National Autistic Society (The)

Pinecroft and Bristol Outreach

Inspection report

Gloucester Road
Alveston
Thornbury
Gloucestershire
BS35 3RG

Tel: 01454417658
Website: www.autism.org.uk

Date of inspection visit:
19 June 2018
28 June 2018

Date of publication:
07 August 2018

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

Pinecroft provides accommodation and personal care for four people. People who live at the home have autism and mental health needs. There were four people living at the home at the time of the inspection. Pinecroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this 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 Pinecroft. It provides a service to older adults and young adults who have a diagnosis of autism.

Not everyone using Bristol Outreach Service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection the Outreach service was supporting 18 people. However, only one person was receiving the regulated activity of personal care. The person's package of care had started on the 6 June 2018 and was a temporary arrangement until the Outreach Office in Plymouth was registered.

There were two registered managers in post. One was responsible for Pinecroft and the other for the Bristol 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.

At our last inspection, we rated the service good. At this inspection we found the evidence had shown the service continues to be good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. This was the vision of the manager and staff working at Pinecroft. People were very much part of their local community and care was tailored to the person.

There was enough staff to support people living in Pinecroft and those receiving a service in the community and to respond to their changing needs. Some staff worked in both Pinecroft and the Outreach Service. This was seen as positive by the management of the service as some people had previously lived in Pinecroft 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. Risk assessments were carried out to enable people to receive care with minimum risk to themselves or others. People received their medicines safely.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment, fire systems and safe recruitment processes.

People received effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the staff. Other health and social care professionals were involved in the care and support of the people living at Pinecroft.

People were treated in a dignified, caring manner, which demonstrated that their rights were protected. The home provided a caring service to people. People were involved in decisions about the care and support they received. Staff were knowledgeable about the people they supported and committed to providing care that was tailored to the person. People were treated with kindness and compassion.

Both Pinecroft and the outreach service were well managed with a strong leadership team for the support workers. People's feedback was valued and used to make changes to service provision.

The registered managers and provider had monitoring systems, which enabled them to identify good practices and areas of improvement. It was evident they strived to provide the best experience for people and care that was tailored to the person.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service continues to be safe.	Good
Is the service effective? The service continues to be effective.	Good
Is the service caring? The service continues to be caring.	Good
Is the service responsive? The service continues to be responsive.	Good
Is the service well-led? The continues to be well led.	Good

Pinecroft and Bristol Outreach

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 20 and 28 June 2018. The inspection was completed by one inspector. The previous inspection was completed in April 2016 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. We received a response from two. 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 managers for Pinecroft and the Outreach service. We spoke informally with three people living at Pinecroft.

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 18 people. One person was receiving personal care at the time of the inspection. They were living in Plymouth and had only just commenced the service. This was because the Bristol Outreach was supporting the Plymouth office until it was registered with the Care Quality Commission. We reviewed the care file for the person, duty rotas and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe and liked living at Pinecroft. People told us they had a key to their bedroom door, the code to the gate leading to the property and they could come and go as they wished. One person told us, "Some of us have mobile phones and this means we can contact staff if there is a problem, when we are out and about". The registered manager told us they could provide mobile phones to those people that did not own one.

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. The registered manager had reported concerns to the local authority and put appropriate safeguards in place to keep people safe. This included notifying the Care Quality Commission. Information was available to people they supported. This provided people with information on how to keep safe and what to do if they had any concerns.

The service recognised the vulnerability of some of the people they supported. Information on safeguarding was available to people in an easy read format. There was also information to keep people safe when accessing the community, such as going to the bank and using transport. The information included tips for keeping safe and who to contact if they had any concerns about the way they were being treated. People had received parts of the training at their house meeting as part of a wider organisation initiative.

People told us there was always staff available to support them. The staffing was suitable to meet the needs of the people living at Pinecroft. There was a senior member of staff and a support worker 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. Some staff worked in both Pinecroft and the Outreach service supporting people living in the local community.

A member of staff told us the Outreach Team were supporting 18 people. Five staff were working solely in this area with some additional support from staff working at Pinecroft. The Outreach service had sufficient staff to support the people in the community. Staffing was planned to ensure people got the support they needed at the time they chose. There was a lone working policy for staff that worked in the community.

Staff told us the registered managers were actively recruiting to two vacant posts for Pinecroft and additional staffing hours for the Outreach. This was because a a new service was being set up by the Outreach service. Staff told us in the interim they were using regular and familiar agency staff for a block period of time to ensure continuity in Pinecroft. They said the registered managers were ensuring the agency staff were drivers to enable them to support people in the community. Staff told us that they and the agency staff had to complete a driving competency check with the company to ensure they were safe to use

vehicles belonging to the service.

Staff were thoroughly checked to ensure they were suitable to work at Pinecroft and the Outreach Service. These checks included obtaining a full employment history and seeking references from previous employers. We saw Disclosure and Barring Service (DBS) checks had been obtained. The DBS checks people's criminal history and their suitability to work with people who require care and support.

Medicines policies and procedures were followed and medicines were managed safely. Only senior care staff, the deputy and the registered manager administered medicines to ensure clear accountability. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually. Where an error had occurred, this had been investigated and action taken to address. This included making contact with the person's GP and additional training for the member of staff.

People were supported to look after their own medication. This was done within a risk assessment framework. Staff told us they regularly explained to people 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 and when required' medicines. Staff were very aware of the initiative 'STOMP'. STOMP stands for stopping over medication of people with a learning disability, autism or both, with psychotropic medicines. It is a national project involving many different organisations, which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life. Staff told us one person had been supported to reduce their medicines and now was no longer taking any prescribed medication. Staff told us they were continuing to monitor for any side effects or changes in their well being. This was very much led by the person.

People continued to receive 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.

People had a personal emergency evacuation plan in their care record to detail their likely response and the support they would require to be safe in the event of a fire. 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. Checks on the fire and electrical equipment were routinely completed. Staff completed regular checks on each area of the home including equipment to ensure it was safe and fit for purpose. Maintenance was carried out promptly when required. People were asked during their weekly meeting if they had any concerns about their home in relation to maintenance.

The home was clean and free from odour. Care staff and the people living in the home were involved in cleaning tasks. There was sufficient gloves and hand washing facilities for staff. Infection control audits were completed and records maintained of the cleaning completed.

Good

Is the service effective?

Our findings

People living at Pinecroft told us they liked the staff that supported them. Comments included, "It is alright here, the staff are kind to me", and "lovely staff, can do what I want". One person told us they really like living at Pinecroft and the staff had been very helpful in supporting them to learn new skills such as budgeting, cooking and shopping. People told us they were involved in cooking meals, shopping and staff supported them to make healthier choices.

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. Staff told us people had a daily budget they could use to purchase their ingredients. This empowered people to take control over their life.

People had a locked kitchen cupboard and space in the fridge and freezer to store their food supplies. On the day of the inspection the theme at lunch was 'homemade soup'. A member of staff supported people to make a mushroom soup, one person had clearly indicated they did not like mushrooms and an alternative was provided. Comments made during the meal showed they had enjoyed this healthy lunch. People told us there was also a healthy lunch club on a Thursday where the staff would prepare a meal, which was particularly healthy. Options and choices were discussed at the weekly house meeting and individually with people.

People's weight was monitored monthly or more frequently if there were any concerns and depending on the wishes of the person. 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 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 health action plan, which described what support they needed to stay healthy. There were health promotional leaflets that were available to people to increase their own awareness in managing both their autism and other health related matters.

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. People had access to a psychiatrist that visited the home monthly. They spent time with people talking with them about any concerns they may have. Staff told us they were also a learning resource and provided bespoke training on

the people's individual diagnosis.

A health care professional highly commended the service in their support they had given to the person and the quality of their records during a recent review. They stated, 'Excellent care plan review" and another professional said, "They (staff) are really on top of the situation there". From reviewing care records, it was evident regular discussions were taking place with professionals.

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. Staff told us there was no one on a DoLS. They told us this was because everyone living in the home had the mental capacity to make decisions and there were no restrictions on their liberty. People told us they could come and go as they wished and were involved in decisions about their care and support.

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. 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 had signed their care and support plans. Staff told us these were discussed every month with people to ensure they were happy with the care and support that was in place. This gave people a forum to raise any concerns and make adjustments to the plan of care.

New staff received an induction and training when they started work at Pinecroft or the Bristol Outreach service. We reviewed records that showed staff received an effective induction. Staff had completed the care certificate if they were new to care. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. New staff undertook a period of shadowing when they worked alongside an experienced staff member.

Staff received training so they knew how to support people in a safe and effective way. Staff felt they were provided with appropriate training enabling them to support people effectively. A member of staff said the registered manager was really committed to ensuring staff were trained and 'really hot' on checking staff had regular supervisions.

Staff told us they had received training on supporting people with autism and supporting people with mental health needs. Staff told us they could build on the basic training and complete training in autism with the organisaton's learning academy. They also told us the whole team were completing a level 2 distance learning course in supporting people with mental health. Some staff were completing more advanced training on supporting people who have a diagnosis of autism. Staff told us the training was a

combination of face to face, done via the computer electronically and through seminars. There was also an element of training at team meetings where staff discussed a policy or any updates relevant to the service.

Individual staff training records and an overview of staff training was maintained. The registered managers were 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 managers on their responsibilities to ensure all staff received supervisions with their line manager every two months. Staff confirmed they met with the registered manager regularly to discuss their roles, training and any concerns that either party might have. Supervision meetings are where an individual employee meets with their manager to review their performance and any concerns they may have about their work. 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. Staff confirmed they were supported in their roles and could speak to the registered manager at any time.

Staff completed a six month probationary period where the registered managers 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. The registered manager told us at the last inspection this could be extended if staff needed more support. The provider had a disciplinary procedure and other policies relating to staff employment.

Good

Is the service caring?

Our findings

People told us they liked living at Pinecroft and with the staff that supported them. A recent survey completed with people also indicated they were very satisfied with the care and support. Comments included, "Staff nice and kind" and "It's tailored to me". People had indicated that they strongly agreed that the staff were approachable, listened to them, they could make choices and they liked living at Pinecroft.

People at Pinecroft described to us the role of the key worker and the relationship they had built. A key worker is a named member of staff who was responsible for ensuring information in the person's care plan was current and up to date and they spent time with them individually. They also took a special interest in the person. People told us they often went out with their key worker and they met with them on a monthly or a weekly basis to discuss any areas that could improve and any goals they wanted to work towards. One person told us they often sat and watched films with their key worker or just sat and chatted about how they were doing. Another person told us they did not have a key worker as the member of staff had recently left. Staff told us this would be addressed by the registered manager.

We observed people being supported by staff in the communal areas of the home. We saw positive interactions between the people and staff. Staff were speaking to people in a respectful manner involving them in a variety of activities including household chores, the planning of activities and meal preparations. People were also talking to staff about the day's events. We observed people were relaxed around staff.

People were able to lock their bedroom doors and had a key to their bedroom and the front door. This afforded people some independence and control over their life, whilst ensuring privacy when in their bedrooms. People told us staff only entered their bedroom with their permission. A member of staff said they had not been in one person's bedroom since they had started working in Pinecroft. This showed that staff were respectful of people's private space.

Staff were knowledgeable about the people they were supporting. This included knowing what the person liked and disliked and their interests. They described people as individuals and spoke positively about their personalities and how they supported them. From these conversations, it was evident that care was delivered in a person centred way building on people's strengths. This included how people's autism was having an effect on their day to day life. 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. Some people needed structure to their day and step by step by guidance on what they were doing. During the inspection, one person needed reassurances what time staff would support them with cooking their meal and support in the afternoon. Staff clearly explained what was happening and when. This ensured the person was happy with the plan.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly, however not everyone had the involvement of a relative. Some people kept in touch by telephone and others received regular visits. People confirmed

they could keep in contact with friends and family. People had been consulted about what information they wanted shared with their family. Some people had said they did not want their family involved and this was respected.

Good

Is the service responsive?

Our findings

People told us there was always enough staff to spend time with them when they needed it. People had a structured time table of support where they would receive one to one support from staff. Additional staff were employed during the day to enable people to go out and about to places of their choice.

People had their needs assessed by the registered manager before they moved to the home or received a service from the Outreach team. 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. There were transition plans for people to enable them to have a smooth move to Pinecroft or where they received a service from the Outreach team.

As part of the assessment process a compatibility assessment was completed involving the existing people living in Pinecroft. This was 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 during the last inspection the two people that lived at Pinecroft liked a quiet atmosphere. So therefore, it would not be suitable for someone who was noisy or boisterous to move to Pinecroft, as this may affect the wellbeing of the existing occupants. People confirmed they all got on relatively well. The atmosphere continued to be calm and relaxed. When we commented on the atmosphere a member of staff said, "It is always like this". Three of the four people were sat in the lounge together chatting. People looked comfortable together and with the staff that supported them.

The Outreach registered manager told us they used the same compatibility assessment. They were setting up a new service for one of the people living at Pinecroft in a supported living environment which was going to be shared by two other people. They spoke positively about the new service and how they were involving the person. Staff told us Pinecroft was a service that focused on enabling people to gain life skills so they could move on to more independence.

People had a care plan covering all areas of daily living. The format was the same in both services. 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. From reading the care plans it was evident people were very involved in the planning of their care and what areas they wanted to work on such as healthier eating, getting a job or gaining skills in cooking. People had signed their care plan further evidencing their involvement.

People had been involved in completing a sensory assessment to enable them and staff to have a better understanding of how their autism impacted on their daily lives. Staff told us they liked to keep the atmosphere as calm as possible whilst encouraging and supporting people to be more independent. This was because some people preferred a quieter environment. The registered manager told us they kept the sensory assessment under review. This was because they had noticed that as people gained more insight into their autism and gained more confidence some areas had changed. For example, one person when they

arrived preferred mature and quieter staff. The registered manager told us this person now engages with the younger staff quite happily.

The registered manager told us that Pinecroft was not a home for life but a stepping stone to living more independently. People in the past had been supported to move into their own flats. We were told that people were supported to have a better understanding of their autism, which included coping strategies and the skills to live independently. People told us they were actively involved in shopping, cooking and other household tasks. One person told us, "We all self-cater", meaning they cooked for themselves. People also told us they knew Pinecroft was not a home for life. Staff told us they had seen people's confidence and self esteem increase since moving to Pinecroft. This was because people were empowered to make decisions about how they wanted to live.

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, "It is much easier now we have two cookers in the kitchen". Staff told us that they cooked on a Sunday, Tuesday and Thursday lunch time. The registered manager said this was important so people could socialise together. This showed the service's commitment to 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.

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. One person had taken an active role for the recycling and was observed completing this task whilst talking with staff. Another person was being supported as part of one of their goals to seek employment.

Care records included information about people's interests, hobbies and activities they liked to take part in. Records described the activities people had taken part in. People's views were sought through weekly house meetings and monthly meetings with their keyworker on what they would like to do including trips out and annual holidays. People were allocated times throughout the week when they were supported with activities of their choice. On the day of the inspection one person had gone bowling and another had gone shopping. People also told us they could go out on their own when they wanted.

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. The handover we observed was comprehensive and subtle changes in people's needs had been discussed about people. This showed staff were knowledgeable about the people they were supporting enabling them to respond to their changing needs. In addition to the daily handovers, staff completed daily records of the care that was delivered. These were positively written. Daily records enabled the staff to review people's care and their general wellbeing over a period of time.

Key workers completed a two page monthly summary about the general wellbeing 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 ongoing support needs. People's views were sought during the monthly meetings.

A copy of the complaints procedure was displayed in the entrance hall of Pinecroft. Regular meetings were held with people and minutes confirmed that they were reminded about how to raise concerns. One person told us, "We are asked at our weekly meeting if we have any complaints, I have no concerns but would talk to staff or X (name of manager)." The provider told us in information received before this inspection there had been three complaints in the last 12 months. These had been investigated and acted upon with the outcome being given to the complainant. One concern had been escalated to the provider who responded directly to the person.

People using the outreach service had a handbook, which included information on how to raise a complaint. This was shared with people when they first started with the outreach service. This described the service, what they could expect and contact details in the event they needed to contact the manager or on call manager. The complaints procedure was in an easy read format, which meant it was accessible.

Good

Is the service well-led?

Our findings

There were two registered managers working from this location. 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. They were each responsible for their own service namely the accommodation called Pinecroft and the Bristol Outreach Service. The registered managers told us they worked closely together. One of the registered managers told us they had a really good relationship and felt that this helped in reducing the feelings of isolation. Both said they could bounce ideas of each other. The registered managers were supported by a deputy manager who divided their time between Pinecroft and the Outreach service.

Since the last inspection, Pinecroft and Bristol Outreach had been 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. Staff showed a really good understanding of the individual needs of people they supported and how their diagnosis of autism impacted on their life. Care plans were person centred and autism friendly. Assessments had been completed with people to find out how they felt life was living with autism and how the staff could better support them. This award is revalidated every three years meaning Pinecroft would be reassessed in July 2019 and the Outreach service in April 2019.

At the last inspection, the registered manager of Pinecroft told us the service had changed and was more about enabling and teaching people the skills they needed to live independently. It was evident from talking with people and the staff this change had been fully embedded into the culture of the home. Staff told us 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 in their provider information return they encouraged staff to be enablers/facilitators to the people they supported. People told us they enjoyed the responsibility of cooking, budgeting and making decisions on how they wanted to live. Staff told us the purpose of the service was to support people to move on to more independent living by giving people the confidence and skills to enable them to do this. This had been achieved for some people in the past. One person told us they were planning to move on with the support from staff and the Outreach Team. Staff told us they were supporting one person to look for accommodation in the local area.

The staff told us they were confident to report poor practice or any concerns, which would be addressed by the management. Staff told us the registered manager at Pinecroft regularly sought their views and was continually striving for improvement. Regularly team meetings were happening in both services. The Outreach registered manager told us they met with the staff fortnightly and there was always an element of training. Both registered managers said that the training was often bespoke to the service. They told us sometimes the training organised by the provider focussed on people with a learning disability where as the people they supported were high functioning. In response, they had organised bespoke training from health professionals. In addition, the organisation's training team had completed specific training during team

meetings.

People were aware of the management structure in the home and knew who to speak with if they were unhappy. 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. People were well informed about what was happening in the service. For example, they told us about staff leaving and that both bathrooms were being refurbished. They also told us about some money they had received to improve the garden, which enabled them to purchase a new water feature, a new swing chair and patio furniture. Staff told us as part of the key workers role they regularly met with people to discuss their support needs and any improvements that can be made to the care delivery. Care plans were being reviewed regularly this included seeking the views of the person to ensure it was appropriate, their family with their consent and other professionals.

Care plans were audited monthly identifying any improvements or gaps in the care documentation. A member of staff told us they were very much part of these checks so they could make improvements where needed. It was evident it was a team approach. The business plan was very much driven by people living in the home and staff. Actions were clear on who was responsible. The actions were shared between the registered manager, senior care staff and care staff. This meant there was a whole team approach to the improvements.

Staff spoke positively about the team and the leadership in the home. They described both registered managers as being approachable. Staff told us they could always contact the registered managers or an on call manager for advice and support.

Staff described a positive culture in the home, including a team that worked together to meet people's needs. Staff told us the registered managers were open and transparent and worked alongside the team. A member of staff said, "The manager is dedicated to providing person centred care. She often works alongside us and is very 'hands on'. If you have any query or concern, you know it be will be dealt with".

Staff felt supported and valued in their roles. Staff described how the registered manager valued what they brought to the team and their previous experiences and qualifications. For example, one member of staff was developing micro training sessions for the people living in Pinecroft, which were accessible and encouraged interaction and communication. Areas covered included healthier eating, importance of keeping up with personal care and drinking plenty to avoid dehydration. People confirmed that these sessions had taken place during the weekly house meetings.

The provider and the registered managers continued to carry out checks on their services to assess the quality of service people experienced. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements, recruitment procedures and staff training and support. Where there were shortfalls action plans had been developed and were followed up at subsequent visits.

A member of staff told us the area manager visited regularly to monitor the service. Reports were maintained of the visits. The registered managers had to compile a monthly report in respect of the care and information about staffing such as training, sickness and any areas of concern and this was shared with the provider. This enabled the provider to monitor the service remotely in respect of any risks.

The registered managers told us how they continued to keep up to date with legislation, current good

practice and the changing landscape of providing care. They attended provider forums with the local authority. They also networked and attended regular meetings with other services operated by the National Autistic Society.

From looking at the accident and incident reports, we found the manager was reporting to us appropriately. The provider has a legal duty to report certain events that affected the wellbeing of a person or affected the whole service. There was evidence that learning was taking place to prevent further occurrence, which included looking to see if there were any themes.

The provider information return (PIR) was returned on time and showed us that the managers had a good insight into the care of the people, the legislation and where improvements were needed. These improvements were about enhancing the service and improving outcomes for people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.