids though the day. When he comes home we are mindful that he needs to watch his weight so he may have a salad one day and a roast on the Sunday" and "I visit there quite often, they have lots of choices, and the staff know what she does not like. They can have snacks and plenty to

drink, I am sure she happy with the meals".

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 peoples GP, community nurse, dentist, psychiatrist, blood test, 111, hospital, Occupational Therapist when required. People received effective, timely and responsive medical treatment when their health needs changed.



Our findings

People were not able to tell us about their experiences of support they received from the service. One person was heard talking with staff, they told the staff members they had missed them (they had been away on a holiday with another person). Staff were kind and caring and reassured the person that they had missed them too. The person clearly knew the staff well as they talked about their pets and cars.

Relatives told us their family members received good support from kind and caring staff. Comments included, "The staff are excellent, they are kind and do their best by him"; "The staff do show him respect and us. They are caring, they give him time to communicate what he wants, they are patient he is treated as an individual"; "The staff are very kind to him and it is very apparent that the staff have an affection for him. This kind of work is a vocation and the staff do their very best to make sure the people they care for are well looked after" and "The staff have shown us they respect him because of the insight they have shown in our son, just by talking to staff, just listening to what they say about him, the way they speak of him shows a tremendous respect for him as a person".

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. Staff told us, "Dignity comes first, by promoting independence this means they do what they can for themselves, with less hands on care from staff. For example I encourage them to shower themselves, I remind them what they need to do while they are in the shower and although I may be nearby they have their privacy"; "I think it's about treating them and talking to them as an adult. It's about listening to what they say and encouraging them to make choices. It is also about thinking about what you are talking about and who else can hear" and "I follow policy and procedures, I follow their care plan, that is the agreed care. I also encourage them to shut door when they are in the toilet or getting undressed. Help them to realise for themselves things that might embarrass themselves or others, for example we have one guy who likes to put on a dressing gown until after breakfast when he then has a shower. They do not always make sure this done up and therefore is at risk of exposing themselves to others. We must also always respect their opinions".

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.

Staff spent time actively listening and focussing on people and responding accordingly. People were encouraged to take things at their own pace and were not hurried or rushed. Staff supported people by providing reassurance to their questioning. Staff told us that they enjoyed their jobs. This was evidenced through their enthusiasm and approach.

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. The office area was locked and secured when not in use to ensure people's confidential information remained private and confidential. Staff had a good understanding of maintaining people's confidentiality. One staff member said, "Information can be shared, but not over phone unless we sure who they are, we can talk to other staff, the manager, professionals, but if not sure would not tell them anything. A person can also decide if he wants his family to see their file". Another staff member said, "We should discuss with each person who is authorised to see their information, such as other staff, their parents if they agree, manager and area manager. Although this could be difficult, if they do not want their parents to see it, but it is their choice".

The provider had a detailed policy which outlined the process for appointing an advocate if it was identified that this was necessary to support people who lived at the home. No one had an advocate as they were actively supported by relatives.

Relatives were able to visit their family members at any time. We observed the home had a homely feel and a relaxed atmosphere. People were supported to maintain relationships with their relatives, this included support to visit relatives at weekends and telephone calls.



Our findings

People were not able to tell us about their experiences of support they received from the service. We observed people were able to go out into their local community and participate in activities they enjoyed. People attended a local day service during the day and were supported to go out in the evening when they wished.

Relatives told us that their family members received care and support which met their needs. Comments included, "He is so well cared for, he lots of opportunities to do things, to go out, go on holiday. He has a brilliant life there"; "We would have taken him away years ago if there was anything wrong with the home"; "Communication is good we have a home book which we record how he has been with us, we record what he has done well here and we describe any behaviour" and "She does so much now, she loves her arts and craft, they go out of an evening for a drink up the pub or out for something to eat. I have to check she is in before I go visit".

People took part in a number of activities based on their individual preferences. This included country walks, picnics, shopping, pub trips, bird watching, bike riding, bowling, swimming and discos. People were supported to access leisure activities in the local community and to go on holidays. Everyone attended a day service each week day. People were supported to undertake activities through day service staff working with them during the week and staff from the home during evenings and weekends. People had regular timetables based on their preferences. If a person had chosen not to take part in a particular activity, it was documented that they had opted for a different activity on that day. This showed that the service responded to the wishes of the people and respected their right to change their mind. Relatives gave us positive feedback about the activities. Comments included, "He does lots of activities he does far more than me that's for sure. The staff are good at finding things and places he would like see or go to"; "[Person] has a better social life than we do, he is out most days. They have just sorted out a holiday at the end of September; they are going to the Norfolk Broads. They have a cottage booked, and [Staff member] is going to take him fishing and things like that. He loves to go on holidays" and "When they are at home he gets taken for walks in quiet places, he likes peace and quiet. They do a lot of other things but I think he likes these most".

The provider had carried out thorough assessments of people's sensory needs and had developed a sensory support plan. People had positive support and behaviour strategies in place. These plans document what makes people happy and outlines how a person shows that they are happy. The plans also included information about how people communicate and anything that would make them anxious. We observed

staff following these strategies when working with people. This meant staff were aware of how they should support people in a positive manner.

Relatives were encouraged to provide feedback about the service provided to their family members. We viewed two completed feedback questionnaires, which showed that the relatives were satisfied with the service their family member's received. One relative had commented, 'We are very pleased with the way in which our son is cared for. Great staff'. People were able to feedback about the service in reviews. Feedback was gained by observing people, monitoring incidents and through feedback from relatives. People's care packages were reviewed regularly. Records of reviews held evidenced that relevant people had attended the reviews including relatives, staff, day service staff and local authority care managers. Relatives told us they were given a survey to complete following each review.

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. Relatives told us, "I do know how to make a complaint and certainly would if it was necessary. I find the staff and managers very receptive to our suggestions or concerns, so no need to complain"; "If I was not happy about anything I would make a complaint via the manager. I also know even if I made a comment about something it would be looked into" and "If we were not happy I would always go to the manager first but we have no complaints".

The complaints procedure was on display within the home and this was also available in an easy to 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. There had been three formal complaints about the home since our last inspection; these had been appropriately dealt with by the management team and provider. Investigations had taken place and apologies were given when required.

The service had received several compliments. One compliment read, 'Thank you all for your continued support and care through the year that [Person] finds so valuable'. Another relative had commented, 'Thank you to everyone for all your support, help and kindness towards not only [Person] but [Relative] and I throughout this year'.



Our findings

People were not able to tell us about their experiences of support they received from the service. People knew the management team and were comfortable to ask questions and gain support and help with tasks.

Relatives told us the service was well led, they knew who the manager was and had confidence in the provider. Relatives had been asked their views about the service. One relative said, "The manager and staff are very accommodating".

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.

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 were, "To prosper, we can make lives easier, happy, strive for more understanding independence" and "Promote respect, independence, and freedom to do what they want". We observed staff supported people to live as independently as possible and the providers' vision and values were embedded into practice.

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, "Open communication, there is a book, we have handovers, everything is discussed and we all know what is happening"; "Handovers changes are talked about, [Manager] excellent" and "Mostly good communication".

The 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. We observed the management team praising staff that had dealt with a challenging situation whilst supporting a person on holiday. The manager said, "The staff are lovely caring people". Staff felt valued by their managers and the organisation. Staff told us, "Very supportive"; "Manager very supportive,

can see them anytime, have phone number to chat outside of work hours" and "Manager really good, very supportive, she leads you in the right direction, if you are struggling with anything, she takes over, then goes through it afterwards, we find she gives a lot praise too". Staff had a good understanding about their roles and responsibilities. They received effective support from the management team and provider.

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). A safeguarding notification had been made in a timely manner. The manager explained that they had good support from their manager, who was the registered manager and the provider. They said, "I had support from [Registered manager] and other managers. [Name of another registered manager] has helped me loads as have all the management team. They are all available on the phone for advice" and "I'm lucky I can ask any of them".

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 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 the completed audits from January 2016 to August 2016. 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 and manager had already been working on, such as updating risk assessments, reducing duplicated information, updating personal emergency evacuation plans (PEEPs), staff training plans. The audits also reflected that the service quality compliance manager had observed good practice during a number of the audit visits.

The Kent Autistic Trust enlists their service support committee to carry out checks of the services. The service support committee are made up of people's relatives from across the all of the provider's services. The service support committee carried out a visit to the service on 17 February 2016. They checked the building, the décor, garden and outbuildings and chatted with people and staff. The committee member reported, 'It was a very happy house, the staff I met had been there a long time and enjoy their jobs'. The report did not identify any concerns or issues.

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, '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'.

