

# Autism Accreditation Assessment

## Nua Healthcare



### (Taliesin House and Log Cabins, The Willows, Killeen Lodge, Kilbride House, Winterdown)

Reference No.	80
Assessment dates	6 <sup>th</sup> , 7 <sup>th</sup> , 8 <sup>th</sup> November 2018
Lead Assessor	Rachel Gittens
External Moderator	Jonny Knowles
Current Status	Accredited

## SECTION 1: CONTENT

### About the provision

NUA Healthcare provides residential, day and community outreach services to adults and children with complex support requirements.

The services assessed consist of 5 residential services, known as 'Centres', providing homes to adult's, 13 of whom have 'Autism Spectrum Conditions'.

All 'Service Users' have access to a Multi-Disciplinary Team as and when required. The MDT includes the following disciplines, occupational therapy, clinical psychology, psychiatry, behaviour specialisms and dietician. The service currently outsources speech and language therapy to compliment the team and holds a monthly clinic for forensic psychology.

There is a 12 week admissions and assessment procedure, during which needs assessments are conducted and individualised plans of support agreed.

The following properties are registered with Autism Accreditation, and therefore each was considered during the period of assessment, and summarised observations within the body of the report are reflective of this:

- Kilbride House, 3 people with an autism diagnosis
- Killeen Lodge, 1 person with an autism diagnosis
- Taliesin House and Log Cabins, 7 people with autism diagnosis's
- Willows, 1 person with an autism diagnosis
- Winterdown, 1 person with an autism diagnosis who lives in a self-contained flat

The Services Mission Statement, Vision and Values are centred around delivering person-centred services with emphasis on providing support that enables people to 'pursue meaningful and personalised lifestyles'.

### Outcome of most recent statutory assessment

The service undergoes statutory inspections by HIQA, the Health Information and Quality Authority is an independent authority established to drive high-quality and safe care for people in health and social care services in Ireland. The following terms are used to describe the judgements made following regulatory inspections - compliant, substantially compliant and non-compliant.

The full inspection reports for each Centre can be found here:  
<https://www.higa.ie/reports-and-publications/inspection-reports> .

The Willows, 7<sup>th</sup> December 2017

The Centre was inspected against 11 outcomes and judged to be;

1. 7 Compliant
2. 2 Substantially Compliant
3. 2 Non-compliant (moderate)

Killeen Lodge, 14<sup>th</sup> February 2018

Regulations considered under each dimension as follows;

1. Capacity and Capability – 12 regulations considered, of which 10 were found to be compliant and 2 substantially compliant
2. Quality and Safety – 12 regulations considered, of which 8 were found to be compliant and 4 substantially compliant

Kilbride House, 8<sup>th</sup> March 2018

Regulations considered under each dimension as follows;

1. Capacity and Capability – 8 regulations considered, of which 5 were found to be compliant and 3 substantially compliant
2. Quality and Safety – 11 regulations considered, of which 8 were found to be compliant and 3 substantially compliant

Taliesin House and Log Cabins, 23<sup>rd</sup> May 2018

Regulations considered under each dimension as follows;

1. Capacity and Capability – 7 regulations considered, of which all were found to be compliant and 3 substantially compliant
2. Quality and Safety – 6 regulations considered, of which 5 were found to be compliant and 1 substantially compliant

Winterdown, 25<sup>th</sup> June 2018

Regulations considered under each dimension as follows;

1. Capacity and Capability – 4 regulations considered, of which all were found to be compliant
2. Quality and Safety – 8 regulations considered, of which 6 were found to be compliant, 1 substantially compliant, 1 not compliant

## **About the assessment**

The Autism Accreditation Assessment took place over three days. The services Accreditation Adviser took the role of lead assessor with support from another adviser working in the position of moderator.

A presentation to the assessment team on how provision is made for autistic people was given by the Behaviour Specialist Manager, with the support of the Person in Charge from each of the autism accredited registered services.

The assessment team observed over a period of approximately 6 hours. Observations undertaken during the assessment included;

- People in their own homes/Free time
- Christmas show rehearsals
- Morning routine
- Coffee Shop
- Preparation for transitions in to the community
- Breakfast

A number of personal files were sampled across the service, including both electronic versions and hard copies. A sample of key documents were made available and reviewed, including:

- Personal Support Plan
- Multi Element Behaviour Support Plan
- Sensory Profile
- Risk Assessment/Management Plan

One person the service supports was on holiday, whilst observations could not be undertaken the assessment team had opportunity to visit his home, speak to staff and to review his personal file. One person chose not to be observed.

Family/Carers:

- Phone calls x 2

Staff interviewed:

- Behaviour Specialist x 3
- Clinical Psychologist
- Assistant Psychologist
- Occupational therapist

Further supporting documentary evidence that was sampled included:

- Psychological Report
- SaLT assessment report
- OT assessment report and recommendations
- Behaviour Report

Policy and procedure documents relevant to the provision for autistic pupils were also reviewed, in particular:

- Policy on Autism
- Behaviour Management Policy and Procedure
- Policy on Key Working
- Policy on Independent Living

## **SECTION 2: KEY FINDINGS**

### **What the service does particularly well**

#### **What stood out as particular strengths:**

Nua Healthcare benefits from having an established multi-disciplinary team of specialist services who work collaboratively and who provide timely assessment, support and therapeutic interventions.

Working practices and accuracy of documentation are monitored and audited and the impact of staff training is reviewed through training evaluations.

Reflective practice and staff evaluations are embedded practices and there is effective collaboration between staff of different disciplines which leads to informed individualised plans of support.

The environments at each property are individualised to meet the needs of those living there, and autistic people are involved in consultation to influence this. Bedrooms are personalised and internal communal living and outdoor spaces are developed and maintained to a high standard.

**What else the service does well:**

Relationships between staff teams and between the staff and those they support were found to be very positive.

**What the service could develop further****Priorities for the service**

Linking the daily activity records to outcomes will help staff to evidence progress and will support with how progress is tracked and reviewed.

The current review of training should ensure that sensory needs are included in the mandatory induction for all staff.

The service should look at developing a clearer pathway for people that aspire to live independently.

Continue to roll out the new format of Personal Plans and embed the recently introduced auditing processes to monitor the quality of information and working practices.

**Other areas to consider**

The service may wish to develop a tiered approach to the delivery of autism specific training, in line with specific job roles and levels of responsibility, in order to better support the CPD of all staff.

The service could look at introducing opportunity for key workers to undertake peer observations, this would give opportunity to further their knowledge of task analysis and individual responses to intervention. This information may also support staff to identify new opportunities to further promote independence in daily living skills.

The service may wish to consider collecting more specific data which reflects the experience of autistic people and their relatives.

**SECTION 3: PROFESSIONAL DEVELOPMENT**

The service's Autism Policy sets out clear commitments to the recruitment and training of staff and describes the processes which have been established to ensure all staff have the knowledge and skills to support autistic people.

Induction for all staff includes E-learning on autism, this is kept up to date to ensure the training content is reflective of current thinking and best practice guidelines. Additional training for staff includes Manual handling and MAPA (Management of Actual or Potential Aggression).

Training and induction have a focus on:

- Understanding Autism and its Triad of impairments
- Identification of some of the behavioural characteristics associated with Autism
- Consideration of the possible causes of Autism
- Understanding the challenges faced by a person with Autism
- Understanding which laws and policies are important when you are supporting someone with Autism
- Understanding the term 'safeguarding'

The service reported that they were committed to providing progression for staff within the organisation and they told the assessment team that CPD and career development opportunities for staff are good.

All staff complete a 4 day induction which is based in the office, this includes all mandatory training, for example safeguarding, manual handling and MAPA. E-learning autism modules are also included in the induction for all staff, these are currently being updated. Training is regularly reviewed and updated as required to ensure the content is reflective of current thinking and best practice. Once the mandatory training is completed new staff are supported on-site, through job shadowing and bespoke induction packages, designed to meet the needs of the person being supported.

Bespoke class-based training is developed around the needs of individual people who are supported by the service, this type of training is developed and led by staff from the MDT.

The lead assessor spoke to a recently inducted clinical psychologist who described her induction, key points of note were the completion of mandatory training which included basic autism awareness and MAPA training. The clinical psychologist has since completed ADOS training and is being supported to develop her practice in undertaking these assessments.

MDT specialists work collaboratively, as required, to carry out assessments during the 12 week assessment period for new admissions and to deliver bespoke training to staff, tailored to address the individual needs of autistic people.

The organisation uses an electronic system which records staff training and which notifies managers when training is due.

The Person In Charge at each service undertakes bi-monthly supervision and annual appraisals and also evaluates staff training needs. Staff can self-nominate where they identify a training need.

There is some opportunity for staff to attend external conferences, however predominantly this will be MDT staff who then disseminate learning, as appropriate.

In conclusion, all staff receive basic autism awareness training and can identify key principles to consider when supporting an autistic person. Some staff have also attended bespoke class-based training sessions that address specific identified needs and which provide direct support to ensure that staff understand how to implement recommendations given by the MDT.

Robust systems are in place to ensure that practice is highly personalised and maintained at a consistent high level throughout the provision.

## **SECTION 4: PERSON CENTRED SUPPORT**

### **Differences in Social Communication**

The Autism Policy references training that staff undertake and which has a focus on communication, this includes:

- how to support someone's communication
- importance of helping people to develop new skills and abilities that will enable them to communicate and function socially

Speech and language therapy assessments take place and conclude with a written report and professional recommendations. As appropriate the recommendations inform personal plans. The therapists use a range of approaches when undertaking assessments, for example clinical observations and communication observations, staff interviews and standardised assessment tools.

Where a Multi-element Behaviour Support Plan is required the speech and language therapist's advice will be used to inform the plan. This type of plan is informed by assessments and recommendations from all relevant MDT disciplines. The Multi-element Plan is then used to inform the Personal Plan, and bespoke staff training and support as required.

In all observations, it was found that autistic people were well supported in their communication, for example:

- Staff involved the person being supported in saying hello as the Adviser arrived
- Staff used personal interests to engage people in social conversation
- Staff provide time for the individual to process spoken language
- Staff demonstrated an awareness of the function of repetitive questions and the need for sameness in how staff respond

Where best practice was observed Personal Plans were used to record identified support and there was clear evidence of differentiation in working practices.

Working practice was found to be consistent and was seen to be in line with the recorded recommendations and advice.

In one or two observations practice could have been improved by staff using a more structured approach to scaffold and reinforce social communication between people that live together. For example when seated together autistic people readily engaged with staff but peer to peer interactions were limited.

The service may wish to consider how new opportunities to facilitate social interaction between people living together, and in different Centres, can be developed for example dedicating one TV to football and creating an 'event' that can be shared.

## **Self-reliance and problem solving**

The services 'Autism Policy' makes reference to individualised support plans which are designed to 'enable each individual to be supported in a manner that meets their needs, facilitates community access and results in a highly fulfilled and meaningful life'.

The Autism policy also references the process of 'monitoring and Review' which is embedded in to practice and which is focussed on ensuring consistent high standards for all.

Further policy references to training that staff undertake and which has a focus on communication, this includes:

- how to create and maintain a structured environment
- know what routines, timetables and structures are important
- understand why it is important to support someone to take risks
- understand how to match support to the person's needs

Assistant clinical psychologists work under the direction and supervision of the clinical psychologist, their role is varied and includes providing direct support, consultation and training to staff. They work to empower key workers to be more active in the MDT processes and to better understand how to employ person-centred practices which engage autistic people by working with them and not for them.

The Centre's have developed a system whereby each office, based in the houses, is set up in the same way?, using the same system for storage etc. This has improved consistency in record keeping for regular staff, and ensures that where bank staff are employed that they also understand the system.

There is also an emailing system in place, staff are contacted ahead of their shift so that they know what the activity/support plan is and this ensures that they can be fully prepared before arriving at the house, it also means that staff can confirm with each autistic person who will be working with them.

For all new admissions to the service MDT assessments take place and recommendations are used to inform individual support plans, and wherever possible the autistic person accessing the support is involved in agreeing the plan. Support Plans include text written in italics, these are used to cite specific references made by autistic people to make it clear what their personal contributions have been.

A document known as the Daily Activity List is used by staff at the start of a shift, it provides key information on tasks/strategies that staff need to focus on whilst providing support. A Daily Log is then used to record each person's response to planned intervention and to feedback on specific observations which link in to the Daily Activity List.

In most observations it was found that autistic people were encouraged to carry out tasks with minimal staff intervention. For example, individualised visual aids were used to structure choices, to make clear scheduled activities and to provide key information, for example through easy read guides and simple scripts supported with context specific photographs.

For one person the individualised prompts have been developed to promote personal hygiene, for example using a personal interest in 'The Hulk' to depict personal hygiene routines.

Where best practice was observed staff gave opportunity for independence, such as enabling people to do their own washing and to give a tour of their own property to visitors.

Staff gave opportunity for independence, providing supervision whilst allowing individuals to work through the sequential steps.

Daily plans were found to be bespoke to each individual, and autistic people were observed to take the lead in determining what activities they did and did not want to engage in, with staff adapting their support in response to the expressed preferences. Social stories and scripted responses were used to structure transitions and ensured consistency in the staffs approaches.

House meetings are used to determine who will undertake which 'jobs' in the house and the agreed rota is displayed in the kitchen. Other visual references are used within communal areas, such as labels for 'rubbish' and 'recycling' on bins, fire evacuation procedures and labels on food cupboards.

In some observations practice could have been improved by better managing the noticeboards in the Centres, some are too cluttered which makes it hard to access key information. Staff should also consider where key information is best displayed, for example using context to support understanding, such as displaying dietary information in the kitchen.

## Sensory Experience

The service has a policy document named 'Policy and Procedure on Sensory Issues', this recognises that many autistic people have difficulties processing sensory information and can also struggle with their sense of movement and balance.

The Policy makes reference to:

- Processes of assessment
- Environmental considerations
- Role of the MDT
- Support and interventions

The service has two full time occupational therapists and one occupational therapy assistant that works two days a week.

Therapists contribute to the initial 12 week assessment process, as required and are integral to the MDT and its associated processes. Therapists use a standardised assessment tool to identify specific needs and write a formal report which includes their recommendations.

Following admission to the service the MDT work to develop a personal support plan and a sensory profile is also completed to inform on sensory issues. OT assessments are concluded with a written report, and recommendations shared, this may include specific guidelines on how to provide sensory based activities to meet identified needs or may recommend a specific sensory diet.

Where required the OT works in conjunction with a Behaviour Specialist to provide direct support with regards to sensory diets, and their professional recommendations are cited in the Multi Element Behaviour Support Plan. This Plan is then used to inform the personal plan and bespoke staff training and staff support as required.

Staff training is delivered at team meetings and incorporates general information on sensory processing and information which is bespoke to people living at each property. The OT undertakes site visits, which are sometimes unannounced, to oversee the application of recommendations and staff are asked to report on each person's responses to sensory diets and OT recommendations by completing a sensory checklist, which is returned weekly to the OT.

Where possible autistic individuals are supported to actively engage with interventions and to contribute to evaluations.

In all observations, it was found that autistic people were well supported in sensory regulation. For example each of the houses has been developed in such a way that those living there have access to different areas which have been developed to meet their needs, examples include sensory rooms and spaces, personalised bedrooms, outdoor space etc. The staff demonstrated a sound understanding of each person they supported.

Where best practice was observed the homes were all low in distraction and well organised, autistic people have control over how communal spaces are developed and used, and these are kept under review to ensure they are fit for purpose.

One person had an individual schedule that depicted regular sensory breaks and other people were observed to self-regulate, for example people were seen to choose a quiet area in which to sit and to wear headphones. Staff considered issues of compatibility when planning support and recognised when people needed personal space and they appeared to use the communal living spaces well in order to manage each person's preferences and individual needs.

## Emotional well-being

The Autism Policy references training that staff undertake and which has a focus on emotional well-being, this includes:

- how to help a person with Autism to keep them-selves safe
- importance of working consistently and the effects of change and unpredictability on the person's behaviour
- how to promote choice and control
- distinguishing between caring for someone and enabling someone

Operational practice, that was observed during the assessment, suggests that staff training in the above areas has been effective, examples include differentiated use of visual aids to support language and understanding and many examples where autistic people were given the choice of daily activities, they were able to express preferences and staff listened to them and they were given opportunity to choose whether to engage with the assessment team.

The Behaviour Management Policy and Procedures describe key components of behaviour support provided by the service, examples of those cited and which were found to be working effectively included:

- Individualised person-centred planning based on the model of Positive Behaviour Support
- MDT Working
- Multi-Element Behaviour Support Planning
- Management of Actual or Potential Aggression (MAPA)

The service employs a team of 6 behaviour specialists, to support them in their role they receive regular clinical supervision and have opportunity to access CPD opportunities appropriate to their role. Supervisions are undertaken by clinical psychologists and board certified behaviour analysts.

Behaviour specialists are clinic based, although they have a strong presence in the houses, their role includes regular auditing of the quality of personal plans and working practices, to ensure these are reflective of the specialist advice and recommendations. The Behaviour team work flexibly meaning they can be available evenings and weekends, as required, and psychiatry support is always available through an on-call system.

The 12 week admissions and assessment procedure includes a functional behavioural assessment, where appropriate this includes interviews with family members and further MDT assessments, as required.

In addition behaviour specialists provide direct support to 'service users', consultation to staff and deliver staff training and they work in conjunction with other specialist staff which form the multi-disciplinary team.

Examples of behaviour reports were seen during the assessment period, the reports were written holistically and were found to take in to account factors such as diet, nutrition, communication, community access, sleep and medication. The reports summarise the outcomes of functional assessments and analysis. Report recommendations included support for individuals to understand their diagnosis, levels of staff support and skills training such as social and emotional skills training.

Examples of psychological reports were also shared, those viewed included reference to formal assessments and concluded with specific professional conclusions and recommendations. Where a Multi-element Behaviour Support Plan is required the advice of the psychologists and behaviour specialists are used to inform the plan, as appropriate.

Individual plans and risk management plans outline which staff have responsibility for the autistic person's safety and include a description of the measures taken to ensure the 'service user' is kept safe.

In all observations it was found that autistic people presented as relaxed and engaged in rewarding activities. For example two autistic people readily engaged in discussion about music, football and film with staff and a member of the assessment team.

Staff demonstrated understanding of individual needs and preferences, and gave people the choice of meeting the assessment team. Staff structured their language to encourage decision making and to give acknowledgement to personal preferences.

Where best practice was discussed staff spoke about how they provide structured opportunity for social engagement between residents, for example they arrange a Christmas show, have Halloween events and in-house activities.

Throughout the period of assessment autistic people appeared relaxed and relationships between staff teams and between staff and those they support were found to be positive. Staff structured their language to encourage decision making and self-advocacy.

The service holds key worker meetings and house meetings with individuals in each Centre, these processes ensure that each person has opportunity to share their views and to be included in planning their own activities and routines.

Autistic people are involved in support planning and reviews, and personal achievements are recognised, acknowledged and celebrated.

Italics are used to record the 'voice' of autistic individuals in their Support Plan and individuals have opportunity to be involved in developing plans, where appropriate they have opportunity to proof read them and to add additional comments (recorded in italics).

Some observations suggested that practice would be improved if there was a clearer pathway for people that aspire to live independently. For example the personalised support plans could include more clarity on specific goals linked to developing life skills and increasing independence for autistic people who wish to move on to further accommodation where they can be more independent,

## **SECTION 5: CONSULTATION AND WORKING**

### **With autistic people**

One person that lives in an Accredited service completed the Autism Accreditation questionnaire, their responses indicate they are 100% happy with the service. The full results of the questionnaire can be found at the end of this report.

The latest HIQA inspection reports were shared, these included reference to the views of people living at each service. For example the inspection comments at Taliesin included;

*'Throughout the inspection process the inspector observed that residents appeared very relaxed in the centre, appeared comfortable in the presence of staff members...'*

This professional view was shared by the assessment team during the Autism Accreditation assessment on a visit to Taliesin House and Lodges.

The service shared 'customer satisfaction' data, the information included responses taken from the wider services and was inclusive of autistic people that live in the 5 services currently accredited by Autism Accreditation.

Feedback included the following responses:

How happy are you to access to shared areas where you can spend time with other residents or visitors?

Happy – 78.83% (108)

Neutral – 10.95% (15)

Unhappy – 10.22% (14)

How happy are you with how safe you feel?

Happy 85.19% (115)

Neutral 11.11% (15)

Unhappy 3.70% (5)

How happy are you that staff listen to you?

Happy 83.97% (110)

Neutral 13.74% (18)

Unhappy 2.29% (3)

### **With the families of autistic people**

No family members completed the online Autism Accreditation questionnaire.

During the assessment period opportunity was given to speak to two family members, information shared verbally with the assessment team included:

- Good staff who are approachable
- Staff try to maintain family relationships
- Good opportunities to be active and stay healthy
- One person said that their relative has developed a sense of independence through volunteer placements and semi-independent living arrangements

Family members also said:

- They would like more recognition that family members know their relative best
- They would like to see more support with self-advocacy
- At times there has been a higher turnover of staff than they would have liked

The service shared satisfaction data completed by family members, the responses are from across Nua services and was inclusive of the family members of autistic people that live in the 5 services currently accredited by Autism Accreditation.

Feedback included the following responses:

How would you rate the staff who work with the individual?

Excellent 73.77% (45)

Good 18.03% (9)

Average 8.20% (5)

How would you rate the attentiveness of Nua Healthcare representatives to the concerns of you as a family?

Excellent 50.82%

Good 31.15% (19)

Average 11.48% (7)

Poor 6.56% (4)

Do you feel your family member is happy/unhappy in Nua Healthcare?

Very happy 54.84% (34)  
Somewhat happy 40.32% (25)  
Neutral 1.61% (1)  
Unhappy 1.61% (1)  
Very unhappy 1.61% (1)

Are you confident that your family member's needs are being met?

Very confident 63.33% (38)  
Somewhat confident 28.33% (17)  
Unsure 5.00% (3)  
Not confident 1.67% (1)  
Very concerned 1.67% (1)

Whilst the data suggests that the majority of people are happy with the service, they or their relative receives, this information was only accessible at a whole service level.

## External Services

One external professional completed the Autism Accreditation questionnaire, this person was 100% satisfied with Nua Healthcare. They provided the following additional comment:

*'In my opinion, Nua Healthcare has one of the best Multi-Disciplinary Teams in Ireland in terms of knowledge, interest and service of people who are on the Autism Spectrum, certainly exceptional in terms of those on the 'Spectrum who have additional needs, such as mental health problems, behavioural difficulties or other neurodevelopmental conditions.'*

## SECTION 6: SUMMARY

Throughout the period of assessment Nua Healthcare demonstrated their commitment to providing high quality services to autistic people. Robust systems and processes underpin the services 'Vision' and 'Values' and the breadth of knowledge of the MDT ensures that current research and thinking in best autism practice remain central to this.

Autistic people supported by the service were observed to be calm, happy and engaged in purposeful and enjoyable activities and the relationship between all staff and the people they were supporting were observed to be very positive.

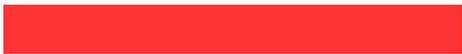
## APPENDIX: Additional comments from service

No further comments to add.

## APPENDIX 1: RESPONSE TO QUESTIONNAIRES

### Autistic Person

Feedback questionnaire on Nua Healthcare Adult Residential Services to be completed by 22/10/2018

The support I am given is good?					Response Percent	Response Total
1	Yes				100.00%	1
2	No				0.00%	0
3	Sometimes				0.00%	0
<b>Analysis</b>	Mean:	1	Std. Deviation:	0	answered	1
	Variance:	0	Std. Error:	0		
					Satisfaction Rate:	0

Staff understand me and my needs					Response Percent	Response Total
1	Yes				100.00%	1
2	No				0.00%	0
3	Sometimes				0.00%	0
<b>Analysis</b>	Mean:	1	Std. Deviation:	0	answered	1
	Variance:	0	Std. Error:	0		
					Satisfaction Rate:	0

The staff listen to me on how I want to be helped					Response Percent	Response Total
1	Yes				100.00%	1

The staff listen to me on how I want to be helped						Response Percent	Response Total		
2	No					0.00%	0		
3	Sometimes					0.00%	0		
<b>Analysis</b>	Mean:	1	Std. Deviation:	0	Satisfaction Rate:	0	answered	1	
	Variance:	0	Std. Error:	0			skipped	0	
Comments: Please note you are not required to comment below, if you do so they may be quoted in the final report. Our questionnaires are anonymous and Autism Accreditation cannot be held responsible for comments which identify any individual. (1)									
1	16/10/2018 16:43 PM ID: 96919398	when i am upset and down they listen							

Who just completed the questions above?						Response Percent	Response Total	
1	The autistic person by themselves					100.00%	1	
2	The autistic person with support					0.00%	0	
3	A staff member who represented their views					0.00%	0	
4	A family member or friend who represented their views					0.00%	0	
<b>Analysis</b>	Mean:	1	Std. Deviation:	0	Satisfaction Rate:	0	answered	1
	Variance:	0	Std. Error:	0			skipped	0

## Families of Autistic People

Feedback questionnaire on Nua Healthcare Adult Residential Services to be completed by 22/10/2018

**The support my relative is given is...**

		Response Percent	Response Total
1	poor	0.00%	0
2	ok, but could be better	0.00%	0
3	mostly good	0.00%	0
4	always good	0.00%	0
		answered	0
		skipped	0

**The understanding that staff have for my relative's autistic needs is...**

		Response Percent	Response Total
1	poor	0.00%	0
2	ok, but could be better	0.00%	0
3	mostly good	0.00%	0
4	always good	0.00%	0
		answered	0
		skipped	0

**The way I am kept informed and asked my views about how my relative is supported is...**

		Response Percent	Response Total
1	poor	0.00%	0
2	ok, but could be better	0.00%	0
3	mostly good	0.00%	0
4	always good	0.00%	0

**The way I am kept informed and asked my views about how my relative is supported is...**

	Response Percent	Response Total
	answered	0
	skipped	0

**The advice I get from the service on how to help my relative is...**

	Response Percent	Response Total
1 poor	0.00%	0
2 ok, but could be better	0.00%	0
3 mostly good	0.00%	0
4 always good	0.00%	0
	answered	0
	skipped	0

## Professionals

Feedback questionnaire on Nua Healthcare Adult Residential Services to be completed by 22/10/2018

**The support the service provides for autistic people is...**

	Response Percent	Response Total
1 poor	0.00%	0
2 ok, but could be better	0.00%	0
3 mostly good	0.00%	0
4 always good	100.00%	1

**The support the service provides for autistic people is...**

					Response Percent	Response Total
<b>Analysis</b>	Mean:	4	Std. Deviation:	0	Satisfaction Rate:	100
	Variance:	0	Std. Error:	0		
					answered	1
					skipped	0

**The understanding and knowledge the service has of autism is...**

					Response Percent	Response Total
1	poor				0.00%	0
2	ok, but could be better				0.00%	0
3	mostly good				0.00%	0
4	always good				100.00%	1
<b>Analysis</b>	Mean:	4	Std. Deviation:	0	Satisfaction Rate:	100
	Variance:	0	Std. Error:	0		
					answered	1
					skipped	0

**How the service works with other professionals in the best interests of autistic people is...**

					Response Percent	Response Total
1	poor				0.00%	0
2	ok, but could be better				0.00%	0
3	mostly good				0.00%	0
4	always good				100.00%	1
<b>Analysis</b>	Mean:	4	Std. Deviation:	0	Satisfaction Rate:	100
	Variance:	0	Std. Error:	0		
					answered	1
					skipped	0

Comments: Please note you are not required to comment below, if you do so they may be quoted in the final report. Our questionnaires are anonymous and Autism Accreditation cannot be held responsible for comments which identify any individual. (1)

**How the service works with other professionals in the best interests of autistic people is...**

			<b>Response Percent</b>	<b>Response Total</b>
1	17/10/2018 15:50 PM ID: 97010939	In my opinion, Nua Healthcare has one of the best Multi-Disciplinary Teams in Ireland in terms of knowledge, interest and service of people who are on the Autism Spectrum, certainly exceptional in terms of those on the 'Spectrum who have additional needs, such as mental health problems, behavioural difficulties or other neurodevelopmental conditions. - Dr Seán Ó Domhnaill, Consultant Psychiatrist s.i. Neurodevelopmental Disorders. MCRN: 18615		