

L D Care Limited

# LD Care - Moreton Avenue

## Inspection report

4 Moreton Avenue  
Isleworth  
Hounslow  
TW7 4NW

Tel: 02085825081

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

LD Care – Moreton Avenue is a care home for up to 2 people with learning disabilities and autistic people. At the time of the inspection, there were 2 people living at the service. The service is managed by a private limited company operating 4 care homes in North-West London.

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

The service was able to demonstrate how they were meeting and exceeding the underpinning principles of right support, right care, right culture.

**Right Support:** The staff supported people to have the maximum possible choice, control and independence. Staff focussed on people's strengths and promoted what they could do. People had fulfilling and meaningful everyday lives. People were supported to pursue their interests. The provider gave people care and support in a safe, clean, well equipped and maintained environment. Staff enabled people to access specialist healthcare services. Staff followed best practice when supporting people with communication and making decisions.

**Right Care:** Staff promoted equality and diversity when they supported people. They understood people's cultural needs and provided appropriate care. Staff were kind, caring and compassionate. They promoted people's privacy and dignity. Staff understood people's individual needs and care was personalised to reflect these. Staff understood how to protect people from poor care and abuse. There were enough skilled staff to meet people's needs. Staff had opportunities to learn and develop their skills. People who had individual ways of communicating could interact with staff comfortably because the staff had the necessary skills to understand them. People were supported to take positive risks and the staff assessed and planned for these.

**Right culture:** People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support, and treatment because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, needs and sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's

wishes, needs, and rights at the heart of everything they did. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 26 June 2019).

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, Right care, Right culture.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# LD Care - Moreton Avenue

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by 1 inspector.

#### Service and service type

LD Care – Moreton Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. LD Care – Moreton Avenue is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home for us to meet.

### What we did before the inspection

We looked at all the information we held about the provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

### During the inspection

We met both people who lived at the service, the registered manager, a team leader, and a support worker. People living at the service could not use words to communicate. However, staff helped us to communicate with people and we observed how the staff cared for and supported them.

We looked at records used by the provider for managing the service. These included the care records for both people, records of staff recruitment, training and support, audits and how medicines were managed.

We contacted 4 different external professionals and heard back from 1. We spoke with the relative of 1 person. We received additional written feedback from 2 other support workers following our visit. We also received feedback from the registered manager of another service and the area manager.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems designed to safeguard people from abuse. The provider had clear procedures and knew and understood who to contact in the local safeguarding authority if they had concerns about people being abused.
- The staff had training in safeguarding and were able to tell us what they would do if they had concerns. They demonstrated a good understanding of procedures and how to recognise abuse.
- There had not been any safeguarding alerts since the people living at the service had moved there. In the past, when concerns had been identified, the provider had responded well and helped to protect people.
- There were suitable systems for supporting people with their money to help protect them from the risk of financial abuse.
- People's relatives felt they were safely cared for, with one relative commenting, "The staff have gone above and beyond to keep [person] safe."

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing had been assessed and planned for. Assessments included risks within people's environment, relating to equipment they used, their healthcare needs, communication, nutrition, skin integrity and moving them safely. There was information about what the risks were and how to manage these to enable people to be safely cared for. Risk assessments and management plans were regularly reviewed.
- The staff promoted risk taking, by supporting people to take part in a range of activities and trips outside of their home. The staff explained how they visited places before they took people there, to assess the risks and look at how people could be safely cared for.
- The provider monitored risks within the environment, making regular checks on health and safety, equipment and fire safety.
- Staff undertook a range of training to help make sure they could care for people safely, well and in line with best practice.

Staffing and recruitment

- There were enough suitable staff to meet people's needs and care for them well. People were supported to participate in a range of activities and events. The staffing levels were adjusted to enable this. All care and support were supplied by the provider's own staff, who knew people well and could provide a consistent person-centred approach. Staff turnover was low.
- The provider recruited and selected staff in line with best practice, carrying out checks on their suitability and providing comprehensive training and inductions.

### Using medicines safely

- People received their medicines as prescribed and in a safe way. The provider had worked with prescribers to review people's medicines to make sure they were right for them.
- The risks relating to people's medicines were assessed and the staff had clear information about why people were prescribed medicines, any risks and any side effects relating to these.
- Staff administered medicines in a safe way and recorded this. Records and medicines storage were regularly audited and checked by managers. Staff recorded the application of topical medicines, such as creams and monitored the effect of these.
- Staff had received training to help them understand about the safe management of medicines. The provider regularly assessed their knowledge and competencies in this area.

### Preventing and controlling infection

- There were systems to help prevent and control infections. The environment and equipment were clean and regularly checked. There were schedules for daily and deep cleaning.
- Staff understood how and when to use personal protective equipment (PPE) and there was enough of this to be used when needed.
- Staff had training regarding infection prevention and control. They followed good procedures for handling food, cleaning and supporting people.
- The provider had updated their procedures in line with government guidance about COVID-19. Staff were supported to understand how they could access COVID-19 and seasonal flu vaccinations. The provider worked with people's families to help make decisions in their best interests regarding their vaccinations.

### Learning lessons when things go wrong

- There were systems to learn when things went wrong. There were regular audits of the service and any adverse events. The registered manager and staff worked closely together with good communication.
- When audits identified that improvements were needed, we saw these had been addressed.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed. The staff had worked with people at their previous home. They knew them well. They carried out assessments of their needs when introducing them to the home. They continually reassessed their needs and reviewed care plans to make sure these were still relevant.
- People had the opportunity to visit the home and see videos of the environment before they moved there.
- People moved to the service with familiar staff who they knew well. This meant the staff were able to support them through the transition to their new home. People's needs were well met because staff knew them well.

Staff support: induction, training, skills and experience

- People were supported by well trained and skilled staff. All staff were supported to undertake a range of training about their role and in line with good practice. They were also able to request additional training and opportunities. They told us the provider supported this. Comments from the staff included, "They really support our ideas and if we want more training", "Such a nice company always open for suggestions and support", "The training has helped me a lot" and "The company have given me training which has helped my confidence."
- Staff received a comprehensive induction to the service. One member of night staff explained how the registered manager had arranged for them to work during the day for their induction so they could get to know people well and help them to feel more confident caring for them at night.
- The registered manager organised additional team learning so the staff could discuss key policies and themes. There were good systems for staff to communicate with each other and their managers, including regular group and individual meetings.

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

- People's nutritional and hydration needs were met. The staff knew people well and had developed an understanding of their likes, dislikes, and dietary needs. They had also discussed these with people's families to help ensure they provided personalised support.
- The staff planned, prepared, and cooked individual meals for each person daily to reflect their needs. They catered for cultural dietary choices and supported one person who was diabetic to follow a healthy diet. Since the person had lived at the home, the medicines used to help control their diabetes had been reduced which showed staff were providing a suitable diet for their condition.
- The kitchen was well stocked with fresh ingredients and staff prepared all meals at the service.
- Staff monitored people's weight, as well as their food and fluid intake. When concerns were identified, they had made appropriate referrals for specialist support.

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

- People's healthcare needs were met. The staff worked closely with other healthcare professionals to assess, monitor, and meet people's needs. There had been improvements to their health. For example, 1 person's skin condition had significantly improved since they had lived at the service, and their diabetes was better controlled.
- The staff had created detailed care plans and assessments to describe people's healthcare needs and how these should be met.
- There was evidence of regular consultation with others to meet people's healthcare needs. The professionals involved in their care had also provided training and support for the staff team to help them safely manage people's needs.
- A relative told us how grateful they were for the support 1 person received when they became ill following a hospital stay at the beginning of the COVID-19 pandemic. The registered manager had worked closely with staff supporting them to understand how to safely care for the person and support them at a time when there was a lot of public anxiety about COVID-19. This enabled the person to return home and be safely cared for there, rather than in hospital.

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

- The environment was suitable. Before people moved to the home, the provider had renovated and updated the building to reflect their individual needs. This included installing new equipment and redecorating.
- People's bedrooms were personalised, and the communal areas were comfortable, decorated with photographs of people enjoying activities and designed to meet people's needs. There was a fish tank which people enjoyed sitting near and watching the fish. The kitchen area was designed to enable people to sit in their wheelchairs and watch staff whilst they were preparing meals.
- The provider ensured equipment was regularly checked, serviced and was safe to use. Equipment met people's individual needs, for example, specialist bathroom equipment, hoists, and beds.
- The home was clean, fresh, comfortable, light, and well maintained.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was acting within the principles of the MCA. Both people living at the service lacked the mental capacity to make decisions about their care and treatment. Their needs had been assessed, best interest processes had been followed, and the provider had applied for DoLS. People's families had been consulted and were involved in making decisions.

- The staff discussed choices with people, even when they were not able to indicate their preferences. For example, showing people different items of clothing and explaining why they were choosing an outfit by telling the person how nice they looked in this, or that this was a suitable outfit for the weather. Staff interpreted subtle signs and body language and offered clear information and reassurances to people when decisions were being made.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported. Staff knew people well and had good relationships with them. The staff spoke with great fondness for people using the service, referring to them as like family members. They were proud of people's achievements and enjoyed sharing these with them. Staff explained how much they enjoyed being at work and seeing people being happy and well cared for.
- There was a female only staff team to reflect the preferences of people's families.
- We observed staff interacting with people in an inclusive way, providing reassurance, information, and good support. The staff looked happy and constantly engaged with people through words, touch and using pictorial information. They picked up on subtle changes in people's facial expression and body language, anticipating their needs and choices.

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

- People using the service could not communicate with words. However, staff did their best to give people information and enable them to make choices.
- Staff consulted with family members to help make sure they were making the right choices for people.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. People had their own bedrooms and bathrooms where care was provided.
- People were supported to be involved in activities to be independent when they were able. When they did not have the physical ability to be independent in a task, staff supported them to be involved and discussed what they were doing with them. For example, people sat with staff whilst they were preparing meals. A staff member told us, "We love to involve them in anything we do, cooking, making the bed. We ask them and explain what we are doing. They can be involved even if they cannot physically help."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- There were innovative ways to help people take part in a wide range of different activities and events. The provider promoted the belief that there should not be any obstacles to people trying new things or limits to the experiences they could have. The staff took this to heart, visiting places of interest and activities in the community; and assessing these to see if they could support people to access them.
- Outings included trips to places which were not always easy to access for people using wheelchairs, but the staff found ways to support people to experience these. For example, there had been recent trips to Central London, kayaking, a castle and the beach. The staff explained they regularly organised ad hoc day trips depending on the weather and wanted people to have different experiences. They explained how they took tents and barbeques to the beach, making this an event for all people living in the provider's care homes.
- People using the service were supported to have a diverse sensory experience through leisure activities and outings. They had recently visited a Lavender farm and we saw photographs of them enjoying the colours, smells and sensory experience of this. They had also visited Covent Garden market, museums and Cadbury's World where they had an interactive experience including making and tasting chocolate.
- The provider took a key role in the local community, with regular activities including companion cycling, bowling, using local parks and being part of charity projects, such as a sponsored walk and tree planting. This enabled people to live as full a life as possible and be seen as valued and important in their own right by others outside of the organisation.
- People were part of a wider community with friends from the provider's other care homes. They regularly visited them and shared social activities together. They enjoyed parties and celebrating special events, sport competitions and religious festivals. They were able to use facilities at the other care homes, such as their larger gardens. People's families were invited to visit and felt involved and well informed.
- People were also able to pursue their own interests at home, including watching films, playing instruments, massage, and aromatherapy. People received individual staff support this meant they were supported to take part in whatever they wanted and felt happy with. Staff involved people's families to help make decisions about different activities. A relative told us how happy they were that people had access to such full and active lives with friends.
- The staff documented people's lives through photographs and videos. Through these we could see how happy and comfortable people appeared. Staff and people were given equal status in these, enjoying activities together, laughing and having fun.

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

preferences

- Services were tailored to meet the needs of individual people and were delivered in a way that ensured flexibility, choice, and continuity of care. People received personalised care with 1 member of staff allocated to support them throughout the day. They supported people to make choices where they were able and gave them opportunities to participate in varied and interesting activities. The staff explained how people enjoyed spending time with each other and sharing experiences. They took lots of photographs and videos which they shared with people by displaying these, creating photography books, and sharing these with families.
- Visiting professionals and families confirmed the service was person-centred and achieved exceptional results. A relative told us, "The staff do a good job. [Person] is entertained, they take [them] out and all [their] needs are met. It is nicer here [in Moreton Avenue]." Visiting professionals explained how they were impressed that staff ensured people had full and active lives despite restricted mobility, speech and complex healthcare needs.
- The staff had an excellent knowledge of people's needs and how to care for them. They treated people well and equally, valuing their input. Staff included people in every part of the home, and daily tasks (such as cooking and cleaning), supporting them to join more able friends in a range of different events and activities and providing mindful and sensitive support to help people appreciate and enjoy the environment around them. For example, before we arrived at the home, we met staff and people going for a walk, discussing nature, the weather and enjoying the fresh air. The staff told us they tried to do this daily before any other planned activity.
- The staff showed empathy and understanding of people's different family dynamics, recognising their role included supporting positive relationships with everyone who was important to the person. They worked with families to make sure everyone felt included in people's lives.
- People were well cared for, with opportunities to bathe and shower as often as they wanted. Their hair and nails were cleaned, and they wore their own clean clothes. The staff helped people to look nice and take a pride in their appearance.
- Staff provided care in a sensitive way, using positive touch and sensory techniques to help people feel calm, safe, and well supported.
- The staff had created detailed care plans which outlined people's needs and how these should be met. There was an emphasis on supporting people in a holistic way focussing on their wellbeing and happiness.
- People's care plans were regularly reviewed to make sure they reflected their needs. Their health and wellbeing had improved since moving to the home and this was reflected in updates to their care records.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The staff ensured that communication was highly personalised and tailored to people's individual needs. Neither person living at the house used words to communicate. However, the staff knew them well and could understand their facial expressions and body language. The staff also helped people to understand what staff were saying by using known familiar phrases, offering simple choices, using objects of reference, picture cards and using their own body language. The staff carried a selection of picture cards with them so they could refer to and use these.
- Staff had learnt some Makaton (sign language) and basic signs people understood. They used these to help enhance communication. Staff throughout the organisation learnt the same new Makaton sign each

day. There were posters displaying the sign and what this meant for staff.

- There was pictorial information around the house to help inform people about where different items were kept and which staff were on duty each day.
- The staff showed a skilled understanding of people's communication needs. They were able to describe how they supported people to understand and be understood. We witnessed them interpreting subtle gestures and signs and checking with people this was what they had meant.

End of life care and support

- Neither person was being cared for at the end of their lives. The provider had worked closely with families to record any specific needs and wishes to be considered.
- Before the 2 people had moved there, another person who used to live there had sadly died. The person's relative had praised staff for the care the person had received. They had also thanked staff for the support they had offered their family. We saw how the staff had created a video celebrating the person's life with tributes, photographs of them having fun, expressions of love and stating how much they missed the person.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures for dealing with complaints. People's relatives, staff and other stakeholders were aware of these. There had not been any complaints since the last inspection. The registered manager knew how to deal with complaints and respond if needed.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. 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 way the service was led was exceptional and distinctive. Stakeholders confirmed this. With 1 relative telling us, "It is 1 big happy family, [person] has friendships and spends time with others. The staff really go above and beyond what is expected." A professional commented, "[The provider's] individualised approach has had a very positive impact on the people, leading to full lives." The ethos of person-centred care was led by managers within the organisation who promoted supporting each person to live active and fulfilling lives.
- The organisations vision and values were imaginative, and people were at the heart of the service. The 2 people who lived at the service had previously lived at 1 of the provider's other care homes. Staff working with them recognised they found aspects of living in a larger home difficult. The staff asked the provider if there was a possibility of them moving to a smaller home when spaces became available. This was facilitated and staff, professionals and relatives all praised this move. A relative commented, "[Person] is a lot happier and healthier." The provider redesigned, decorated, and furnished the care home specifically to meet the individual needs of these 2 people, making sure the equipment they needed was in place and their preferences for décor were reflected.
- Staff across the organisation shared the same values and passion for embedding an exceptionally person-centred culture. They talked about their close work, support, love they felt for each other and people they cared for and commitment to a shared goal. The provider encouraged staff to involve their own families in special events, parties, and holidays with people. The staff also invited people using the service to their own family events, for example weddings and parties. This ethos helped people to feel valued, part of a wider community and family, and equal to the staff. This way of working was consistent across the organisation and provided people with a unique service where they were not just being cared for, but seen as valuable, distinct, and part of the LD Care family.
- The service was led in a way which meant people were cared for by staff who were very passionate about their roles. Staff were overcome with emotion when speaking to us about their work with people and their experience of working for LD Care Limited. Some of their comments included, "We are like a family, the residents are like my [siblings]", "I love the care we all take with the residents each day, winning their trust", "It is not a job, it is a blessing", "I have peace of mind and happiness working here" and "I feel so grateful for the opportunity to work here."

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

- There was exceptionally leadership at the service. The registered manager was suitably qualified and



experienced. They had previously worked in other roles within the organisation and had been promoted internally to their current position. They told us their experience was positive and how they felt they had developed their skills through the company. The registered manager told us they had changed their plan to gain a UK nursing qualification when they started working for LD Care Limited because they felt so happy with the company and the work they were doing.

- Feedback about the registered manager was extremely positive. A registered manager from one of the provider's other care homes commented, "[Registered manager] is very driven, willing to learn and to share [their] knowledge. [They] go beyond [their] job and [are] fearless and dedicated to helping our residents. [They] are a real leader and support us all." The provider's area manager explained, "From the very beginning we saw [their] keen interest and aptitude in supporting people with autism. We noticed that [their] passion was not just as work, but [they have] a good heart and immediately built a good rapport with staff and people's families."
- Governance was well-embedded into the running of the service. The staff shared the same values and visions as the organisation and felt empowered to speak up and suggest ideas. Their comments included, "LD Care encourages us, provides good in-house training and wants to increase our knowledge. If you want to learn and they see potential in you, they offer you opportunities." Staff explained how the organisation had supported them to develop their skills and earn promotions. The management team had created an employee of the month scheme where they promoted and highlighted good practice.
- There were clear policies and procedures. These were regularly reviewed and updated. They reflected legislation and good practice guidance. The staff knew these. There were regular learning sets and in house training sessions to discuss these and key themes. The senior staff led small group training, asked staff to reflect and tested their knowledge. These enabled staff to have constant opportunities to learn together and to understand best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was led in a way which ensured good engagement with people using the service and other stakeholders. People living at the service could not use words to communicate, but the staff found ways to engage with them and offer them choices. They used pictures, objects of reference, understood people's body language and knew them well. They also consulted with their representatives to make sure they were making decisions in people's best interests and to reflect their choices.
- The provider asked for feedback from people's relatives and professional visitors. We saw there were completed forms showing positive feedback with comments which included, "Your entire staff team have been helpful to me", "Staff have a passion for care" and "I am very impressed with the home, every home should be like this." The relative of a person who had previously lived at the home had written to the staff to thank them for the support they had personally received from staff and the "love and happiness given to [person] over [their] last years."
- Staff were able to contribute their ideas and feedback. All the staff explained this, telling us they felt listened to and valued when they shared ideas or suggestions.
- People's diverse needs were met. The staff had training regarding equality and diversity and had taken part in additional learning as a team to help them understand about discrimination. They supported people with their religious and cultural needs, preparing individual food and helping them to celebrate festivals and special events.

Continuous learning and improving care

- The provider was an excellent role model for other services. The organisation had achieved accreditation with the National Autistic Society as a specialist provider of services for autistic people. Achieving accreditation proves that an organisation is committed to understanding autism and setting the standard

for autism practice. The assessors required the provider to demonstrate compliance with key standards and to show their commitment to providing good quality care. Feedback from the assessors included their reflection that staff behaved as if they were with family rather than a workplace, that staff motivated people to enjoy what they were doing, showed great empathy, and made good use of the community. The registered manager acted as the provider's key contact point with the National Autistic Society. The assessor had said that despite the small size of Moreton Avenue, the service reflected the same high standards required for accreditation.

- The provider helped staff to continually learn and develop their skills based on best practice. They provided opportunities for them to take part in different regular team learning sessions as well as encouraging them to ask for additional support and learning opportunities. The registered manager was working with senior managers to enhance their skills and learn about different aspects of the service to increase their knowledge. Other staff explained they had similar opportunities.
- The staff and provider undertook a range of audits and checks on the service each month. Where problems were identified these were addressed. Managers from other parts of the organisation worked closely with the registered manager so they could learn from each other and audit each other's services.

#### Working in partnership with others

- The organisation was an important part of the local community. People using the service accessed a range of different community leisure and social services each day. People were parts of local groups and had taken part in charity work and fundraisers.
- The provider worked in partnership with others. The staff worked closely with healthcare professionals to monitor and meet people's needs. They received feedback about their positive work and the way in which they had supported people to have positive health outcomes, including improvements in their conditions.

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 understood their responsibilities under the duty of candour. They had responded appropriately, being open and transparent when things went wrong.