

L D Care Limited

No 36

Inspection report

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Date of inspection visit:
17 September 2019

Date of publication:
17 October 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

No 36 is a care home for up to nine adults with a learning disability. Some people also have autism. At the time of our inspection nine people were living at the service. The home is managed by LD Care Limited, a private organisation who also manage three other homes in the London Boroughs of Hounslow and Richmond upon Thames.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The culture of the service was one where the individual needs of people were central to how the service operated. The provider's representative explained, "Our ethos is very much about being active and participating, we make sure that everyone understands there are no limits. [People] have also established a sense of responsibility, most take part in daily chores for themselves and the home. This has also helped give the sense of belonging and pride." This was very much evident within the service we saw, in everyday life there and in the feedback from others.

People received personalised care and support in an exceptional way. The staff were very responsive to their needs and wishes, planning care and activities to reflect these. People were an integral part of the local community. They took part in social and leisure activities which reflected their age and interests and were given opportunities to provide a service to others in need.

The atmosphere at the service was like a family home. There was no differentiation between the staff and people using the service in the way they were treated. They interacted with each other like friends or siblings would. There was an emphasis on having fun, respecting and valuing one another as equals. Staff and people who used the service were encouraged to invite their own families to special events, meaning there was an extensive community who shared successes and memories together.

Feedback from family members, staff and external professionals was very positive with one professional telling us, "I honestly wish there were more services like this out there." Comments from the staff included, "It is not like coming to work, this is my second home" and "There is a different feeling here, like a family we all care for each other so much."

Whilst some people had communicated with aggression in the past, the way in which they were supported by the staff had reduced this so that people were able to live fulfilling and varied lives. Careful planning and

coordination between the staff and other professionals meant they constantly reflected on what was best for the people who used the service. The medicines used to manage people's mental health needs had been reduced so that they were more active and aware. This allowed them to make informed choices about their lives with positive results.

There were numerous examples of care which exceeded people's and their families' expectations. These included thoughtful interventions by individual staff, as well as changes to the service and environment in response to a particular need or wish. The staff also acted as advocates for people, defending their rights when they had been challenged in the wider community.

The staff had the support, training and information they needed to care for people and also to develop their own skills and interests. People using the service, staff and other stakeholders felt able to discuss their ideas with the managers and felt these were listened to and valued.

There were appropriate systems for monitoring and improving the quality of the service. These had been implemented effectively and we saw how the service had developed and improved since the last inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The rating at the last inspection was outstanding (published 10 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

No 36

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

No 36 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we had about the service, including the last inspection report. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection

We met three of the people living at the service and staff on duty who included the registered manager,

deputy managers, house leader, team leaders and support workers. We observed how people were being cared for and supported.

We looked at a sample of records which included care records for five people, staff recruitment and training records, records of quality monitoring and meeting minutes. We also looked at how medicines were managed and conducted a partial tour of the environment.

After the inspection

We received feedback about the service from the relatives of three people and five external professionals who work with the service.

We also had feedback from the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's relatives and external professionals told us people were safely cared for. The provider had procedures for safeguarding people and whistle blowing. The staff received training in this and had opportunities to discuss this at individual and team meetings. Therefore, they knew how to respond if they were concerned someone was being abused.
- The staff had taken appropriate action and worked alongside other agencies to investigate and respond to allegations of abuse.

Assessing risk, safety monitoring and management

- People were supported to be independent and try new things, but the staff made sure they assessed the risks relating to these and had strategies to mitigate risks. For example, people were supported to learn to use public transport, cross the roads and interact with members of the public. These risks were well managed, through clear plans which the staff consistently followed. The staff were able to measure the changes for people as they became more aware of dangers and therefore could become more independent.
- The staff had assessed other risks to people's safety and wellbeing. For example, those associated with their physical and mental health, equipment they used and daily activities. The assessments were clearly recorded with detailed plans about how to support people to keep them, and others, safe. The assessments were linked to care plans and behavioural support plans, which included information about triggers which might upset someone, how to identify when they might be getting anxious and strategies to deescalate situations before people became overly scared, anxious or aggressive. The staff were familiar with these plans and reflected on any incidents, so they could share learning about what worked well and if changes were needed. As a result of good assessments and planning, the number of incidents where people became agitated had reduced.
- The staff assessed the risks in the home environment. They also carried out safety checks on the environment and equipment. There were suitable plans for emergency situations and how the staff should respond to these to keep people safe.

Staffing and recruitment

- There were enough staff to support people and keep them safe. All of the stakeholders who gave us feedback, and the staff themselves, said there were more than enough staff. People were able to have individual support when needed, and managers worked alongside the support staff in caring for people. The provider only ever used permanent staff who knew people well and who people felt comfortable with. The staff retention was very good and there were always a good number of staff on duty, so even when new staff started, there were familiar and experienced staff working alongside them.
- The registered manager explained that the recruitment of new staff was based on their attitude and

competencies rather than past experience. The majority of appointments were through recommendations by existing staff. As part of the recruitment process staff were invited to spend time observing how the service operated so they could decide whether they could work within the ethos of the home. The registered manager also observed how they interacted with people using the service and their willingness to learn. They told us they would only recruit staff who showed an aptitude for enabling people rather than doing things for them.

- The provider also carried out checks on their suitability, such as references from previous employers and checks on any criminal records. These were well documented. New staff completed an induction programme before they were confirmed in post, this ensured they were suitable and continued to display the right attitude.

Using medicines safely

- People received their medicines in a safe way and as prescribed. Medicines were stored, recorded and administered appropriately. Records included protocols and information about each type of medicine, any side effects and why people were prescribed these. This meant the staff had the information they needed to support people in a safe way. The staff also had external training in the safe management of medicines and their competences were assessed to make sure they followed best practice.

- The provider had a good overview of the way in which medicines were managed. This meant that they were able to identify any problems and address these swiftly so that any negative impact was minimised. The staff carried out audits of medicines supplies and records. These showed that medicines had been well managed consistently.

- The staff worked alongside other healthcare professionals to actively reduce the amount of sedative and behaviour controlling medicines people had been prescribed. They told us that this had a positive impact for people who had become more aware, active and had participated in making decisions about their own lives. There had not been any adverse effects on their behaviour because the changes in medicines had been introduced appropriately. Also, the staff had followed plans to intervene with distraction, comfort and support for people if they became anxious before they started getting aggressive or disruptive.

Preventing and controlling infection

- People were protected by the prevention and control of infection. The provider had suitable procedures which were followed. The staff made sure the environment was clean and followed safe hand hygiene procedures. Equipment was checked to make sure this was clean and to minimise the risk of contamination. The staff received training regarding food hygiene and infection control.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong and making improvements to the service. All accidents and incidents were recorded. The records included details about the incident, strategies used to manage risks, staff learning, and action taken to prevent harm. Actions included reviewing risk assessments and behavioural management plans as well as staff supervisions and meetings.

- The staff reported adverse events to relevant external professionals, so they could help them plan improvements. They also involved families and other important stakeholders. The registered manager undertook an analysis of accidents and incidents at the end of each month, so they could identify and respond to any themes or identified risks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Adapting service, design, decoration to meet people's needs

- The environment was designed and maintained to look like a family home. People had individual bedrooms which they had personalised. Communal areas were comfortable and appropriately equipped. Throughout the home there were personal touches which reflected people's personalities and celebrated their achievements and interests.
- The garden was an extension of the living space and used on a daily basis, for meals, activities and relaxing when the weather permitted. One relative told us, "We were impressed with the outdoor facilities the staff have designed and created in the back garden to make the placement such a homely, warm and relaxing environment." Particular features of the garden included home grown vegetable patches, a nature area, a Jacuzzi, a water feature with tropical fish, a sensory area, a karaoke area and small seating areas for peace and relaxation. There was also a large lawn space with tables and seating, used for games and dining.
- The provider had been exceptionally responsive to the needs of people when designing the environment. They had created the garden water feature following feedback from people who liked fish and waterfalls. They had converted an outbuilding into a gym because they recognised the importance of planned exercise to support people who had become overstimulated. They had also created an office/teaching room for people using the service. This was because people liked to spend time in the staff office, but there were times when people were restricted in using this due to meetings. The provider recognised this and did not want people to feel excluded, so they designed and built the second office for them.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff recognised that involving people in planning and creating the food they ate enabled them to take ownership and enjoy this. They had redesigned the kitchen to make sure there was space for people to sit and watch, as well as being involved in cooking and preparing food, so this became a social event. One relative told us that people living at the home, including their relative, had restrictive diets and could become uncomfortable with trying different foods. They told us they were "amazed" of the variety and nutrition the staff had provided for people, encouraging them to try new things, eat a range of food. The staff also told us how pleased they had been when the range of food people ate increased.
- Daily activities for people included making fruit and vegetable smoothies, which ensured people who did not eat a lot of these had them in a way they found palatable and were involved in preparing these. All meals were freshly prepared each day and included garden vegetables and eggs from the home's chickens. This allowed people to understand where food came from as they were involved in growing and picking vegetables and collecting eggs.
- People's nutritional needs had been assessed and the staff created individual plans based on their needs,

preferences and habits. The care plans included photograph guidance where something about meals or the way they were presented was important to the person. One person had a placemat with details of allergies and essential information. This could be used to help remind staff to check certain foods if needed. Guidelines for meals included information about the equipment people needed, how they should be positioned, how they should be communicated with during meals to reduce risks, such as choking, and when and how they needed assistance.

- The staff monitored and recorded people's food and fluid intake and changes in weight. They had worked closely with external professionals to make sure people received the right support. One professional had been impressed with the work the staff had undertaken and had recommended the service to take part in a promotional video for the NHS, to help share their good practice with others.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out very comprehensive assessments of people before they moved to the service. This included staff from the service supporting people in their known environments before they moved there. This enabled the person to get to know the staff and feel comfortable with them, as well as providing hands on experience of the person's needs for the staff. Information from this work, along with information from families and other professionals was used to create assessments of need. Both families and professionals commented that this process had been a positive experience. The provider's own records included an email from a local authority representative which stated, "[Person's move to the service was a] beacon of excellence and golden example of how a transition should be done."

- The staff regularly reviewed people's needs to make sure information was up to date and any changes in these were recorded. They used recognised good practice tools for assessment and followed guidance from other professionals about how to meet specific needs. This guidance was incorporated into clearly laid out care plans.

Staff support: induction, training, skills and experience

- The staff were well supported by the management team and each other. They explained they regularly reflected on their own practice and things that had happened at the service, so they could learn from each other. There was detailed information about people's care needs and also best practice guidance available for the staff, so they could refresh their knowledge of these areas whenever they needed.

- New staff took part in a comprehensive induction programme and a range of formal training. In addition to training, all staff took part in regular learning sets, where they discussed a particular topic. These learning sets sometimes included videos and guidance about the topic, a test of staff knowledge and shared discussion about good practice. Some of the staff were supported to undertake vocational qualifications and all staff renewed their training regularly.

- Staff took part in frequent team and individual meetings with their line manager. Individual meetings were often themed where the staff knowledge and competences were discussed, and they were given feedback about their performance. Some of the recent themed supervisions included medicines awareness, safeguarding and effective communication. The staff also had regular tests, where they were expected to describe a specific person's needs, interests and how they would care for them. This enabled managers to make sure they understood about individual needs and all staff were working in a consistent way.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider was acting within the principles of "Building the Right Support" and enabling people to access mainstream health services. They had developed health action plans and hospital passports. These were documents which provided healthcare professionals with information they needed to know about communicating with and supporting people during healthcare appointments.

- The staff kept records which showed that people had regular appointments with different healthcare professionals and that recommendations from these professionals were followed. They had worked closely with others to reduce people's medicines and monitor and manage specific healthcare needs.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The staff had assessed people's mental capacity and had made applications for DoLS authorisations as needed. They had information about people's legal representatives and those who should be involved in making decisions in people's best interests. They had good communication with these stakeholders and involved them in important decisions.
- People's care plans included detailed information about how they communicated and the best ways to present information to each person so that they could make informed choices about their daily lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People's families and external professionals felt people were treated extremely respectfully and were well cared for. Some of their comments included, "I am always impressed with how much care and dedication the workers have towards the residents, it is obvious to anyone who spends time with them that they really do want the best for [people]", "They show respect and understanding to the clients" and "I have found the staff to be really supportive of the young adults and quickly felt comfortable with how well they were being cared for."
- There were numerous examples of care the staff had provided which went beyond the expectations of their role and which made important differences for people. For example, one person liked a staff member's watch. The staff member lent the person their watch, so they could wear it on their birthday. The registered manager told us the person was very pleased with this. In another example, a person wanted to dress smartly for a party. They had limited funds, so the staff all donated money and took the person to choose a special outfit.
- The staff regularly advocated for people in the community to make sure they were respected and valued by others. For example, during a meal at a buffet restaurant the staff challenged the restaurant manager who tried to restrict people from accessing the buffet. They discretely insisted that people would be treated like all other customers and made a complaint about the restaurant staff and manager's behaviour after they had finished their meal.
- The staff provided support for people, so they could enhance their relationships with others. For example, one person was afraid of spending time with children which restricted the time they could spend with their own family. The staff team supported the person to meet and spend time with the children of staff at special events so they person's anxiety was reduced. The staff told us the person had since spent more time with their family including supporting their relative to collect their children from school.
- People were supported to be valued members of the community. The registered manager told us that people were unlikely to become employed or undertake voluntary work because of their complex needs. They said that they tried to find other ways to support people to feel valued. For example, when some road workers were undertaking work in the street where they lived, the staff supported people to take hot drinks and snacks to the workers. People had also participated in a charity walk, raising money for a local charity. The registered manager explained that it was important for the people who used the service to feel they gave something for others. They also encouraged people to be involved with collecting their peers from college and activities.
- There was a rolling video and photos on display showing people's lives at the service and special events. These along with our own observations showed that there was no differentiation between the way in which

staff and people living at the service were treated and interacted. All of the feedback we received spoke about a "family atmosphere" and this was evident as we saw staff and the people they were supporting enjoying the type of relationships grown up siblings might, starting impromptu games, caring for each other, sharing meals and introducing their own family members into the activities and special events.

Supporting people to express their views and be involved in making decisions about their care

- The principles of "Building the Right Support" include enabling people to be consistently, meaningfully and continuously involved in decisions about their care and other needs and the service applied this principle. Each person owned a book with personalised photographs of things that were important to them. They could use this book to make decisions about what they did, ate, wore and how they spent their time. The book included sections where choices could be temporarily placed and removed using a sticky strip. Where people were unable to do this themselves the staff supported them.
- Care plans included detailed information about people's known choices, as well as how they communicated and the best ways to offer them choices. There were also photographs for the staff to understand when something was important to a person, such as how they liked their dinner plate laid up, or how they wanted specific equipment organised.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and promoted. The staff discretely provided care people needed. Their preferences and information about their personal care were recorded so that the staff knew how to support them. People were supported by same gender staff for intimate personal care. We saw the staff addressed people politely and respectfully at all times.
- People were supported to learn new skills and be independent where they were able. They were involved in the daily activities for the house, such as shopping, cooking, cleaning and looking after the pets. They enjoyed these responsibilities and were able to make informed choices about them, giving them a sense of belonging and pride.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received extremely personalised care which enabled them to take control of their lives, develop skills and be happy. Each person's day and how they spent their time was developed around their individual needs and interests. There was clear information for the staff about how to meet their needs and there were no restrictions on trying something new if this was what a person wanted. People were able to make choices about where they spent their time, what they did and what they ate.
- There were specific examples of how the individualised care people received had made positive differences in their lives. For example, one person had isolated themselves from others before they moved to the service. They did not like interacting with groups of people and could become physically challenging in certain situations, such as when they were in a car. This restricted their opportunities to do things outside of their home. The staff worked closely with the person getting to know what they enjoyed doing and the sort of triggers that made the person anxious. They developed strategies with the person to reassure them and introduce new activities. The person started to become involved in more social events and has enjoyed these. There are quiet spaces available for them to use within the home and garden if they wanted to withdraw themselves. The staff said they felt reassured by this. One staff member spoke about the changes, telling us, "It is amazing, [person] joined in dancing with everyone at our [last] party and they sit with us at mealtimes and when we are preparing food."
- The staff developed the office which had been built for people into a classroom where they ran literacy and numeracy sessions. They created specific work books for people based on their skills and knowledge. Each person had individual support learning sessions. The staff explained that people enjoyed these and showed us some of their achievements. One person had not been able to learn at their college because they found it hard to sit for a whole lesson. The bespoke teaching the staff provided at the service had given them opportunities to learn which they had previously missed out on.
- Some people became anxious with changes of routine or new activities. However, the staff found ways to support people, so they could enjoy different experiences. For example, they used photographs and objects of reference to help explain something that would be happening. Before they took people on holidays they planned these carefully, even down to finding out the colour of the hire car they would be using, so they could show pictures of this to people. The staff told us, "We look at the causes of agitation and plan for these" and "When supporting [person] we need to explain everything and establish trust so [they] know we will keep [them] safe. We offer choices in advance and keep practiced routines so that when unexpected changes occur we can support [them] through these." This approach had been successful, and people had experienced a range of different holidays and events outside of the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The ethos of creating an inclusive family environment was central to the service. People's relatives and their relationships with them were highly valued. Where people were able to, the staff supported them to use devices to stay in regular contact with families. Their families were also invited to special events and to use facilities, such as the gym if they wanted.
- Each person's family and all of the staff shared a group messaging mobile phone application about their individual relative where they could exchange messages and photos. Relatives told us that this was very useful for staying in touch and seeing what the person was doing in real time.
- The staff also involved their own families, by inviting them to special events. The registered manager explained this was an important part of creating a wider community for people living at the home. They had developed important relationships with the staff's families and were able to experience family life with different generations.
- The principles of "Building the Right Support" include enabling people to have interesting and fulfilling lives and this principle was very evident in the service. People had full and active lives which included daily outings in the community, use of sports and leisure facilities, visiting places of interest and a range of different games and activities in the home. One member of staff told us, "People here need to live normal life and need to participate in everyday activities. This is what we do here and people take a pride in their home and the things they do."
- People living at the service were supported to take holidays both in the UK and abroad and had recently been on a camping trip. One family member explained how people had enjoyed the experience of camping, had been involved with setting up the tent and cooking, and had tried things they never would have expected them to do. They spoke about the value of this experience and how the staff were planning more trips.
- A screen at the service displayed photographs and videos of past events and activities. The staff told us people liked to watch this. We saw people had experienced activities such as go karting, attending night clubs and a helicopter ride. The staff also told us they had hired a venue to hold a sports day for people living at this and the provider's other services and the staff. The service was well equipped with games, crafts and staff told us they were able to request and purchase any items people wanted. There were pet chickens and rabbits, and people were involved in caring for these. The staff explained that caring for the rabbits had helped one person adjust to living at the home and provided reassurance when they were anxious. One relative told us, "[Person] has got to explore so many different environments and activities. This keeps [them] stimulated and happy. It is a real peace of mind for us, knowing [they] have these opportunities."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People living at the home had a range of different disabilities, impairments and sensory needs. The staff were able to meet their individual needs through providing communication tailor made to each person. The staff worked with other professionals to learn best practice techniques. They used a number of different communication methods, including pictures, photographs, objects of reference and touch. The staff told us, "We treat all things [people] do as a form of communication and we respond to this, learning about how the person communicates and how to reassure them." Each person had an individual communication plan which was regularly reviewed and updated.
- The staff, relatives of people and external professionals told us they had seen changes in people's ability to communicate their needs since they moved to the home. They described people as being calmer and

being able to express their choices. One member of staff spoke about a person they supported. They told us, "We have such a good relationship now. [Person] is non-verbal but [they] come to me and hold my arm, we go together, and they show me what they need to do or want. It is so amazing working with [person] and developing this understanding." Another member of staff explained, "We always make sure [people's] voices are heard, all the time we empower them. We do not talk about them, we involve them in our discussions, so they can make choices."

Improving care quality in response to complaints or concerns

- The provider had systems for responding to and learning from complaints and concerns. All the stakeholders who gave us feedback said they would be happy to approach the staff or management team with concerns. There were monthly quality audits which evaluated any concerns or incidents, so the staff could reflect on these and make improvements where needed.

End of life care and support

- No one living at the service was being cared for with a terminal illness or at the end of their lives. However, the staff provided personalised care and support in every aspect of people's lives and knew about their preferences, religious needs and things that were important to them. They could transfer this knowledge into providing care for people if they became seriously ill. The staff also worked very closely with people's families and healthcare professionals, involving them in decisions and sharing information. If a person became unwell the staff would liaise with families and healthcare professionals to make sure they received the right support and care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted an inclusive, empowering and person-centred culture. Feedback from family members and external professionals confirmed this. Comments we received included, "The staff are brilliant and can't do enough for [person]", "[Person's] care package is tailor-made for [them]", "Without exception, all [people] have made tremendous progress", "The staff are highly committed, motivated and knowledgeable" and "Staff focus on getting to know each individual and ensuring they live full and active lives based on their choices, interests and preferences."
- We saw that people consistently received a very good service where their choices and happiness were central to how their days were planned. People had learnt new skills, been involved in the local community, tried new activities and become more independent. In addition, there had been a significant decrease in people expressing themselves through aggression, along with a reduction in sedating medicines.
- The nominated individual told us the ethos of the home was about being active, participating and not limiting people as long as they were safe. This ethos was reflected in the every day life at the service.
- The staff were supported and valued and as a result they were very dedicated to the service. The registered manager spoke about some examples where the staff team and people using the service had demonstrated support for other staff when they were in need. All the staff we spoke with explained they felt an important member of the community at LD Care Limited. They said it was a community that respected people using the service, staff and the families and friends of people and staff.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked in close partnership with other stakeholders. Professionals who we spoke with confirmed this with comments which included, "[They] are always willing to action any suggestions and are often one step ahead" and "[They] maintain food communication, they are quick to make us aware of any issues and listen and act on advice given."
- Care plans included information from other professionals about how people should be supported. The staff regularly contacted others for advice and to share feedback.
- People were supported to make decisions about the service, not just about their individual lives. They had been involved in planning improvements to the environment and they spent time with potential staff during recruitment, so the managers could make sure people felt comfortable with these staff before offering them employment.
- There was excellent communication with families. In particular, the staff used a messaging application to

send families information and pictures about what people were doing each day. Families were invited to spend time at the service and their views and opinions were valued, listened to and acted on. One family member told us, "They are always open to suggestions and ideas."

Continuous learning and improving care

- The provider had effective systems for monitoring the quality of the service and making improvements. Each month there were full audits of the service, analysis of any adverse events and team meetings to discuss these. Where improvements were identified the provider had acted on these.
- Since the last inspection the service had developed considerably. They had improved the individual support for each person using the service and the environment and range of activities. They had used technology to help enhance communication with families and other stakeholders.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had worked at the service since it was registered. They oversaw all the provider's care homes and were supported by an extensive management team who worked directly with people using the service as well as carrying out management tasks. Feedback from external professionals and families about the registered manager showed they respected and valued their input at the service. Their comments included, "I have always been impressed with [the registered manager]", "[The registered manager] motivates and manages [their] team very well and is obviously passionate about the work" and "I think [the registered manager] is an excellent and very skilled manager with a positive and insightful approach that makes a real difference for the service users."
- The registered manager and staff were aware of the requirements of regulations and had robust systems for managing the service in line with these and following best practice guidance. The registered manager and staff took part in regular learning sets where they discussed best practice and how they could learn from this to support people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems for responding to complaints and duty of candour. People's relatives and other stakeholders told us that they were contacted if anything went wrong, that the staff apologised for this and they worked together to improve the service and prevent reoccurrence.