

Autism Plus Limited

Autism Plus - Rusholme

Inspection report

11 St Nicholas Road
Thorne
Doncaster
South Yorkshire
DN8 5BS

Tel: 01405812128

Date of inspection visit:
10 June 2016
13 June 2016

Date of publication:
13 July 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 unannounced, which meant the provider did not know we were coming on the first day. It took place on 10 and 13 June 2016. This was the first inspection since the service was registered. .

Autism Plus - Rusholme is a care home for younger adults with learning disabilities or autistic spectrum disorder. The home has a communal lounge, dining room, sensory room and multi-purpose rooms for art therapy and other activities. People who used the service have their own bedroom and en-suite bathroom. The home can accommodate two people. At the time of our visit one person was living at Rusholme.

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

There was a strong person centred and caring culture in the care and support team. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The vision of the service was shared by the management team and staff.

Staff told us they worked as part of a team that was a good place to work and staff were committed to providing care that was centred on people's individual needs. Staff received the training they needed to deliver a high standard of care. They told us that they received a lot of good quality training that was relevant to their job.

Everyone we spoke with including external professionals said people received individualised care. They said the service provided specialist care for people who at times presented behaviour that may challenge others.

There were systems in place to manage risks, safeguarding matters and medication and this made sure people were kept safe. Where people displayed behaviour that was challenging the training and guidance given to staff helped them to manage situations in a consistent and positive way which protected people's dignity and rights.

People received care and support that was responsive to their needs. Care plans provided detailed information about people so staff knew exactly how they wished to be cared for in a personalised way. People were at the fore front of the service and encouraged to develop and maintain their independence. A wide and varied range of activities was on offer for people to participate in if they wished. Regular outings were also organised and people were encouraged to pursue their interests and hobbies.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The members of the management team and nurses we spoke with had a full and up to date understanding of the Mental Capacity Act (MCA) 2005 and Deprivation

of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations.

We saw that staff recruited had the right values, and skills to work with people who used the service. Where any issues regarding safety were identified in the recruitment process appropriate safeguards had been put in place. Staff rotas showed that the staffing levels remained at the levels required to make sure all peoples needs were met and helped to keep people safe.

Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives. Records showed that systems for recording and managing complaints, safeguarding concerns and incidents and accidents were managed well and that management took steps to learn from such events and put measures in place which meant lessons were learnt and they were less likely to happen again.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm. Staff knew what action to take if they suspected abuse was taking place.

Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

Is the service effective?

Good ●

The service was effective.

Staff were trained to an excellent standard that enabled them to meet people's needs in a person-centred way.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation and staff understood the requirements of this.

Meals were designed to ensure people received nutritious food which promoted good health and reflected their specific needs and preferences.

People were supported to have access to appropriate healthcare services.

Is the service caring?

Good ●

The service was caring.

Everyone we spoke with told us staff were very caring and provided person centred care.

Staff spoke about the focus on promoting people's wellbeing. Staff were very passionate and enthusiastic about ensuring the care they provided was personalised and individualised. Staff were very respectful of people's privacy and dignity.

People were supported to express their views and were actively involved as much as they were able in making decisions about all aspects of their care.

Is the service responsive?

Good ●

The service was very responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences.

There was a range of activities on offer. These were enjoyed and were mentally stimulating. People were encouraged to pursue their own hobbies and interests.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well led.

Everyone we spoke with was extremely positive about the way the home was managed.

The vision and values of the service were understood by staff and reflected in the way staff delivered care. The registered manager and staff had developed a strong person centred culture in the service and all staff we spoke with were fully supportive of this.

Staff told us the management team were very knowledgeable, caring and led by example.

There was a range of robust audit systems in place to measure the quality and care delivered.

Autism Plus - Rusholme

Detailed findings

Background to this inspection

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

This inspection took place on 10 & 13 June 2016 and was unannounced. The inspection was undertaken by an adult social care inspector.

We looked at the 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 looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Following the visit we contacted three healthcare professionals, including a specialist community nurse, a speech and language therapist and an occupational therapist to seek their views of the service.

As part of this inspection we spent some time with the person who used the service talking with them and observing support, this helped us understand their experience of the service. We looked at documents and records that related to people's care, including the person's care and support plans, behaviour strategy plans, risk profiles, a medical file, and a person centred plan.

We spoke with four support staff, the registered manager and the acting team leader. We also spoke briefly with the acting managing director and the head of northern services for Autism Plus. We also looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) that staff completed. We reviewed records in respect of the management of the service, such as the quality assurance systems and staff recruitment, training and support. This included five staff personnel files kept in the home, and details of staff recruitment kept electronically by the provider.

Is the service safe?

Our findings

We spoke with the person who used the service and they told us they felt safe and were well looked after by the staff at the home. The healthcare professionals we spoke with told us the service provided a safe environment for people who used the service. The files we looked at showed the actions were taken to minimise any risks to people who used the service. The person who was using the service at the time of the inspection had assessments about all risk that were pertinent to their needs and these had been reviewed regularly. The assessment and risk management information was good, clear and showed the involvement of the person who used the service and their relatives.

We saw risk assessments were developed where people displayed behaviour that challenged others. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights. These plans were reviewed regularly and where people's behaviour changed in any significant way, we saw that referrals were made for professional assessment in a timely way to make sure risks were managed appropriately.

One healthcare professional we spoke with said, "The staff have done really well in managing people, who have extremely challenging behaviour and high levels of anxiety." They told us that as a result, there was a significant decrease in such behaviour from one person. Consequently, their quality of life had been much improved, as they had been able to get out into the community more, which was something they enjoyed.

Another professional told us, "My first impressions on working with staff is that they are 100% dedicated to supporting [the person] to live as fulfilling a life as possible." They went on to say that staff encouraged the person to be independent and were aware of triggers which could increase the anxiety, and lead to behavioural issues.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff told us, and records we saw showed that all staff received training in how to recognise and report abuse. Staff we spoke with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been raised the registered manager had notified the relevant authorities and taken action to make sure people were safe.

Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Staff were fully aware of these procedures and all said they would not hesitate to report any safeguarding concerns and all felt confident the registered manager would respond appropriately. Staff we spoke with that had not been in post long were also fully aware of all procedures. They told us this was covered during induction. The importance of identifying possible abuse and responding immediately to make sure people were safe was consistently raised in staff meetings and supervisions.

The control and prevention of infection was managed well. We saw evidence that staff had been trained in infection control. Cleaning schedules were in place and staff were provided with appropriate personal protective equipment (PPE). Support staff demonstrated a good understanding of their role in relation to maintaining high standards of hygiene, and the prevention and control of infection. The areas of the home we saw were clean and well maintained when we visited.

On both days of our inspection we saw there were sufficient staff to keep people safe and the use of staff was effective. The registered manager told us the person was supported two to one on a 24 hour basis, and everyone we spoke with told us there was always sufficient staff on duty to make sure the person was safe and that their chosen activities took place.

The registered manager told us that prior to starting work, all new employees had to have a returned Disclosure and Barring Service (DBS) check and two references in place and we saw evidence of this. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. We saw that the recruitment and selection process made sure staff recruited had the right skills and experience to support people who used the service. Discussion with members of the management team showed that where any issues arose as to an applicant's suitability to care for vulnerable people, the risks were carefully considered and appropriate safeguards put in place to ensure people's safety.

We found the person received their medicines as prescribed, the administration of these were appropriately recorded on the MAR. We found that medicines were stored safely. There was clear guidance and protocols in place, and staff were able to explain how they supported the person to take any medicines that were prescribed 'as and when' required, for example, for pain relief. Staff were aware of signs when the person was in pain, discomfort, was becoming agitated or was in a low mood. This helped to make sure they received their medicines when needed.

Staff had a good understanding of medicines and made sure the person had their medicines reviewed regularly with the appropriate healthcare professionals. We saw that staff kept careful data to illustrate the person's mood and behaviour. Staff had identified where medication was ineffective and worked with family and professionals to make sure this was reviewed to promote the person's well-being.

Is the service effective?

Our findings

Everyone we spoke with praised the quality of the service. The person who was using the service at the time of the inspection told us, the food was very good and staff helped them to have a healthy diet. They told us they chose when, what and where they wanted to eat.

The person was supported to do their own shopping. We saw their planned menu on the kitchen door. This showed the meals the person had chosen for the week, with staff support. It included pictures to meet the person's specific communication needs. The person told us they had the choice of something different from what they had chosen for their planned menu, if they changed their mind.

We saw a good variety of food and healthy snacks were available, including fruit. The person was encouraged to assist with cooking their meals. Staff told us they liked to help develop the person's life skills, and the person liked to help to prepare their food, and was very good at baking.

We looked at the person's care plan in relation to their diet and found this included detailed information about their dietary needs and the level of support they needed to make sure that they received a balanced diet. We saw people's weight was monitored where they were either assessed as at risk of not receiving adequate nutrition or at risk of becoming overweight due to medical intervention. This was monitored and professional advice obtained if required.

The person's care records showed that their day to day health needs were being met. They had good access to healthcare services such as dentist, optical services and GP's. The person's care plans also provided evidence of effective joint working with community healthcare professionals. We saw that staff were proactive in seeking input from professionals such as psychology and psychiatry, speech and language therapy, occupational therapy services, dieticians and hospital consultants.

It was clear that staff sought advice from external professionals to make sure people's needs were met. The professionals we spoke with told us that the service maintained high levels of staff, and that this was a contributory factor in how good the service was at ensuring people's needs were met. They told us the staff received good training and this helped them to understand people who used the service and be effective in dealing with behaviours that challenged. We saw that support staff were able to use picture exchange cards (PECS) and Makaton, a language programme using signs and symbols to help people to communicate. They were trained in, understood and effectively used strategies to enable the person to calm, and that helped to reduce their episodes of behaviour that challenged.

All new staff were required to complete the Care Certificate, which is a nationally recognised programme of training for care workers. All staff underwent a formal, six week induction period. The first weeks consisted of 'classroom time' completing essential training, and then they shadowed experienced staff, until they were confident to work alone.

One new support worker told us, "I am having an exceptionally good induction. It's not just about ticking the

boxes. The organisation really put a lot into making sure we are prepared for the job." Another support worker agreed and said, "The training is very good and staff here have also been great, they are really helpful and supportive. This is the best induction that I've ever had." We also saw experienced member of staff sitting with new staff member, sharing information about the person they supported and discussing how to best meet the person's needs.

Autism Plus, the provider had its own training department, as well as using external training sources. We saw that essential training had been completed by existing staff in moving and handling, health and safety, infection prevention and control, safeguarding, medicines, food hygiene and first aid. Training was also provided in managing challenging behaviour, nutrition and health, epilepsy, equality and diversity; privacy, dignity and confidentiality and the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Members of the core staff team told us they had completed qualifications in health and social care, such as the National Vocational Qualification at Levels 2 and 3. There were opportunities for staff to take additional qualifications and for continual professional development. For example, staff had attended training on communication and working with people with autism to be able to meet the needs of people who used the service. The registered manager said that the provider was very supportive of staff. The training offered to staff enabled them with the skills and knowledge to effectively meet people's needs.

Staff were formally supervised and appraised and confirmed to us that they were happy with the supervision and appraisal process. Staff supervisions made sure that staff received regular support and guidance, and appraisals enabled staff to discuss any personal and professional development needs. Supervisions were undertaken regularly in line with the provider's policy and more frequently if required. For example, when staff first commenced employment. All staff felt well supported in their roles and said they were able to approach the registered manager with issues at any time. One staff member said, "We are well supported and have regular supervision." We also saw that team meetings were held regularly to ensure good communication.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had received managers' level training on the MCA, DoLS and we found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations. Where Deprivation of Liberty Safeguards decisions had been approved, we found that the necessary consideration and consultation had taken place. This had included the involvement of families and multi-disciplinary teams.

We also checked records in relation to decision making for people who are unable to give consent. This showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. All staff we spoke with had a good understanding of the MCA and DoLS and were able to apply this in practice, ensuring people's day to day care and support was appropriate and that their needs were met.

Information and guidance on the MCA and DoLS was displayed in staff areas so staff had a reference guide to hand if required. New staff we spoke with told us they found this useful and the information helped them understand the legislation, as it was at a level they could understand.

The service provided specialist care for young adults with autism and additional learning disabilities. We checked to see that the environment had been designed to promote people's wellbeing and ensure their safety. People's individual needs were met by the adaptation, design and decoration of the home. The home was well maintained and decorated and furnished in a style appropriate for the young people who used the service.

Each person had their own bedroom. The person who was using the service at the time of the inspection had been supported to personalise their room and told us they had chosen how it was decorated. Members of the core staff team told us that if people did not have family or friends to help them to personalise their rooms, staff would help them to make their rooms homely. There were different, areas in the house for people to use, which meant people could either spend time with others or be on their own, if they wanted calm and quiet.

Is the service caring?

Our findings

Everyone we spoke with was very positive about the staff and the management team. The service had a stable core staff team, the majority of whom had worked at the service for a long time and knew the needs of the person particularly well. The continuity of staff had led to the person developing meaningful relationships with staff.

External professionals said they were impressed with the service. They said the staff were considerate, kind and caring. For instance, one professional said, that since the person who used the service had moved to Rusholme the change in them has been very positive. They have settled and has now stabilised to the point where they could access the community regularly, with support, and they had been away for a week's holiday with staff. They explained this would not been possible previously. They told us, "[The person] has a lovely relationship with the core team. This is a good service for them, and it was a good move."

Everyone we spoke with thought staff, 'Went the extra mile' to make sure the person was happy and well. We saw that staff were concerned about the person's welfare and held them in genuine affection. They also came across as dedicated to making sure the person achieved their potential.

The person was supported to maintain important relationships. They and spent a lot of time at their family home, and went out with their relatives, on a weekly basis. They were encouraged to send cards to their parents. It was also evident that the staff team had supported them well, through the loss of one close relative.

Visual communication systems had been devised to help the person to communicate. A lot of care has been taken to design communication aids and these had contributed to their well-being. Staff we spoke with were very knowledgeable on how the person they supported responded to different communication methods. This included picture cards, Makaton and visual aids. We saw staff using these to help the person to make decisions.

We saw that care delivered was of a kind and sensitive nature. Staff interacted with the person positively and used their preferred name. We saw that the person's dignity and privacy were respected and the person confirmed they always experienced this to be the case. Training was arranged to meet people's specific needs and included the promotion of people's privacy, dignity and confidentiality. The registered manager told us the support staff had compassion and respect for people. Staff we spoke to told us it was important to make sure that people who used the service were treated with dignity. They explained it was a basic human right, not an option and that staff were all times compassionate, person centred, and willing to try new things to achieve this. This improved the quality of experience for the person who used the service. An example of this was using privacy film on their bedroom windows, a small, but effective change to their environment that ensured their dignity was maintained and improved their quality of life.

We spent some time in the communal areas during the inspection. We saw that staff were consistently reassuring and showed kindness towards the person when they were providing support, and in day to day

conversation. The interaction between staff and the person they supported was inclusive and it was clear from how the person approached the staff, that they were happy and confident in their company. The registered manager told us that staffing numbers were configured to allow person to participate in activities in the community, and we saw evidence that staff went with the person to participate in activities of their choice. The staffing levels meant the activities could be individualised and meet the person's preferences.

There were high levels of engagement with the person throughout our visit. From conversations we heard between the person and staff it was clear staff understood the person's needs; they knew how to approach the person and also recognised when they wanted to be on their own. Staff we spoke with knew the person well, and described their preferences in great detail, and how they wished to be addressed and supported.

All staff showed concern for the person's wellbeing in a caring and meaningful way. All staff we spoke were passionate about their role and about providing high quality care. They all knew the person who they supported particularly well. Staff told us they were listened to and valued by the registered manager and felt that they worked together as a good team which improved the quality of life for people they supported.

Staff told us that the management team were very good and they all worked well as a team supporting each other. They said the registered manager and the team leader were very knowledgeable and led by example. Members of the core staff team told us, "The communication is very good and that means we all know what is happening and any changes, to make sure the person's needs are met." We saw evidence that there were handovers of information at the start of every shift to make sure any changes were relayed to staff.

We found that care plans showed the degree of involvement that the person had with reviewing their care needs, and this reflected the help of their relatives. The person's care file was very person centred and individualised. It showed who was important to the person and things they liked, and they had achieved. A lot of this information was in an easy read format with lots of pictures to assist the person's understanding and participation.

People's religious, cultural and personal diversity was recognised, with their care plans outlining their backgrounds and beliefs. For example, staff explained how they had balanced individual preferences and choices, with family member's beliefs and the person's background, taking these into account and making sure that the person's rights and choices were respected.'

Is the service responsive?

Our findings

Healthcare professionals we spoke with told us the staff were very responsive to the person's needs. They would contact them if there were any changes and seek advice and guidance. They also told us their advice was followed and when they visited, staff were knowledgeable about the person's needs ensuring they were met.

The registered manager told us the person's anxieties and behaviour had previously prevented them from going out into the community very often. However, as they settled into the home they had become more able to engage in a good range of activities and they went out into the community on a regular basis. One professional told us, "They have been quite exceptional in working with [the person] and the progress [the person] has made has been tremendous."

The person was supported on a two to one basis in the community and there were staff on duty to be able to facilitate this. The activities were carefully designed for the person and we saw that staff actively encouraged and supported them to be involved.

We saw the person's activity planner, which had pictures to assist the person to understand and make and communicate their decisions. They told us that the activities they liked were shopping, cooking, baking, swimming, cycling, listening to music, meals out and trips to amusement parks and fairs. These activities were included in the person's planner. There were also activities to promote their independence, such as housekeeping tasks. Staff told us how activities in the community had had a positive impact on the person who used the service.

One professional told us, the person who used the service had not been living long at Rusholme, but had already made significant progress. "They are responsive. The staff are brilliant. They are inventive in how they work with people and make sure they have a good quality of life."

We saw that prior to the admission of people to the home, a detailed care needs assessment had been carried out. This meant that the registered manager could be sure the needs of the individual would be met at the home, before offering them a place. In addition, the assessment process meant that staff members had some understanding of people's needs when they began living at the home. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to make sure personalised care was provided to people.

The care plan format provided a framework for staff to develop care in a personalised way. The care plan was person centred and had been tailored to the person's individual needs and had been reviewed on a very regular basis to make sure that they remained accurate and up to date. Where changes were identified, the information had been disseminated to staff, who responded quickly when the person's needs changed, which made sure their individual needs were met.

Members of the core staff team demonstrated a very good awareness of how people with complex needs

could present with behaviour that challenged others and how this could affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people could live a full life involved in the community and interests. The core staff had a particularly good knowledge of the person who was using the service, their needs and their triggers, and how to divert and distract the person to help prevent episodes of challenging behaviour.

The person had a helpful and informative communication profile in their care plan and there was a strong emphasis on supporting them to communicate. Various tools were used to help with this, including information boards. For instance, there were photographs of the staff on a staff rota board to assist the person to understand who was supporting them each day, and to help to lessen their anxiety. The person had been provided with 'emotion cards' to help them to tell the staff how they were feeling.

The records we saw and information provided by everyone we spoke with showed that the service had been very successful in supporting the person to express themselves. One professional told us, "The staff encourage [the person] to talk, and with some success." Another professional told us, "Staff have implemented recommendations provided by the occupational therapist, providing the person with a sensory room, which I know they use. I am working with staff to provide more sensory input to reduce the person's anxiety and they are very open and willing to learn new techniques and information." We also saw staff sitting together discussing and planning ways to provide further opportunities for the person to develop their communication skills.

The environment had been arranged to promote the person's wellbeing. For example, the person could suffer from very high levels of anxiety. Therefore, a sensory/relaxation room had been created, specifically for the person, designed to provide a relaxing and safe environment for them to spend time in. The person had chosen the way it was decorated and arranged and told us they liked to spend time there. Staff told us the person sometimes used this time to talk about their thoughts and feelings and this had increased their ability to understand and cope with their emotions. This in turn had contributed to a decrease in the frequency and severity of their behaviour.

The person told us they really liked the swing in the garden. Staff told us it had been recommended by the occupational therapist, and often had a calming effect if they became anxious or upset.

There was a comprehensive complaints policy this was available to everyone who received a service, relatives and visitors. The procedure was on display in the service where everyone was able to access it. The registered manager was able to explain the procedure to make sure any complaints or concerns raised would be acted on to make sure people were listened to.

Discussion with the members of the management team showed that complaints were taken very seriously. The complaints record we saw showed these were investigated thoroughly and promptly. We looked at a complaint that had been received and it had been addressed and resolved. Staff told us they were aware of the complaints procedure and knew how to respond to complaints. The person who used the service told us they would tell staff members if they had any complaints or concerns. They did not have any complaints to tell us about when we spoke. It was evident from the records we saw that people's relatives knew how to complain if they needed to.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission. There was positive feedback from everyone we spoke with about the leadership and there was a high degree of confidence in how the service was run. There was a clear management structure in place and staff were aware of their roles and responsibilities. All the staff we spoke with said they felt comfortable to approach any one of the members of the management team.

The managers, support staff and the other professionals we spoke with told us the communication in the team was very good. One staff member said, "Communication in the team is excellent. We are all about the person."

The professionals we spoke with said the service was well managed. One professional said "Any information given is disseminated to the staff working with the person. Staff who I have spoken to understand the person's needs extremely well and are caring, they respond well to the person's changing needs." Another professional told us the person had built very positive relationships with the team of staff who supported them and any behaviour the displayed that challenged was managed well.

The staff told us that all of the members of the management team were very good at their jobs, were caring, very approachable and always put the needs of people who used the service first. Staff knew when to seek advice from their managers. All staff we spoke with told us they received regular supervision and support. Staff also told us they had an annual appraisal of their work, which ensured they could express any views about the service in a private and formal manner.

There were regular staff meetings arranged, to make sure good communication of any changes or new systems. The minutes documented actions required: these were logged as actions to determine who was responsible to follow up the actions and resolve them. Staff told us there were also thorough handovers at each shift change, so they were aware of all that had happened and any changes, to be able to meet people's need.

We also saw there were various forums for people who used the service, providing opportunities for people to express their views. Information was available in an easy to read format to assist people who used the service to understand and be involved. The provider also used service user friendly questionnaires to obtain people's views on the service and the support they received. The acting managing director told us they and the Chief Executive for the Group had been consulting with people's relatives via question and answer sessions that were being held at multiple dates and venues. Autism Plus also produced a newsletter, which outlined the achievements and successes of people who used the service and of staff.

One staff member was completing their induction and was able to tell us the philosophy of Autism Plus; "Aspiring to greatness, valuing the team mix and diversity, embracing change, to inspire and innovate, committing to achieving results and delivering the service with great joy." From our observations at inspection, it was evident that the vision and values had been embedded into the way the service was managed and put people at the heart of the service.

The provider had signed up to the government's 'Social Care Commitment' which is the adult social care sector's promise to provide people who need care and support with high quality services. We saw evidence that Autism Plus was accredited by 'BILD', the British Institute of Learning Disabilities and by 'Investors in People', which is an organisation providing and assessing best practice in people management.

The organisational governance procedure was designed to keep the performance of the service under regular review and to learn from areas for improvement that were identified. We saw that audits were regularly carried out in all aspects of the service including areas such as the home environment, health and safety, infection control, records, medication, and staff training. It was clear that timely action was taken to address any improvements required.

We found that recorded accidents and incidents were monitored by the registered manager to make sure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk. There was also a health and safety manager employed by the provider, who had a remit to monitor accident and incident reporting, advise on risk management, and support the management team. They carried out data analysis identifying trends and common factors in accidents and incidents, and safeguarding issues.

Systems were in place for recording and managing all complaints, safeguarding concerns and incidents and accidents. Documentation showed that the management team monitored, and took steps to learn from such events and put measures in place which meant they were less likely to happen again. The head of northern services for Autism Plus was the appointed safeguarding lead, and ensured all safeguarding incidents were logged, and necessary actions completed and reviewed, including the lessons learned and actions taken.

The registered manager told us that they and the staff completed daily, weekly and monthly audits of the home environment, infection control, fire safety medication and care plans. We saw these audits and they identified areas that required improvements and showed any improvements were followed up to make sure these were carried out.