London Care Partnership Limited

London Care Partnership Limited - 13 Alexandra Gardens

Inspection report

13 Alexandra Gardens
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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Outstanding** ☆
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

The inspection took place on 4 and 6 October 2016. The visit on the 4 October was unannounced. We told the provider we would be returning on the second day.

This was the first inspection of the service since it was registered on the 14 August 2015

London Care Partnership Limited - 13 Alexandra Gardens is a care home for up to 12 adults who have a learning disability and autism or other associated needs. At the time of our inspection there were 12 people living at the service. The people living at the home were adults under the age of 25 years. Four people lived in self-contained flats and eight other people lived within the main building. People living at the home had a range of autistic spectrum needs and some additional physical, sensory, health and/or communication needs as well as a learning disability.

The service was run by London Care Partnership Limited, a privately owned organisation who run seven care homes for younger adults with learning disabilities in London and the South East of England.

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

The service had made a difference to the lives of people who lived there. Everyone living at the service was a young adult who had moved out of their parental home or residential schools into the service. There had been positive changes for these young adults in the year since the service opened which could be measured and evidenced through their personal achievements, their happiness and the fact they were able to try new things and have new experiences. For example, one person was attending college and other people were accessing local community facilities such as sports centres. There had also been a significant reduction in the number of incidents where people expressed their anger or anxiety through physical aggression. Before moving to the home, the majority of people had been physically challenging towards others some or most of the time. There was evidence that challenges such as these were now rare for everybody living at the service.

In addition, the staff were still providing new opportunities and experiences for people and supporting them to constantly reflect on what they had achieved and look at what they would like to do in the future. For example, some people were being supported to start the process of applying for work or college placements. Other people were learning skills to be more independent.
People lived in a safe, comfortable and homely environment. They were able to take risks and were supported to make decisions which reflected their preferences and individual needs. The staff worked in an extremely person centred way, by responding to the person's individual communication and sensory needs to make sure the care and support they were providing was right for each person. This included the way in

which they responded to risks, making sure people felt safe and had the support they needed in any given situation. This meant that each person had a bespoke service which developed with them and changed to reflect the changes taking place in their lives, confidence and abilities. This was confirmed by the relatives and professionals who we spoke with, who felt the person centred approach was a particularly positive feature of the service.

People living at the home felt happy there and were able to follow their own personal interests. Each person had a plan of social, leisure and educational activities which was tailor made for them and considered how they wanted to live their lives as well as their emotional and health needs. The staff worked very closely with a team of healthcare consultants to make sure support was planned in an appropriate and individualised way. This meant that all the decisions about people's care and support were well thought out and included the perspectives of different professionals. They had regular and comprehensive discussions to review each person's support plans to make sure they always considered their holistic needs. They monitored how people reacted and felt about each situation they were exposed to so that care could be adjusted to ensure it met the person's need. People were involved in planning their own care and making decisions. For people who could not express how they felt verbally, the staff made sure they had opportunities to express themselves in the way they could and that this was understood and acted upon.

The staff were well trained and supported. The training was provided by professionals who worked with people who lived at the service and knew them well, so that they could make sure the staff had the knowledge and skills to meet their individual needs. The staff were provided with opportunities to develop their skills and career. Individual staff abilities and interests were valued and incorporated into the way the service worked. All of the staff were able to contribute their ideas at all levels of the organisation from planning individual people's care to being part of developing new ways of working and procedures. The staff gave extremely positive feedback about working for the provider and the opportunities they felt they had been given.

The systems for monitoring and improving the service were an intrinsic part of the way the service worked. The staff continually monitored individual care, feedback from people using the service and information about them was used to reflect on and improve practice. Records were well thought out, clear and organised. The way in which records were used was seen by all the staff as an important part of quality assurance. Whilst the records were extremely detailed, time spent creating and updating these did not detract from the care provided to each person.

The culture of the service was open, transparent and progressive. All the staff were committed to continuous improvement of the service, individual care and looking at the provider as a whole. People using the service, their representatives and the staff felt valued and important representatives of the organisation. The staff felt ownership of and followed the aims and objectives of the organisation. People using the service and their representatives gave very positive feedback about their experiences. The staff regularly consulted relatives and external professionals to ask for their opinions. Relatives and professionals told us how they felt the service was outstanding.

The service had achieved accreditation from the National Autistic Society, who had recognised and commented on the bespoke nature of the support provided and the person centred care. They had also commented that the service worked well with other stakeholders, asking for their opinions and checking their satisfaction.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding ☆

The service was exceptionally safe.

People living at the service felt safe and were able to express themselves or raise concerns without fear of recrimination. The staff allowed people to communicate their needs however they were able to and demonstrated an in-depth understanding of and empathy towards the people who they were caring for.

The risks to people were managed in a safe and person centred way, where people were supported to feel safe and make choices about the way they lived their lives. There was clear information for the staff about individual risks and how they should support people which included consideration of individual sensory needs. The staff understood this and managing risk in a person centred way which was intrinsic to the way the service ran.

There was an open and transparent culture with clear lines of responsibility where people living at the service and their families felt that people were protected.

There were enough staff to meet people's individual needs and to allow people to have a flexible lifestyle where their choices and how they wanted to spend their time were paramount to deciding staffing levels.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

The service was managed in a way where people's consent and choices about the way in which they led their lives was always considered and respected. Where people did not have the capacity to make decisions the staff were confident in applying the Mental Capacity Act 2005 to ensure decisions were made in people's best interests.

There was proactive support for staff that developed their knowledge and skills and motivated them to provide a quality service. The staff felt valued and supported and their individual talents were recognised. They were given the training they

needed to understand and meet the individual needs of people who lived at the home.

People's health needs were met by a team of multidisciplinary experts working closely with the staff. Changes in health were identified and acted upon and people had a good quality of life.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

The service was highly person centred where people's preferences, wishes and needs were always considered and respected. The staff were kind, caring and showed genuine affection for people wanting the best for them and reflecting on their own practice to ensure this.

The staff were exceptional at supporting people to communicate their needs and live in an environment which they felt safe and secure in.

People and their relatives felt the service was extremely caring and their dignity and privacy were respected at all times.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. The staff continuously reflected on their own practice evaluating how each person had responded to and felt about the care provided.

The arrangements for social activities and education met people's individual needs.

People felt listened to and able to raise concerns. They felt these would be responded to.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Relatives and other stakeholders felt it was very well-led.

The senior managers were positive role models.

The provider actively sought and acted upon the views of others through creative and innovative methods. There was a positive culture in the service. Records were appropriately maintained, accurate and up to date. The provider and staff undertook a number of different audits to check the quality of the service There was a strong emphasis on continually striving to improve.	

London Care Partnership Limited - 13 Alexandra Gardens

Detailed findings

Background to this inspection

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

This inspection took place over two days on the 4 and 6 October 2016.

The inspection visit on 4 October 2016 was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience supporting this inspection had personal experience of caring for someone who used registered services. The inspection visit on 6 October was carried out by an inspector.

In addition to the inspection visits, we also had contact from four health and social care professionals from other organisations who worked with people living at the service by email and telephone. We also spoke with 10 relatives of people who lived at the service by telephone.

Before the inspection visit we looked at all the information we held about the service. This included notifications of significant events and information from the provider's registration. The provider had also submitted a Provider Information Return (PIR) in January 2016. This form asked the provider to give some key information about the service, what the service did well and improvements they planned to make.

During the visit we spoke with four people who used the service and one visiting relative. We met and spoke

with the staff on duty who included the registered manager, team leaders and support workers. We also spoke with the regional operations manager and clinical quality compliance manager who was visiting the service. On the second day of the inspection we met a consultant clinical lead from an external organisation who worked with people living at the home and the staff regularly and had done so since before they moved to the service. We also met the chief executive officer for the provider.

We observed how people were being cared for and supported. We also looked at the care records for three people using the service, staff training and support records and other records the provider used for managing the service. We looked at how medicines were stored, administered and recorded. We looked at the environment.

Outstanding ☆

Is the service safe?

Our findings

People who lived at the service felt safe there. Those who were able to tell us they felt safe, did so. Other people responded positively when asked about how they felt at the service, some showing us a ''thumbs up'' and smiling. In addition to this we saw that people were relaxed and trusted the staff. They were able to express how they felt without fear of recrimination. For example, some people expressed frustration through aggressive behaviour. On one day of our visit a door was damaged during such an incident. The staff accepted this as form of communication and tried to look at how they could have done things differently before the incident to ensure the person did not get frustrated. When we spoke with the staff they told us that following incidents such as these they supported the person to make sure they felt safe. They demonstrated empathy and compassion when they were supporting people and when they spoke about the people living at the service.

The relatives of people told us they felt the service was safe. Some of their comments included, "You can tell when you take [my relative] back from a visit home – he's never unhappy about going back; he's not dragging his feet – this tells us everything", "I have no concerns at all, absolutely nothing. He is so happy there – he loves to go back – they do so much with him" and "It just looked like a very safe, happy place from the start – it seemed the right choice for him, and indeed it's everything we'd hoped for."

Some people had previously experienced care which had resulted in the person having negative feelings, and had been frightening for them. For example, in one person's previous residential school, they had been restricted in both their physical environment and the number of staff who had been assigned to support them. The person had been contained by a high fence which been built specifically to prevent them from leaving, they had not been able to spend time with their peers and had experienced seclusion and social isolation. The person had also had up to five members of staff supporting them alone at any one time, restricting their privacy. In addition, some people had experienced regular restraint where they were physically held by the staff supporting them and prevented from moving. At London Care Partnership Limited – 13 Alexandra Gardens, the staff told us they recognised how this had made people feel. They explained that people had how they had been prevented from expressing themselves and how they had felt trapped. There was no physical restraint at the service. The staff told us they recognised that people needed to express themselves in different ways and this sometimes meant they were physically challenging to others. However, they found ways in which to support them which did not require physical restraint or seclusion. The techniques they had introduced, which included anticipating these incidents and changing the way they were supporting the person to prevent these incidents from happening, had resulted in a significant decrease of violent or physical aggression.

The staff also recognised the circumstances in which people felt unsafe. As part of the planning for people moving to the home, those who required more space and who found busy environments and noise challenging were offered individual flats, which provided more personal space away from the main building. One person had tried living in the main building but found this difficult. They had been given a flat and as a result they were much happier and felt safer.

The results of the approaches adopted by the service were measurable. There had been a consistent reduction in incidents of aggression, to the extent where these were rare. For the majority of people living there, incidents of this nature had happened regularly where they had lived previously. The staff constantly monitored and recorded any changes in the way in which people interacted or expressed themselves and patterns of anxiety or unhappiness could be identified from these records. Therefore the staff could look at what had happened or changed for the person as a trigger for these incidents. We saw that recorded incidents had significantly reduced for each person and their support and staff interventions had been reviewed and changed each time people had become aggressive or agitated.

The staff had exceptional skills and the ability to recognise when people felt unsafe. People at the service had different methods of communication, and some people could not communicate their needs verbally. The staff had an excellent knowledge of the way each person communicated and there were clear and detailed records about this. For example, before moving to the service one person had refused to have their hair and nails cut and this had to be completed whilst they were asleep, The staff recognised that this was the result of the person feeling frightened and unsafe. They had thought about different ways to support the person to overcome these fears. They had helped introduce support in a safe way and the person had started to have these activities without feeling scared.

People were encouraged to raise concerns and tell the staff if they did not feel safe, through however they could best communicate. We observed that each person was given individual time from staff who were patient and responded to how the person was expressing themselves. When people showed that they were not happy with a situation all levels of staff, including the visiting senior managers, responded in a way which met their individual need. All staff involved with the service had a clear understanding of people's care plans and how they should respond to each situation. Care plans included information about how people could be comforted, calmed and things that frightened or upset them. The staff demonstrated a consistent approach where providing comfort and support was intrinsic and individualised taking into account each person's sensory needs, so that the environment in which they were being supported was suitable for them so they felt safe, for example by the use of lighting, smells and touch.

The provider's chief executive officer spoke with us about the work of the organisation. They told us that ''building trust'' was essential to every part of the service, enabling the people who lived there to feel safe and supporting their families to trust that they would receive the best care for them. We saw evidence of this through the person centred approach to care, support and managing risks.

The risks to each individual had been appropriately assessed and there was clear and detailed information for the staff on how to support people with individual risks. The staff had a high level of understanding of the need to make sure people were safe. They worked closely with a consultancy team of healthcare specialists to develop and review risk assessments. Risk assessments were regularly reviewed and updated. They were comprehensive and individualised looking at each situation, environment, activity and emotional needs. The plans included information on how to support the person and what action the staff should take in different scenarios. There was an emphasis on supporting people to take appropriate risks and be as independent as they could be whilst keeping them safe.

The staff were able to describe how they supported people with different risks. For example, ensuring that people had the freedom they wanted within the house and gardens. They also spoke about how they supported someone who had left the building unexpectedly, ensuring the person was safe and encouraging them to think about the consequences of travelling alone so that the person made the decision to return to the home rather than being forced to by the staff.

All incidents were closely monitored and analysed. Reports of incidents gave a clear and detailed account of what had happened and what had happened before the incident, as well as describing any injuries, who the incident had been discussed with and actions to prevent further occurrences. Each month risk assessments and care plans were reviewed to ensure that any information from the analysis of incidents was reflected in these.

The registered manager told us that following any incidents, including those where people became upset or aggressive, they discussed these with the person and the staff. Through their discussions they identified what triggered the incident and whether anything could have been done differently to prevent this. The registered manager told us they made sure the person was given the opportunity to reflect on what had happened and voice any concerns they had so that these were considered when analysing the event. The discussions were recorded as was information on what the person and the staff felt could be done differently in the future.

There were clear procedures for the staff to follow in event of any emergency or incident. These were displayed in flow charts in the offices. The staff were all aware of these and were able to tell us what they would do and who they would contact in different circumstances. The registered manager and managers from the provider's other services shared an on call system. They all knew each of the homes well and could support the staff with different situations. The staff confirmed this was the case and told us they felt confident they always had the support they needed.

The provider had appropriate procedures for safeguarding adults and whistle blowing. The staff had received training and information about these. The staff had an open and transparent relationship with families and other professionals. Everyone we spoke with told us they knew what they would do if they were concerned about someone's safety or risks of abuse. The staff and families felt confident that action would be taken to ensure any allegations of abuse were investigated and people were protected from harm.

People received their medicines in a safe way and as prescribed. Medicines were stored securely and at the appropriate temperature. Staff responsible for administering medicines had been trained to do so and their competency had been assessed. Medicine records were accurate and up to date. The provider had robust systems for ensuring people received their medicines as needed. These systems were designed to identify any discrepancies, although there had not been any. The registered manager told us they were constantly reflecting on their practices and looking at ways to improve and, in the case of medicines management, they were introducing additional records to help monitor people's pain so that staff could respond to this appropriately. They had consulted external pharmacy experts about this to ensure they were developing the best system.

Each person had regular medicine reviews with their prescribing doctor and community nurses, to make sure their prescribed medicines met their needs. The supplying pharmacist and local Clinical Commissioning Group had carried out audits of medicines management at the service. No concerns had been identified.

The environment was well maintained and clean. The staff carried out regular checks on the health and safety of the building. These included fire drills and checks on fire detecting equipment. There was an up to date fire risk assessment and each person had an individual risk assessment which outlined the support they would need in event of a fire. The provider had considered the needs of the people living at the service when planning fire safety procedures and had made sure these focussed on a safe and quick evacuation of the property in event of a fire. They had consulted with a number of external organisations to ensure their risk assessment reflected the individual needs of the service.

The building was equipped with window restrictors on the first floor and these were regularly checked. We saw evidence of external agency checks on equipment, gas, water and electrical safety. Action had been taken to rectify any problems with regards to health and safety. The provider employed their own maintenance team and had good links with external companies who carried out repairs. For example, on the first day of our inspection a door had been damaged in the morning. This was repaired by lunchtime of the same day. The building was equipped with underfloor heating, which could be individually controlled for each room. There were appropriate procedures for the storage and safe use of cleaning products. These were followed.

There were a range of risk assessments covering the environment and safe working for staff. These were regularly reviewed and updated. The staff had signed to show that they had read and understood these.

There were enough staff to keep people safe and to meet their needs. The staffing structure each day included at least three senior members of staff on duty. The number of support staff was appropriate to meet the needs of each person and varied depending on the planned activities. People had individualised care which reflected their personal needs and preferences because the staffing levels were designed to be flexible and specifically support these needs. For example, if people wanted to attend a late night activity, a day trip or a holiday the staffing was arranged to support this. In addition the staffing structure was individualised for some people. One person whose health condition and mental health needs meant that structure and routine was highly important, had been assigned a core group of staff, who worked with them on a rotational basis. This meant that they and the staff could get to know one another and build up trust and familiarity. When new staff were introduced to this intensive method of working, this was done in a way in which the person understood and could be involved with.

The rotas were clear and staff were given information about their working pattern several weeks in advance. The registered manager told us that staff absences and vacancies were covered by overtime and use of the provider's bank of temporary staff. They also said that the permanent staff were very responsive at changing their working hours at short notice to meet a specific individual need of someone living at the service.

We saw that staff responded to people's needs without delay and there was always a number of staff available in different areas of the home. The staff had time to give people support which they needed and to build meaningful relationships with each person. Throughout our inspection the staff took time to listen and understand what people were saying and wanted. When people asked for staff time, or indicated distress, the staff responded immediately in a calm way which showed they understood the person and what they needed.

The provider had appropriate systems for recruiting staff who were suitable to work with vulnerable people. The organisation had their own human resources department who ensured that checks on suitability were carried out. These included, checks on identity, eligibility to work in the United Kingdom, references from previous employers, health declarations and criminal record checks. Potential staff attended an interview at the provider's head office and then were invited to visit the home where the registered manager assessed their interactions with people living at the service.

Outstanding ☆

Is the service effective?

Our findings

The service sustained outstanding practice and had achieved recognised accreditation schemes. The service had received accreditation from the National Autistic Society recognising the bespoke service they offered to each individual. The accreditation highlighted the staff knowledge and understanding of autism, communication and the value of family involvement. The provider had achieved silver accreditation in Investors In People. Investors in People is a nationally recognised accreditation scheme for employers setting standards for better people management. The silver accreditation was awarded to organisations where employees were actively engaged in ensuring that principles and practices were applied consistently.

The staff had a good knowledge of the Mental Capacity Act 2005 and were confident at applying this to make sure people's human rights were respected. The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions 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.

The staff had carried out capacity assessments for each person living at the service. People had the capacity to make decisions about their everyday lives, for example what they ate, where they went and how they spent their time. The staff told us they gave people control over these decisions. For example, some people needed to follow specific routines in order to complete a task. The staff supported this, allowing them to complete their routines before they consulted the person about a specific choice. We saw evidence of this. The registered manager had described one person's specific routines and explained that they became highly anxious if they were prevented from following these. We observed the staff giving the person time to do what they needed before approaching them with a question. This made sure the person felt safe and comfortable before they were expected to make any decisions.

The staff also used different methods of communication in order to support people to understand and make choices. They had recorded different external influences that affected each person's mood and decision making. The staff were aware of these individual factors for each person, so could support them by providing positive stimuli and reducing ones that had a negative effect. These included, smells, tastes, environmental factors and items of comfort and reassurance. We saw evidence that the staff considered these when approaching and communicating with people in order to support the person to understand and make decisions. We saw the impact of this approach for individuals. For example, there was a reduction in the number of incidents of aggression and challenges, because the staff were finding ways in which to communicate on an individual level which people could understand and felt comfortable with. One person enjoyed the sensory stimulation of an outside environment. Their bedroom had a door to the garden and they were unrestricted in their access of this. The staff told us they liked to cover themselves with leaves and earth and they were supported to do this, so that they felt comfortable and safe. The staff had helped them to establish routines which met this need. There was evidence that all the staff respected this and supported the person in a consistent way. We saw examples of the staff communicating with people who had limited verbal communication. The staff showed an excellent knowledge of what the person was telling them and

spent time making sure they understood the person.

Some people were able to contribute to planning their care. The staff supported them in a person centred way, by helping them to make choices in a way in which they understood. For example, one person participated in creating and recording a set of rules as this helped them feel safe in making and following decisions about different aspects of their life. For other people, the staff used photographs of events or the person undertaking certain tasks, so that the person could refer to these and use them to help indicate their choices and decisions.

People were not able to consent to some of the more complex decisions in their lives, such as healthcare treatments. Therefore the provider had liaised with relevant professionals and the person's family to make decisions in their best interests. These decisions and discussions had been recorded and families felt that they were given the opportunity to make decisions with the support of others and a range of information.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The staff understood their responsibility for making sure the least restrictive options were considered when supporting people and ensured people's liberty was not unduly or unlawfully restricted. The registered manager had submitted DoLS applications for authorisation for people living at the service. However, they also took steps to offer care in the least restrictive way, allowing people free movement around the service and the ability to make choices about how they spent their time and lived their lives. We saw that people felt free and unrestricted and staff behaviour showed that they respected people's decisions.

People were supported by staff who had the skills and knowledge to care for them. All new staff completed a range of training when they started work for the organisation. The provider had fully integrated the Care Certificate into their staff induction process. The Care Certificate is a nationally recognised set of standards that give staff an introduction to their roles and responsibilities within a care setting. Care workers received training in all of the fundamental standards of care during their probationary period.

The service had innovative and creative ways of training and developing their staff that made sure they put their learning into practice to deliver outstanding care that met people's individual needs. The provider employed a consultancy organisation who worked directly with people living at the service. The consultants were involved in developing and reviewing care plans and risk assessments alongside the staff. They also provided specialist training in subjects which included, autism, mental health in people with learning disabilities, Makaton, and specific training around how to communicate and interaction with people who had limited speech and verbal communication. The training included techniques to avoid physical confrontation and to use positive interventions and therapy to help calm people who became agitated. The majority of training was provided by facilitators who knew and worked with the people who lived at the home. The staff told us this meant they could discuss real life situations with the trainers and discuss the best interventions and methods of supporting the individuals who lived at the service. The facilitators continued to work with the staff and people using the service after the training was completed. This meant they could monitor how the staff were implementing the things they had learnt, and revisit specific areas of the training when the needs of people who used the service changed or if a particular member of staff needed further guidance or information. We spoke with the clinical lead who told us how the training for staff evolved from the specific needs of people living at the service and because they were constantly involved in reviewing people's needs they were able to ensure that any changes in the way people needed to be supported could be incorporated into the staff training. We saw the clinical lead speaking with and supporting people living at the service. They had an excellent knowledge of their needs and had positive

relationships with them. They demonstrated how they used this knowledge to support the staff through training.

One relative of a person who lived at the service told us, "The staff seem well trained – even the newer staff have a good grasp quite quickly." Another relative said, "They are very professional – they know their stuff, but do it in a friendly way." Some of the comments from the staff included, "In addition to the regular training, like health and safety, the provider offers other courses. I am encouraged to do them which is great. I'm really pleased with the opportunity to do them", "There is the e-learning on the computer as well, and our progress is checked. We can have support to do this if we need it or are finding it hard with the English", "We are supported to take part in communication courses, these help me to better communicate with a lot of the people we work with'' and ''[The manager] listens to what we ask about training and always makes sure training is provided if we have a need."

There was proactive support for staff that developed their knowledge and skills and motivated them to provide a quality service. The registered manager had been employed six months before the service opened and in this time had worked alongside registered managers in the provider's other services learning about the organisation and developing their skills. They had also used this time to work with the consultants and directly with the people moving to the service so they could understand their needs and make sure the service was tailor made to meet these. The provider supported the staff to develop their skills and there were career opportunities for the staff within the organisation. The provider told us that five of the seven registered managers in their other homes and senior staff both at the service and at other homes had started working as support workers and had been given the opportunity to undertake management and specialist training so they could apply for promotions. The organisation's clinical quality compliance manager told us that they were keen to identify and foster the talents of staff. Staff who showed the appropriate skills were encouraged to work alongside team leaders and the managers to develop management skills, taking responsibility for managing a shift when they felt able. People who wanted were offered management training opportunities, which included specialist training in conflict resolution, time management and leadership.

The provider told us that they also recognised talents for staff who did not want to move into management and the importance of giving these staff opportunities as well. For example, they had introduced flexible working for staff who wanted time off to study. They also thought about creative ways to support staff to use their talents for the benefit of people living at the service. They told us that one member of staff who was a talented musician had been supported to use this skills in their work with people living at the home. The registered manager told us they matched staff skills and personalities with similar minded people who used the service when allocating keyworkers, so that they could share interests. Additional support was provided for staff who had disabilities or special needs. The registered manager gave us examples of support some staff had received to help them with organisation, communication and English language skills.

The environment met the needs of people who lived at the service. There was a main building with eight single bedrooms, all with an en-suite bathroom, shower and toilet. There were also four individual flats for people with an additional personal lounge and small kitchen area. People had personalised their rooms and flats and these reflected their personality and interests. Many of the rooms had photographs and pictures of families and friends. The allocation of the flats and the positions of each bedroom had been decided considering the person's needs and preferences. For example, the four people who lived in the flats were people who needed a quieter and less busy environment, where they could spend time alone if they needed. One person liked to have an overview of everything that happened at the service, they were able to have a bedroom with two windows overlooking the main entrance and garden area. People had been involved in choosing their rooms and flats. Everyone had chosen their décor and furnishings. People had a range of

equipment which met their needs, for example, gaming consoles, televisions, computers and music equipment. There were a number of communal rooms including three lounges, two dining rooms and two garden areas. The leisure equipment throughout the home reflected the interests of people who lived there, for example there was a swing in the garden, a ball pool and a garden room with a pool table. The house was equipped with underfloor heating which could be individually controlled for each room.

There were numerous boards on the wall in the kitchens, and in the offices, with the names and photographs of which staff would be on duty that day, so that people had easy access to this information.

The environment was well maintained and looked fresh, without showing any signs of wear and tear.

People's nutritional needs were met. These needs, along with their preferences were assessed and recorded when they moved to the service. There were associated risk assessments and care plans where people had a specific need or were considered at risk. These included information about the support they needed. The staff regularly liaised with specialists who helped to create individual guidelines. Therefore where people had a specific nutritional need this had been evaluated by a multidisciplinary team. Some people had been involved in developing their own guidelines and plans around eating and drinking, allowing them to understand and be involved in any restrictions or special requirements with this. Care plans and risk assessments were reviewed each month, and where appropriate people were also weighed monthly. The staff had worked with one person who had a very limited diet to enable them to try new foods in a way which they found safe and fun. They had purchased special equipment to present the new foods in an attractive way. They motivated the person to try small amounts of new food in order to feel a sense of personal achievement. This technique had worked and the person was happy to try new foods as part of their daily meals. This meant that the person had a healthier and more varied diet.

People were able to contribute their ideas to menu planning and meals. They were able to have their own personal supply of snacks and treats and we saw people being supported to access these. Where people derived comfort and pleasure from specific food and drink this had been recorded so that they could be offered this when they became distressed, if this was appropriate. Menus were planned in advance, however, people told us alternatives were available and they were able to choose what and when they ate. Meals were prepared each day from fresh ingredients and there was fresh fruit and vegetables available for people. Some people were involved in shopping and food preparation, depending on their skills, interests and abilities. The staff empowered people who were able to make their own snacks and meals. We observed this, seeing how the staff took time and made special efforts to involve people and allow them to take as much control as they were able to. We also saw the staff encouraging people to make healthy eating choices.

There were champions within the service who actively supported the staff to make sure people experienced good healthcare outcomes leading to an outstanding quality of life. The provider had an ongoing arrangement with another organisation who provided support to meet some of the health needs of people living at the service. The organisation had a clinical lead, physiotherapists and speech and language therapists who worked with people living at the service and trained and supported the staff to understand their needs. These professionals regularly visited the home and had a direct input into creating and monitoring care plans. The staff worked closely with the professionals giving feedback and discussing outcomes for each person, so that together they could reflect on whether health care needs were being met and if any changes were needed. The staff sought additional guidance about how they could improve their practice in order to help people stay healthy. For example, obtaining information and current best practice guidelines on individual health conditions, consulting with the clinical lead and other professionals to discuss any changes in people's health.

People's health care needs were assessed and regularly monitored. The staff worked closely with the local GP, making referrals for additional support when needed and ensuring there were regular reviews of each person's health. The staff had supported people in a way which allowed them to take control over their own health where possible. For example, one person had consistently refused blood tests before moving to the service. The staff had built up a trusting relationship with the person helping them to express how they felt and understand the importance of these tests. The registered manager reported that they had started to have these tests meaning vital checks about their wellbeing and ongoing health concerns could be carried out with their consent and willingness.

Families of people who lived at the service told us their relatives were well prepared for medical appointments and supported in a way which reduced the person's anxiety and worries.

Outstanding ☆

Is the service caring?

Our findings

All the relatives of people living at the service told us the staff were extremely kind, patient and caring. We also observed this. Some of the comments from relatives included, "They do really care for him – I know he is happy – it's a worry because he is very vulnerable, but I have no concerns at all. I love the people there, and I love the place", "Staff know him really well – his key worker is simply brilliant, so caring but just so sensitive to his needs and his change of moods", "He settled down very quickly, and I put this down to the staff and their attitude. And the ethos of the organisation", ''The staff seem kind and caring – he is really blessed with his key worker. We feel very fortunate for him", "I watched the staff at one of the parties we attended – they were really caring, and they did treat everyone with respect", "It's not an easy job, and they are so patient", "The staff are really lovely, and always very polite" and "I'm really, really happy with it. He's only been there just over a year, but he's settled so much better than I thought he would."

We saw that people were given the opportunity to express their opinions in a variety of different ways, and to make choices about things. For example, one person had moved to the service with a history of self-injurious behaviour. The staff worked with the person and other professionals to try to identify why this was the case, however they were unable to find a cause for this other than general anxiety. The staff then looked at ways the person could be enabled to express themselves through other means and take more control over their own life. They found that use of the swing in the garden helped reduce the person's anxiety, so they were given unrestricted access to this, enabling them to be able to make decisions in a calm way without resorting to self-injury. In another example, one person helped to create their own rule book where they could be in control of setting their own boundaries and rules about how they lived their life.

Each person had a plan which was suited to the pace of life they had chosen to adopt, sometimes doing things with key workers on a one to one basis, sometimes independently if this was possible, and then coming together as house-mates for events they all enjoyed. Sometimes people chose to be on their own. People confirmed this telling us about the things they enjoyed and showing us leaflets and photographs of things they had done and were proud of. Many of the people living at the service felt comfort in following set routines and could become anxious when these were altered. The staff found creative ways to help people cope with changes in routine which were unavoidable. For example, using photographs and pictures to explain what was happening and preparing people for different eventualities in advance.

There was evidence that people had opportunities to try new things and develop their skills and broaden their interests. For example, one person found it difficult to try new activities or stop an activity they were carrying out. The staff explained they could get ''stuck'' doing something which could be very debilitating and restrictive for the person. The staff helped create a pictorial structure which incorporated a high number of different activities with set times for these. This had been agreed with the person. The way in which they were supported meant that the staff were clear at sticking to this agreed structure. The person had been able to follow this so that they did not get ''stuck'' with one activity without being able to move on. This had meant that they were able to do all the things they needed and were able to try new experiences.

There was evidence that staff had taken steps to help alleviate people's anxiety, by ensuring that they were

not put in situations that would increase their stress. For example, a relative told us that their relative had found the noise levels at a group activity session too much, so the staff had found an alternative. In another example, one person had displayed their anxiety through physical challenges and aggression. The staff had given the person opportunities to have a daily session where they could talk about their fears and anxieties. This had helped them to such an extent that their negative behaviours had dramatically decreased.

We saw the staff treat people with dignity and respect at all times, but in a very natural and person centred way. Nothing to support people was ever done without their full agreement. We saw and examples of the staff and managers asking questions showed this well. For example, "Is it ok if ...?" "Would you like me to ....?" "Can I just help with your shoes, as you might trip?" People's privacy was respected and care was provided and discussed behind closed doors.

Families said they had been fully involved in the planning of their relative's care and support, and that the transitions into the home had been very thorough and well thought out. Everyone felt their son or daughter was treated with respect. Some of their comments included, "The transition from school was wonderful – they really worked in partnership with us and the school to get it right for him. We do feel listened to, yes."

The service had a strong, visible person centred culture and was exceptional at helping people to express their views so they understood things from their points of view. The staff used different methods of communication to interact with each person depending on their needs and abilities. They valued the importance of sensory communication and providing a unique environment for each person to express themselves. For example, using different scents, aromatherapy, lighting and colour. The use of these was highly individual and the staff followed detailed support plans which outlined negative and positive influences for each person. The staff were committed to this approach because it was an inherent part of the way the service operated, with the staff reflecting on each situation and reviewing and adjusting their care and support where needed. The registered manager told us about how one person had experienced recent bereavements. The person had become anxious about this and how the changes in their family structure had led to less regular visits and time with the people they cared about. The registered manager told us the staff had focussed on predictability of routines and familiar faces in their support of this person They had helped to make the person's environment a safe haven with their familiar items. As a result the person had been able to maintain and develop their relationship with their family.

The staff provided care which ensured each person felt they mattered. The staff responded to the way each person expressed how they felt so that they felt listened to and cared for. The staff had exceptional knowledge of each person, including the wishes, interests and needs. We observed the staff identifying and responding to people's needs from small non-verbal clues, for example, knowing when someone wanted to do something. They anticipated when people were showing signs of distress and responded to this before the person became unhappy or agitated, focussing on the needs and wishes of people living at the home. For example, during our inspection visit the staff changed the venue of a group discussion to ensure one person who also wanted to use the space was given their privacy and priority over the staff.

The atmosphere at the service was friendly and relaxed and people felt comfortable. The staff demonstrated genuine affection for people wanting to get the best for them. For example, discussion with each other how to improve the care they provided and meet specific needs. There was a sense of purpose about the house, and the members of staff were all providing high quality care and support.

The staff supported people to develop independent living skills and to be able to take calculated risks. Care plans and risk assessments were constantly reviewed and people living at the service had gained new skills in the community and at home. We examples of this, with the staff supporting people to do things for

themselves during our visit.

Outstanding ☆

Is the service responsive?

Our findings

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. The staff continuously reflected on their own practice evaluating how each person had responded to and felt about the care provided. This was evidenced through regular reviews of individual care, discussion at staff handover and changes made in each person's care plan. There was evidence that the work at the service had made a difference in people's lives and positive changes had taken place. For example, one person had not used verbal communication since they were very young. Since moving to the service the person had started to use some speech again, particularly when communicating with the staff and their family. The changes in the person's communication could be tracked through their care plan and reviews, and was as a result of specific interventions and support from the staff.

In another example, the staff were able to demonstrate how they had supported one person to feel confident and able to use the toilet independently, something they had never done before. They had looked at the arrangement of furniture in the person's bedroom to enable them to have easy access and sight of the toilet. They had used photographs and pictures to help communicate with the person who could not communicate verbally. The staff closely monitored the person's morning routines and when they woke in order to ensure initial support met this need. At the time of the inspection the person was independently using the toilet and staff had been able to withdraw their support.

The registered manager and staff had an excellent knowledge about each of the people who lived at the service, their needs and how these might impact on how they felt about the service. Their needs were well recorded, and all the staff were able to demonstrate their knowledge. Their interactions with people reflected individual care plans. Each person had an assigned key worker, who took a lead in planning their care and making sure their needs were met.

Not everyone at the service could communicate verbally. There was clear and detailed information about each person's communication needs, including how they communicated, their likes, dislikes, their understanding and what the staff could do to help support the person. The communication plans reflected the person's individual needs and the staff followed these. For example, the staff told us about one person who benefited from sensory communication. They had recently purchased some scented modelling clay and were planning to give this to the person because they felt the strong smells would be beneficial. The provider organised for an aromatherapist to visit the service regularly. They provided support to some people. We witnessed how they discussed each person with the staff and how the person had reacted to their input. The staff analysed this and used the information to help plan the person's care and reflect on what worked well for them. The staff used photographs, pictures and objects of reference to help communicate with people. The use of different objects reflected the person's own ability to understand and their needs. For example, some people had pictorial representations of the activities they would be doing each day. Others had photographs displayed on their bedroom walls of them performing specific activities. The staff had an excellent knowledge of each person, for example, they told us one person could process only three photographs at a time, so they made sure the person was always able to see the three relevant

photographs to explain what they would be doing next. There was evidence of the positive impact of this support for people and the clearly beneficial outcomes which had been achieved with and for people who used the service.

The staff created innovative ways to support people so they understood about different aspects of their care. For example, one person was going on holiday abroad. The staff knew that they could become anxious with unfamiliar situations. They had organised to take photographs and find out information about where they would be staying and the journey there. They were also using social media videos and other resources so the person could experience certain aspects of the journey, such as baggage handling at the airport.

In another example, one person was finding transition to the service difficult. They became very unhappy following contact with their family or when returning from social activities. They had a disrupted sleep pattern and showed signed of anxiety and stress. The staff helped develop pictorial behaviour contracts with the person which used symbols they understood and recognised. They used these to discuss ways for the person to express their anxieties without becoming physically challenging. The registered manager told us how they had helped the person to develop their own strategies to cope with emotional highs and lows, excitement and loss. Since this work had started the person's sleep pattern had improved. They felt calmer and happier and were able to cope with changes such as saying goodbye to their family at the end of visits with them. This was evidenced through the records of incidents, logs about how the person felt and changes to their planned care. In addition we were able to spend some time with this person and the staff who were supporting them. We could see how the staff followed their strategies to help the person focus on what they were planning to do and look at the positives of their day. We saw that the person was relaxed and comfortable with the staff, sharing jokes and taking reassurance from the things the staff said.

People living at the service had experienced situations in their lives where they had expressed their feelings through aggression and agitation. The provider wanted to ensure that people were given the opportunities to express their feelings positively and to feel safe doing so. The staff and the consultants who worked with them had developed plans to proactively ensure people were given the support they needed before their behaviour became challenging or they became mentally unwell. They monitored people's needs and incidents each day and used this information to plan for care which helped people to feel safe and express themselves in a positive way. For example, the staff explained to us that they used information about past events to predict how certain situations may make someone feel.

There was evidence that incidents of people becoming challenging or aggressive had reduced for all the people since they moved to the service. The staff did not use any physical restraint techniques and supported people in other ways, each person having an individual plan of support for when they became agitated. Some people had experienced being restrained where they lived before and had higher staffing ratios and other restrictions, such as seclusion. At London Care Partnership Limited - 13 Alexandra Gardens the staff had developed innovative ways of offering support which did not restrict people's human rights. The staff gave us examples of this, which included speaking with people about how they felt and giving them options to decide what they did next rather than imposing their views on the person. They were able to tell us about a number of different instances and how these had resulted in a positive outcome for the person and everyone else involved. For example, one person had exhibited distressed and aggressive behaviour at the residential school where they lived before they moved to the service. They had been taught alone without opportunities to interact with other students. Since moving to the service, the staff, other professionals and the person's family had worked together to provide a consistent approach to supporting the person. As a result, the person was calmer, happier, had less health needs and was able to spend time with and interact with the other people at the service each day without any physical interventions from the staff.

Care plans were detailed and person centred. They included pictorial and photographic plans which had been created with people to help them understand how their needs were being met. The care plans included information about how to reinforce positive feelings and support people to get the best out of each situation. Although they were very detailed, the staff demonstrated a thorough knowledge of these. Care plans included information about the person's environment and sensory needs recording the effect of different situations for the person. The staff worked with the consultant healthcare professionals to continuously review these plans and update them. The registered manager spoke about how people's needs had changed, acknowledging that the period of transition into the home and changes as each person reached adulthood had affected the way they understood and saw the world. This knowledge was shared amongst the staff team. The staff talked about looking to the future for each person and the next stage in developing their care and support. They told us this was regularly discussed so that all the staff were involved and the person's views were considered, however these had been expressed, whether through their reaction to a situation or asking for something.

Everyone had moved to the service since August 2015. Some people had moved from residential schools or their parents. The registered manger and staff had worked closely with each person to ensure their transition was right for them. This had included the staff spending days and nights at the person's school and supporting them there as well as the person visiting the home. For example, one person's school was particularly worried about the person' transition because they did not have regular contact with their family and the key people in the person's life were the school staff. Therefore five staff were selected from London Care Partnership Limited to get to know the person over a period of three months before they moved to the service. This included spending time with the person at their school and in the new home. The transition was very successful and the person settled in well. The staff from the person's school were worried about leaving them, however, the person had said they were happy to be left on their first day of moving to the service and did not need any support from staff other than those at London Care Partnership Limited. The person has since built relationships with other staff at the service and was able to tell us that they were happy in their new home and with the staff. For everyone living at the service, the staff had constantly reassessed their needs and the support they were offering them, over the first few months, reviewing this with health and social care professionals and their family as well as with the person themselves.

The arrangements for social activities and education were innovative and met people's individual needs. The staff had created individual plans of social activities for each person. For people who needed structure and routine the plans met these needs. The plans reflected people's assessed needs. For example, where assessments identified a need for physical or sensory input, this was planned for the person. People's interests and hobbies were also reflected in the plans. People accessed the community whenever they needed. The staff told us they thought about the way in which each new activity was introduced to a person, to make sure they felt positive about this. They recorded how each person had responded to activities, including obtaining feedback from others, such as the aromatherapist. We witnessed the staff reflecting on the success of different activities for individuals and planning what they would do next to ensure the person's needs were met. There was information about activities on display in each of the kitchens, in the offices, and in some people's rooms. The variety of person centred daily programmes that each person was following, demonstrated that their individual needs and choices were uppermost in the staff team's minds.

People were supported to learn new independent living skills. In one case we saw there was both written and visual evidence to show what the person had achieved in a relatively short time scale. They were receiving the help they needed, but also the help to enable them to become more self-sufficient. Their relative told us, "[The service] has helped [my relative] a lot, and [my relative] has really handled it very well." Another relative told us, "They are very flexible and responsive to any request – they arranged for one of the staff to fly out with [my relative] to meet us for a holiday abroad this summer, which was very, very good.

They did all the risk assessment and everything."

Relatives told us they felt the service provided good support with social activities. One commented, "Without doubt, he has a jolly good time, and there are a whole raft of activities.'' Another relative said, "During the day there is a lot going on.''

The staff worked closely with people's families to offer them support and share ideas so that they developed a consistent and positive approach in supporting the people living at the service. For example, the staff spoke about the contact they had with family members to agree strategies of support. The provider recognised and valued the importance of family members and relationships. They told us they wanted to undertake a training exercise with staff to help them empathise with how families felt. The staff were open and transparent with parents and families who were invited to review meetings and were able to contribute their ideas to care plans and risk assessments. One member of staff told us they were helping a person create a scrap book of photographs so they could show their family what they had been doing and discuss this with them. The influence of friends and families was strongly represented in people's bedrooms as they displayed photographs and mementos that were meaningful and important to them.

The staff told us about the difficulties one person had experienced when attending large family celebrations. These were an important part of the family's culture. The staff worked with the person using different techniques to help them feel safe in these situations, helping them to recognise familiar faces and understand what was happening. The person had since been able to attend and enjoy these events, without becoming anxious.

Families told me they could visit at any time, and were free to go to their relative's room if they wished. Equally, there was enough space and free communal rooms, so that they could visit in peace. Relatives felt that their views were asked for, and they said they had been asked to complete at least two surveys in the past year. They also said there were opportunities for social events such as parties where they could meet other families. One relative said that they liked the newsletters on the website, as this gave them background to the whole organisation.

People using the service told us they were able to raise concerns with the staff and they felt listened to. Family members said that they would feel confident that complaints were handled appropriately. The complaints procedure was available in an easy to read format and was displayed throughout the service for people to see. The provider had set up a system for monitoring and recording formal complaints, but there had not been any since the service was registered in 2015.

The registered manager told us people were encouraged to raise concerns at an early stage. There was evidence that the staff regularly met with people using the service and also discussed all incidents of aggression or challenge with them so that they had the opportunity to say if they were unhappy with something about their care and support which had led to an incident. People were provided with different means to communicate their concerns, which included pictures, photographs and objects of reference. We saw the staff were patient and took time to listen to what people were communicating with them and address any concerns. Family members told us they were able to express how they felt and discuss any concerns through regular meetings. The registered manager told us that some family members contacted the staff daily by telephone. We witnessed the registered manager receiving a telephone call from a family member. The conversation was open and the registered manager reassured and responded to the family member's queries. The registered manager told us that this regular communication with people and their families about their care helped to ensure people did not feel the need to make complaints because their concerns were addressed when they raised them.

Outstanding ☆

Is the service well-led?

Our findings

Relatives of people who used the service and external professionals felt the service was well managed. Some of the comments from external health and social care professionals included, ''[The service is] extremely professional and very organised'', '''Everyone in the team is well aware of their roles and able to answer my questions quickly and efficiently'', ''I feel they provide good care to their patients and as a team we work very well together'', ''I have found staff to be very helpful and have fantastic knowledge of the service user and his needs. I have observed staff working with mainstream health services to ensure their service users are receiving safe and effective care, and acting as advocates for their service users when experiencing difficulties with such services'', ''I have been enormously impressed by the commitment and dedication of the staff at 13 Alexandra Gardens. They show a genuine interest in their residents and go the extra mile in meeting their needs. [The manager] provides strong and clear leadership to her team, while maintaining a caring and supportive environment for some very complex clients. The home itself is of a very high standard'', ''I feel that the staff have gone above and beyond to get to know their service users in their care, coupled with good written documentation'', ''In my experience the young people receive excellent care, are safe and healthy, and are supported to lead active, interesting lives in their community and beyond'', ''London Care Partnerships input and expertise has had a positive impact on the young people and their quality of life'' and ''The quality of care is very high.''

All the staff from the organisation who we met, and the consultants who worked closely with the service, spoke about their roles and the people who they supported passionately. They showed genuine affection for people and wanted the best for them. They felt they were doing a good job and wanted to find ways of providing the best care for people. The provider had a clear strategic vision which was imbedded in the staff attitude and outlook. The staff felt strongly about the importance of multidisciplinary team work and sharing ideas in order to give people the support they needed.

The staff spoke positively about their work for the organisation. Some of their comments included, ''I love it here'', ''This is a fantastic place to work'' and ''The residents come first and it is exciting to see how much they have grown and changed since they moved here.'' The clinical lead who had facilitated a recent training event told us that a support worker from the home who had attended the event had told them, ''I have found friends and family [working here].''

There was a positive culture at the service which encouraged staff and people to express their opinions, which were acted upon. The staff were calm and professional and they fully understood their roles and the ethos of the organisation. They were committed to reflective practice where they reviewed and monitored the service they provided. They also demonstrated an understanding and commitment to personalised care where people living at the service were at the heart of every decision. They demonstrated this through their discussions about the innovative work they were undertaking for each person, and the pleasure they felt when people living at the service had a positive experience. The manager worked alongside staff and had changed the arrangement of senior staff in order to enable more time working directly with the staff in response to a request they had made. The senior managers were visible and well known to people using the service and the staff. We witnessed interactions between people and senior managers which demonstrated

they had positive relationships where people felt valued and respected.

The registered manager was experienced at working with both children and young adults with a learning disability. They had been employed before the service opened and had worked alongside the provider's other registered managers getting to know the organisation. They had been actively involved in supporting people through their initial assessments and as they moved into the home. The registered manager had an appropriate management in care qualification. One healthcare professional told us, ''[The manager] always contacts myself or other members of the multidisciplinary team when the staff require advice or support and they take this on board.''

The staff and relatives of people who used the service told us they found the registered manager approachable and they felt the service was well-led. Some of their comments included, "I have worked here over a year, I'm telling you, the management is very good. She's always there – she says to us, "If you're not happy with something, please tell me" and "I feel able to say anything to [the manager], and I know she would listen and take it on. I did a lot of shadowing when I started, and I always feel I can ask other staff as well."

The staff spoke about positive team work. One staff member said, "There is good teamwork – I'm in a good team, we have each other to rely on. I ask if I'm not sure, as I'm still quite new – I think ... maybe someone else will know better than me." Another member of staff told us, "We have good handovers between early and late shifts – that's really important, because if [a person using the service] has had a bad morning, they need to know. We can have up to 30 minutes. It's flexible."

The provider was a private organisation offering care and support to younger adults with learning disabilities in seven care homes in London and the South East of England. The provider had a good support structure of senior managers and there were clear lines of responsibility. The clinical quality compliance manager was involved in reviews for the National Autistic Society and worked closely with other agencies to review and develop best practice. The registered manager told us they bought a range of skills and experiences from their work which helped ensure the service was following best practice guidance. The provider employed a consultant team of therapists and a clinical lead. They worked directly with people living at the service and helped to provide individual guidelines. They also regularly met with the registered manager and staff to discuss these and review individual care. The registered manager told us they felt well supported by these teams within the organisation and senior managers. They told us they worked closely with the other service and each of the registered managers were able to provide cover and support for all the homes.

The provider had achieved silver accreditation in Investors In People. Investors in People is a nationally recognised accreditation scheme for employers setting standards for better people management. The silver accreditation was awarded to organisations where employees were actively engaged in ensuring that principles and practices were applied consistently. These ways of thinking and behaving became second-nature within the organisation.

The positive impact and changes for people who lived at the service were clearly evidenced. Some people had demonstrated high levels of negative or aggressive challenges to the services where they had lived before. The registered manager and staff were able to tell us about the changes for each person and the positive impact of the work they were doing. This was also evidenced through care plans and records of incidents, which had significantly reduced for each person. There had been improvements to the quality of life for everyone. This included people being able to enjoy group social activities, attend holidays and cope with changes and new experiences. Some people had not managed to successfully have a holiday before

they lived at the service, but had been supported to enjoy these and cope with the unpredictability of holidays. There had also been improvements to people's health. For example, one person had been unable to walk long distances and had used a wheelchair when out of the service. Healthcare professionals could not identify a physical reason for this. The staff worked with the person to help build up their stamina and confidence. As a result the person had started to take part in more activities, spend more time outside the home and their health was improving because of the increased levels of exercise. The person had been able to experience new things which use of the wheelchair had prevented them from doing in the past.

The provider ran regular quality action group meetings which were designed to discuss different topics. The registered managers from the homes and other senior managers attended these but they were also open to other staff to attend. Staff with a particular interest or knowledge of the topic being discussed were invited. Recent meeting topics had included, activities, reflective practice, epilepsy, sensory profiles and long and short term targets. Participants at the meeting were asked to reflect on the current practice of their service, and then develop a service wide strategy which pulled together the best practice from all services and any new ideas. The registered manager told us the meetings were a useful tool for ensuring best practice was followed throughout the organisation and was away of empowering the staff who joined the meetings, recognising their contributions and helping them to take ownership of the work of the company.

The service recently gained accreditation with the National Autistic Society. Autism Accreditation is an internationally recognised quality standard provided by The National Autistic Society. The service was nominated for an award for the work they undertook around intensive interaction. The accreditation report commented on how the staff had a strong level of understanding about autism and of the individual needs of people who lived at the service. It also acknowledged the ''development and provision of a bespoke person centred service.''

Records were up to date, detailed and accurate. There were clear systems for recording people's needs and the care provided. The records were user friendly and the staff understood these and could access information when needed. Information was clear and detailed but record keeping did not detract from the staff time supporting people.

The provider's clinical quality compliance manager described the work they undertook as quality in action. They spoke about, ''Seeing, doing and feeling'' the outcomes of the work they did. They described how the staff supporting people, including themselves and other senior managers, analysed and discussed how people responded to each situation. This was evidenced through the way in which the staff recorded positive and negative interactions and how people had felt and expressed themselves in each situation. The staff learnt from these and shared this learning with each other, through reviews, meetings and records, so that people were exposed to positive influences which met their individual needs. The quality monitoring of the service was a bespoke monitoring of each person's individual experiences and feelings. This way of working was imbedded in the staff culture at the home where they continuously reflected on their own practice and each situation. The results of this monitoring were continuously delivered through changes and improvements in the way they worked with each individual and could be directly correlated with the improvements in wellbeing, health and reduction of aggression for each person living at the service. This was evidenced through records of the care provided and planned to them and we could see how this had a positive impact for each person.

The clinical quality compliance manager, operations manager and consultant clinical lead were very involved in the work of the service, regularly visiting to meet with people who lived there, reviewing their care and meeting with the staff. They were positive role models who were involved in providing care. For example, they had escorted people on social outings and spent time supporting them with activities in the

home. They explained that this helped them to understand the needs of each person and to show the staff good practice. We saw examples of this during our inspections and saw that these senior managers had good relationships with people, could communicate with them using the person's preferred methods of communication and showed genuine affection for people. People living at the service and the staff felt relaxed around senior managers and felt able to speak with them and raise concerns. The staff also said that senior managers within the organisation were supportive. One member of staff commented, "[The senior managers] come regular too – they pop in a lot, and they are always very approachable. The communication within the house and the flats is very good. We work together well." Another member of staff said, "[The operations manager] will stop and have a chat – he's a nice man. He's very easy to talk to. Because he did a lot of the guys' assessments, they remember him." A third member of staff told us how they felt well supported when they needed assistance, they said, "At weekends and in the evenings, there is an on call manager – if we are worried about something, and aren't going to be around, we can give them the information, and know that they will work with me on a plan to deal with it."

The provider carried out announced and unannounced quality monitoring visits. These included peer review visits, where a person living in another service visited the home to find out how people who lived their felt. We saw records of these visits and saw that the reviewer had spoken with people and observed how they were cared for. They had recorded their findings in a report. Senior managers and the registered manager conducted day and night time inspections of the service and reported on their findings.

The provider asked visiting external professionals to record their observations of the service at each visit. All these observations were positive and indicated that others felt people living at the service experienced good or exceptional care. Some of their comments from March to August 2016 included, ''One of the best homes I have visited'', ''The staff are friendly, open and professional'', ''Lovely interactions'', ''Fantastic written and verbal handover'', ''The staff are extremely supportive of their residents'', ''The care home exudes a good, calm environment'', ''The staff are polite and respectful of service users'', ''All staff are extremely empathetic towards their patients'', ''Very impressed with the level of care and knowledge'' and ''Lovely experience visiting the service.''

The provider had asked family members to complete quality satisfaction surveys about their experiences. We viewed 15 of the responses dated from March to September 2016. Eight responses had rated the service as outstanding and seven as good.