London Care Partnership Limited

London Care Partnership - 1a Upper Brighton Road

Inspection report

1A Upper Brighton Road
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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

This was an unannounced inspection that took place on 21, 26 and 28 September 2018.

1a Upper Brighton Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides care for up to nine young people including people with learning disabilities or autistic spectrum disorder. It is located in the Surbiton area of Surrey.

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

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This was the first inspection since the service was registered.

The home provided a service for younger adults with learning disabilities or an autistic spectrum disorder. They had moved from residential schools, other care home placements or parental homes where their support needs were no longer being fully met. Their lives were massively impacted in a positive way by the move which was reflected in their progress, personal achievements and opportunities to try new experiences.

The young people benefited from a wide and varied range of activities, in the community, at home and further afield. They selected them with patient, painstaking support by staff that enabled them to do things that were focussed on their individual interests and likes. Whilst people could not comment verbally on the activities their body language showed us they were enjoying them with lots of smiling, laughter and enthusiasm. The impact of this was that people thoroughly enjoyed their activities and developed bonds and friendships, through them, with staff, each other and others.

The positive impact the home had on the young people was also demonstrated by a substantial reduction of incidents and situations where people may display behaviour that others could interpret as challenging. Where people displayed anxiety or anger through aggressive behaviour, staff were on hand and knew how to defuse situations. They understood that this was an expression of people's needs, emotions, feelings and an attempt to communicate them. Staff turned people's negative behaviour and frustrations into positives by calming the situation, finding out what was wrong or what people wanted and

addressing their needs. They achieved this by having a thorough knowledge of each person and their likes and dislikes based on trial and error and growing positive relationships and bonds with them.

Due to people having limited verbal communication relatives generally spoke on their behalf. Relatives felt the home provided a warm, welcoming and friendly atmosphere and that staff treated the young people's safety as paramount. This was whilst still acknowledging that people must be enabled to try new experiences and take opportunities by taking acceptable risks. Staff weighed up the benefits of the activity with the young person in relation to the risks involved. This was reflected in the number of new experiences and activities people safely had whilst continuing with those that they previously enjoyed. It meant people received a service that was individual to them. The service and activities were flexible and changed with them as their needs changed and skills and confidence developed, resulting in more fulfilling and enjoyable lives. Staff also thought the home provided a safe place for people to live and them to work.

Relatives told us people were very happy and enjoyed living at the home and we saw how much people enjoyed the care and support provided by staff. This was reflected in their positive body language and interactions with staff and each other during our visit. Staff enabled people to make progress by adopting a very person-centred approach. They recognised people's achievements, highlighted them and supported the young people to also recognise and celebrate them. They achieved this by having a thorough knowledge of people's individual communication and sensory needs and meeting them in a patient and measured way.

People's support plans were comprehensive and individualised to them. They encompassed all aspects of people's lives that included their social, leisure, educational and life skill development needs. These were mirrored and met by the structured and spontaneous activities that people chose which enabled them to live their lives the way they wished. Staff paid great attention to people's health, emotional needs and people were encouraged by staff to discuss and meet any health and appropriate sexual needs they may have. The depth of planning and cooperation and its impact was demonstrated in each support plan and files we looked at. People's care plans were regularly reviewed and updated. This enabled staff to support people in an efficient, professional way. The records kept were up to date and covered all aspects of the care and support people received. The home worked in tandem with health care professionals in the community.

People were protected from nutrition and hydration associated risks by staff encouraging and supporting them to have balanced diets that also met their likes, dislikes and preferences. Staff also used meal selection to develop people's life style and decision-making skills in a very effective way.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) required the provider to submit applications to a 'Supervisory body' for authority. Appropriate applications had been submitted by the provider and applications under DoLS been authorised, and the provider was complying with the conditions applied to the authorisation.

The home was very well-maintained, furnished, clean and adapted to meet people's individual requirements, to a high standard.

Staff received excellent structured training that was organisation, service and person-specific. The quality of the training was reflected in the exceptional care practices staff demonstrated and followed throughout our visit. They were very knowledgeable about the field they worked in, had appropriate skills, knew people and their relatives well and understood people's needs in great detail. Their knowledge was used to provide care and support in a professional, friendly and supportive way, focussed on the needs and wishes of the individual. People knew and trusted the staff that supported them.

Relatives told us that the registered manager and staff were accessible to them, very communicative, worked well as a team and provided them with updated information as needed. The registered manager was responsive, encouraged feedback and consistently monitored and assessed the quality of the service.

Staff told us that the organisation was a great one to work for and they really enjoyed working in the service. They received excellent support and there were opportunities for career advancement. They felt enabled and supported to develop their skills and progress their careers. Individual skills were acknowledged, harnessed to further practice development and incorporated within the way the service worked. The service and organisation enabled staff to contribute effectively in developing people's individual support as well as developing new ways of working and procedures. They felt their ideas were listened to and implemented.

The organisation's quality assurance and monitoring systems were geared for continuous improvement and required staff to constantly monitor individual care and support and feedback from people. They also supported staff to reflect on how their actions impacted on people and how people's lives could be made better and more enjoyable. The records system was well thought through, clear and useable. Staff also recognised the importance of these records as a source of quality improvement and whilst they were very detailed this was not allowed to detract from the care and support people received.

The culture of the service, staff and organisation was open, progressive and transparent. There was a commitment to continuous improvement with care and support being person centred. Relatives felt people and themselves were valued as did staff who considered themselves integral members of the organisation. The National Autistic Society had accredited the organisation and recognised the high quality of the person-centred care and individualised support provided. The organisation worked well with other stakeholders, seeking their opinions and checking if they were satisfied with the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Relatives said that they were relieved that people were living in such a safe environment and people's body language indicated they felt very safe and relaxed.

The risks to people were managed in a safe and person-centred way with people supported to feel safe and there were effective safeguarding procedures that staff were trained to use and understood.

The registered manager and staff continuously improved the service by positively learning from incidents that required practice improvement.

People's medicines were safely administered and records were completed and up to date. Medicines were regularly audited, safely stored and disposed of.

There were plenty of staff to meet people's needs in an appropriate, flexible and timely way.

The home was safe, clean and hygienic with well-maintained equipment that was regularly serviced. This meant people were not put at unnecessary risk.

Is the service effective?

Good

The service was effective.

People's support needs were assessed in-depth and agreed with them and their families.

Staff's skills and knowledge were matched to people's identified needs and preferences.

Specialist input required from community based health services was identified, liaised with and provided.

People's care plans monitored food and fluid intake and balanced diets were provided to maintain health, that also met

their likes and preferences.

The home's layout and décor was geared to meet people's needs and preferences.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interest' meetings were arranged as required.

Is the service caring?

Good

The service was caring.

Relatives said that people using the service were very valued, respected and they were involved in planning and decision making about the care and support provided. The care practices observed reflected relatives' views that staff provided support and care, far in excess of meeting people's basic needs and went beyond their job description requirements. Staff were patient, compassionate and gave continuous encouragement when supporting people.

People were frequently asked what they wanted to do, their preferences, and enabled to make choices.

People were supported to interact positively with each other, as well as staff and inclusively involved in activities at every opportunity.

People's preferences for the way in which they wished to be supported were clearly recorded.

People's privacy and dignity were respected and promoted by staff throughout our visit.

Is the service responsive?

Outstanding

The service was exceptionally responsive.

People received excellent person-centred care from staff who promoted each person's health, well-being and independence. They were kept occupied, encouraged to socialise and supported to pursue their interests and try new things.

People chose and joined in with a range of recreational and educational activities at home and within the local community during our visit. People's care plans were detailed and identified

how they were enabled to be involved in their chosen activities and daily notes confirmed they had taken part.

Relatives told us that any concerns raised with the home or organisation were discussed and addressed as a matter of urgency.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

There was a vibrant, energetic and positive culture that was focussed on people as individuals. This was at all levels of seniority within the home and organisation.

People were familiar with who the registered manager, staff and organisation senior managers were.

We saw the management team enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

Staff were well supported by the registered manager, management team and organisation in general. There was an approachable management style within the organisation. The training provided was of high quality and advancement opportunities were very good.

The quality assurance, feedback and recording systems covered all aspects of the service, constantly monitoring standards and driving improvement.

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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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and took place on 21, 26 and 28 September 2018 and was carried out by one inspector.

During the inspection, we spoke with six people, nine care staff and the registered manager. We also contacted six relatives and friends. We also contacted six healthcare professionals. There were eight people living at the home.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the home and checked records, policies and procedures and quality assurance systems. We also looked at the personal care and support plans for three people and two staff files.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People felt safe at the home as reflected in their positive body language towards staff and happy demeanour. Relatives said the home provided a safe environment for people to receive support. A relative said, "He [person] is safe, happy and well adjusted." This was referring to the person's transition from a college to a home environment. Another relative told us, "So glad we found it [this home], I feel like the stress has been taken off me."

Staff knew what constituted abuse and the action to take, should they encounter it. They were given policies and procedures regarding abuse and had received induction and refresher training that enabled them to protect people safely. Their responses to our questions followed the provider's policies, procedures and philosophy. Staff knew how to raise a safeguarding alert, when this should happen and were appropriately trained. Safeguarding alerts were reported, investigated and recorded. There were safeguarding contact numbers available to staff. There was no current safeguarding activity. There was a whistle-blowing procedure that staff said they would be comfortable using.

People had risk assessments that enabled them to take acceptable risks and enjoy their lives safely. Risk assessments included people's health, daily living and social activities and were regularly reviewed and updated as people's needs and interests changed. Information regarding risks to individuals was shared internally by staff, including any behavioural issues during shift handovers and at monthly staff meetings. Staff said they were very familiar with people's routines, preferences and were able to identify situations where people may be at risk and acted to minimise those risks. They also shared appropriate information with external staff providing activities, such as those where people were attending college and day centres.

Staff had received training in and were familiar with de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging. The techniques were focussed on people as individuals and staff had appropriate knowledge to do this successfully. One person displayed severe challenging behaviour that put themselves and others at risk, before moving to the home. Staff worked intensely with him, to build up a working rapport during transition to the home. Staff developed a consistent approach and knew how to recognise when he was becoming elevated and prevented this from escalating by redirection. The outcome was that he had not shown any of the extreme behaviours that he has done in the past. Staff actions were recorded in people's care plans and impact cards. The impact cards celebrated people's achievements and progress since their arrival.

The staff recruitment process was thorough and staff records demonstrated that it was followed. The process included scenario based interview questions to identify prospective staff's skills and knowledge of autism and learning disabilities. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to starting in post. DBS is a criminal record check that employers undertake to make safer recruitment decisions. There was also a six-month probationary period with a review. If there were gaps in the knowledge of prospective staff, the organisation decided if they could provide this knowledge, within the induction training and the person was employed.

Staff said, and the rotas reflected that staffing levels were able to meet people's needs and enable them to pursue their chosen activities safely. This was confirmed by relatives.

The service kept up to date accident and incident records. There were general risk assessments for the home and equipment used that were reviewed and updated. Staff had also received infection control and food hygiene training and their working practices reflected this. Equipment used to support people was regularly serviced and maintained.

Medicine was safely administered, regularly audited and appropriately stored and disposed of, when required. We checked people's medicine records and found that they were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated.

Good

Is the service effective?

Our findings

Relatives said they and people using the service decided the type of care and support people received and how and when it was delivered. They told us that the care and support staff provided was delivered in a way that people liked very much. A relative said, "What we like is that it is all about what [person] wants to do and that the care workers understand him." When referring to staff another relative told us, "Outstanding, they are too efficient for their own good."

One person had spent a lot of time in their room when they arrived, isolating themselves from the rest of the house and taking other people's property. They also lacked community activities due to their volatile behaviour, barging and running to access preferred items. Staff set clear, acceptable behaviour boundaries and encouraged them to join and take part in the life of the home and local community. They now participate in swimming, cycling, there was a reduction in taking other people's possessions and they put them back.

The registered manager explained the procedure followed if a new person was considering moving in. The home requested information from any previous placements and carried out its own pre-admission needs assessments with the person and their relatives.

The pre-admission assessment and transition took place at a pace suited to the individual, their needs and that they felt comfortable with. This was to ensure that the placement was the right one for the person, what they wanted and decisions were made on placement appropriateness rather than financial constraints. Staff also visited people as part of the familiarisation process and this meant familiar faces made people less anxious when they moved in. Staff took the lead on assessments and the external consultancy supported them by up-skilling staff working with people with complex behaviours and needs so that the risk and needs assessments were accurately completed. In the case of one person, their activities timetable was created with them, prior to moving in to make the transition easier for them. The activity plan was very detailed down to the times and modes of transport for each activity and part of their day, incorporating home and school routine to reduce anxiety over the transition.

During transition people's sensory needs were considered and a sensory assessment completed, that contributed to a sensory profile for each person. Knowledge of the individual was further enhanced by completing a reinforcement inventory. A reinforcement inventory gathers up-to-date information about a person's interests and preferred activities as well as their dislikes. The aim is to know which rewards were likely to be successful in reinforcing the person's participation and engagement. This enabled staff to have a more in-depth understanding of people and the support they needed to enjoy life and develop their skills and talents. One person had a blood test appointment, which was something they had previously struggled with. Their keyworker explained what would be happening and reassured and accompanied them. They also supported the person to choose an incentive, which in this instance was a packet of crisps.

People, their relatives and other representatives were fully consulted and involved in the decision-making process before moving in and people already receiving a service were also consulted. People were invited to

visit as many times as they wished before deciding if they wanted to live at the home. The visits were increased, as people became more familiar and comfortable with their surroundings and new people. They could stay overnight and have meals if they wished to help them make a decision. The overnight stays and visits were gradually increased as people became more at home. Staff were aware of the importance of considering people's views as well as those of relatives so that they could focus the care provided on the individual. During these visits the assessment information was added to.

The organisation provided staff with thorough induction and mandatory refresher training. Training was a combination of on line and class room based depending on its nature. New staff shadowed more experienced staff as part of the induction and this increased their knowledge of people living at the home. They also had to complete an induction programme that was signed off. The training provided was based on the Skills for Care 'Common induction standards'. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health.

There was a training matrix that identified when mandatory training was required. The core training included person centred planning, active and positive behaviour support, functional assessment and intervention, communication and epilepsy awareness and administration of buccal midazolam. Buccal midazolam is a medication used for calming epileptic seizures and to reduce agitation. There was also access to specialist person and service specific training such as intensive interaction provided by a speech and language therapist, Makaton, needs of people individually regarding their autism, learning disability and mental health support needs and anaphylaxis awareness and EpiPen administration. Anaphylaxis is a severe, potentially life threatening allergic reaction and EpiPen is a device that injects epinephrine intramuscularly in the treatment of anaphylactic shock. Staff meetings, monthly supervision and annual appraisals were partly used to further identify any individual or group training needs. Staff had training and development plans on file. Staff said the training they had received was good and enabled them to do their job. One staff told us, "It is of high quality and focussed on enabling me to do my job."

People's care plans included health, nutrition, diet information and health action plans. These included nutritional assessments that were completed, regularly updated and fluid charts. People's weight was monitored by staff, if required and staff observed, checked and recorded the type of meals people consumed. This was to encourage a healthy diet and make sure people were eating properly. Meals were timed to coincide with people's activities, their preferences and they chose if they wished to eat with each other or on their own. One person had issues with eating that meant they were in danger of malnutrition and urinary infections and had spent three weeks in hospital prior to moving in. Since moving to the home, they were happy to eat and drink and the variety of food they were prepared to eat had increased. They have put on weight and were only admitted to hospital for three days, in the last year.

Staff said that any health concerns were discussed with the person, their relatives and their GP as appropriate. Nutritional advice and guidance was provided by staff and there was regular communication with the local authority health care teams who reviewed nutrition and hydration. Other community based health care professionals, such as district nurses and speech and language therapists were available to people. People had annual health checks and records showed that referrals were made to relevant health services when required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take

decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked that the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications had been submitted by the provider and applications under DoLS had been authorised. The provider was complying with the conditions applied to the authorisation. Best interest's meetings were arranged as required. Best interest's meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in people's care plans. Staff received mandatory training in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood their responsibilities regarding the Mental Capacity Act 2005 and Deprivation of liberty safeguarding. During our visit staff frequently checked that people were happy with what they were doing and the activities they had chosen.

Good

Is the service caring?

Our findings

The home had a comfortable, relaxed atmosphere that was reflected in people's positive body language and the way they did what they wished, in their own time. Whilst people did not directly comment whether staff cared about them, there was a lot of smiling, laughter and positive interaction between people, the staff and each other that people clearly enjoyed. This was helped by the staff team taking a genuine interest in people, what they liked to do, and due mainly to the calm and friendly staff approach to meeting people's needs. This was done in a skilful, patient and empathetic way. Staff were warm, encouraging and approachable. A relative said, "Staff are amazing, he [person] is loving it and always happy to go back after he has been home with us." Another relative told us, "I have nothing but admiration for the carers [staff]. I'm his mum and I get exhausted after he visits." A further relative commented, "Amazing, staff are so committed, caring and patient."

Staff were trained in respecting people's rights to be treated with dignity and respect and they provided support that was delivered in an inclusive and enjoyable environment. They actively encouraged and facilitated positive interaction between people, encouraged friendships and relationships and frequently consulted people about what they wanted to do and if they needed anything. The home's 'Quality of Life' lead received training to enable them to create positive in-house relationship and sex education support plans suited to people's individual needs. These recorded about me information, preventing issues, supporting sexuality and intimate relationships and responding to sexualised behaviours.

Relatives said people were treated by staff with kindness, dignity and respect. They also told us staff were passionate and compassionate regarding the care they provided that was delivered in an empowering way. This matched the staff care practices we observed. One person had not previously been able to receive dental treatment without a general anaesthetic, due to the anxiety this caused them. They had recently been able to undergo dental treatment without recourse to a general anaesthetic due to the positive and prolonged care, kindness and support of staff.

Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. This was reflected in staff's positive care practices and confirmed by people and their relatives. Staff did not talk down to people and they were treated respectfully, equally and as equals.

There was a visitor's policy which stated that visitors were welcome at any time with people's agreement.

The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.

Outstanding ☆

Is the service responsive?

Our findings

Staff enabled people and their relatives to make decisions about the care, support and activities they wanted. They made sure people understood what they were saying to them, their choices and what people were telling them. They asked what people wanted to do, where they wanted to go and who with. Activities were also discussed with staff during keyworker sessions and house meetings.

People's needs and wishes were met very promptly by staff, in a way that they liked and were comfortable with. Staff made themselves available for people and their relatives to discuss any wishes or concerns they might have. People's positive responses reflected the appropriateness of the support they received from staff. One relative said, "Everything he and we could wish for." Another relative said, "Couldn't have found a better place for him, staff are so active with the young people." Another relative told us, "Great communication with staff and the [registered] manager."

People and their relatives, where appropriate, were given easy to understand information about the service and organisation that included ground rules, what they could expect and the expectations of them. The placement was regularly reviewed to check that the care people were receiving was what they needed and they were happy with it. The registered manager said that if the support was not what was required, alternatives would be discussed and information provided to prospective services where needs might be better met.

People had individualised care plans that were person focused. The care plans recorded people's interests, hobbies, health and life skill needs as well as their aspirations and the support required for them to be achieved. They were focussed on the individual, contained people's 'social and life histories' and were live documents that were added to when new information became available. People's needs were regularly reviewed, re-assessed with them and their relatives and re-configured to meet their changing needs. People were encouraged to take ownership of the care plans and contribute to them as much or as little as they wished. Goals were agreed, between people and their relatives and lead keyworker staff, that were underpinned by risk assessments with daily notes confirming that identified activities had taken place. There were also positive behavioural support plans for people who required them. The care provided was focussed on people as individuals and we saw staff put their person-centred training into good practice.

The home operated impact cards for each young person that recorded their achievements since moving to 1a Upper Brighton Road. These detailed presenting issues that the young person had when moving in, inputs from the staff and organisation and outcomes in terms of a better life. One person had mobility and stamina issues, particularly when getting in and out of the bath. An easy to access wet room was built for him, in his ground floor bedroom. He also liked being in the garden and bannisters were added to make it easier for him to use the garden. Staff worked with an occupational therapist and physiotherapists to enable him to access the community with less reliance on a wheel-chair. He was now able to walk small distances and enjoyed more community activities. He recently got on a bus for the first time with staff from the home. Another person displayed obsessional behaviour towards televisions and computers. Staff introduced routines and structure surrounding short-term access to these activities and replaced them with activities at

home and within the community. The young person became less obsessional, was happy in the company of staff and others and developed more verbal communication.

People had weekly activity planners that added structure to their lives, helped them make decisions and look forward to activities as a result of their behavioural and physical achievements. One person's planner stated, 'reward trip' as an activity alongside a host of others that they had chosen. The reward trip was chosen by the person to recognise an achievement and highlight it to them. Many of the activities people chose made use of the local community, whilst others ventured further afield or took place at home. People also decided if they wanted to do activities individually or as a group. One relative said, "Staff are so lovely and provide [person] with a happy and fulfilled life." Activities included trampoline park, farm visit, companion cycling, exercise walks in the park, swimming, shopping, gym in the park and sensory circuit. A sensory circuit supports and meets sensory needs such as touch, body awareness, balance and movement and smell. The trampolining sessions were specifically adapted so that people were not upset or anxious about being around unfamiliar faces or people who do not understand their needs.

Although people chose the same activities on a regular basis, they were provided with further location options. One person liked swimming and had a choice of three different pools to choose from, whilst another had a choice of four farm destinations. People also had access to computers and tablet computers and a person was studying 'Life skills' at college. People were encouraged to do tasks at home to develop their life skills, that were built into their weekly schedules. These included laundry, tidying their rooms, vacuuming, cleaning their bathroom, washing up and putting the rubbish out. One person was going on a holiday to 'Butlins, the following week a destination they had chosen. Social clubs with discos and themed nights were also very popular. People had regular visits to and from their relatives.

People did not comment on the complaints procedure. Their relatives said they knew about the complaints procedure and how to use it. It was provided in pictorial form for people to make it easier to understand. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were aware of their duty to support people to make complaints or raise concerns.

At the end of an activity, feedback forms were completed by staff who had been involved in or organised the activity, particularly when a new activity was being tried with someone. This enabled staff to monitor how much people enjoyed the activity and whether or not it met their needs and expectations. During the inspection, two staff members were in the process of reviewing feedback from all the activity plans from when people had moved in, during the year.

Staff used a variety of methods to communicate with people, tailored to their individual needs such as Makaton. One person regularly visited relatives and the countdown was relayed by the number of 'sleeps' prior to the visit. The staff involved the person by encouraging them to work out how many were left rather than just telling them. This also enhanced their enjoyment of looking forward to the visit. The service met the requirements of the Accessible Information Standard by providing people with tailored, individual communication strategies that met their needs.
To minimise social isolation, staff encouraged the young people to build relationships with people in the community and with each other. There were regular social clubs organised by one of the other homes, in the organisation, where people were encouraged to socialise and bond with others with similar interests. There were positive relationships with neighbours, who had visited the young people and been visited by them. One person had also built up a positive rapport with two staff on the check out at a local food retailer, that they routinely visited twice weekly.

Although the service did not provide end of life care, people were supported to stay in their own home for as long as their needs could be met with assistance from community based services, if needed. The organisation was incorporating end of life care preferred priorities into people's emergency health care plans.

Outstanding ☆

Is the service well-led?

Our findings

People and their relatives said they were made to feel comfortable by the registered manager and staff and were happy to approach them if they had any concerns. One relative said, "Staff have great communication with us, but more importantly with residents." A staff member commented, "On a people level, it doesn't always go right all the time. But we have the back-up and support we need and learn from it." A relative told us, "A really nice [registered] manager, friendly and at the same time professional." Another relative said, "Lots of interaction with the [registered] manager. She's amazing, knows her stuff and what she is doing." During our visit, the home had an open culture with the registered manager and staff listening to people's views and acting upon them.

The organisation had a clearly set out vision and values that staff understood. They said that the vision and values were explained during induction training and regularly revisited during staff meetings. One staff member said, "A good company ethos and with it being a small company all the managers know our names and people's names." Another staff member told us, "There is a big focus on quality of life activities reflected in changing people's behaviour from negative to positive. This is achievable due to the support we receive from the [registered] manager and organisation." The management and staff practices reflected the organisation's stated vision and values as they went about their duties. There was a culture of supportive, clear, honest, transparent and enabling leadership. Within its first year of registration, the home achieved accreditation from the National Autistic Society, for ensuring and sustaining effective and person-centred practice. The organisation had also achieved a Silver 'Investors in People' rating. London Care Partnership had developed a relationship with Shepperton Studios, who provided a regular slot at their studio cinema to run an autistic friendly screening that was tailored to people's needs. One person was very excited as they showed his movie choice, this month. Some people attended college where they took part in a life skills course and at the end of each year, the organisation supported people to present their accomplishments and receive a 'Certificate of Achievement'.

There were several examples demonstrating how staff had proactively adopted the organisation's values and principles by encouraging and enabling people to make their own decisions, mistakes and learn from them. People decided what meals they wanted and went shopping twice weekly, having first individually identified with staff support what ingredients were needed and other food items they were running low on. Staff prompted and supported people to identify what was needed for themselves, by using open ended questions. One staff member asked, "How much milk have you got. Do you think that will last until Friday?" The person thought this through and responded. One person wanted a curry and checked there was enough chicken. Staff asked them what went with the curry and when they said nan bread it was suggested that they check they had some. People were also encouraged to participate in preparing and cooking meals. One person had progressed to making their own breakfast, lunch and clearing away afterwards. We saw them do this without prompting from staff.

There were keyworker meetings where people could express their views and make choices. The young people's monthly feedback form for September 2018 recorded activities they enjoyed, things that didn't work for them and activities they would like arranged. This was in individual sections for each person. One

entry read, "[person using the service] chose a lemon for his snack today, but won't again as it was too sour." Another entry recorded, "I was so happy my grandma and grandad came to see me." The organisation produced a quarterly in-house magazine that kept people up to date with what was happening in the organisation and celebrating people's achievements.

The home and organisation used different methods to provide information and listen, respond and enable people. Due to the varied communication methods that young people used, a group meeting was not practicable for everyone. These meetings took place with people it was beneficial for and further feedback gathered from them and others, by noting down feedback through behaviour and body language. Before moving in, one person had dangerous sensory behaviours such as shutting his fingers in doors and slamming his body into furniture and the floor. Staff introduced a sensory circuit to proactively manage his behaviour and this has led to him being increasingly independent and reduced instances of self-harm.

The organisation and home had clear lines of communication and staff were designated with specific areas of responsibility, that they understood. Staff thought the support they received from the registered manager and organisation was very good. They said when they made suggestions to improve the service they were listened to. One staff member said, "The best [registered] manager I have come across. Easy to talk to and there to help me if I'm struggling." Another staff member told us, "It's all about the residents and the impact you have on their lives. I requested leadership training, got it and learnt a lot from it." Staff said they really enjoyed working at the service. There were regular minuted people's and monthly staff meetings that enabled everyone to voice their opinion.

Staff said there were good opportunities for internal promotion and this was reflected by the management structure of the service and organisation with most registered managers and other senior posts, within the organisation, occupied by people who were promoted internally. Although this was the first inspection since registration, the home was run by a registered manager and staff who have gained in-depth previous experience at other homes in the group.

The service worked closely with other organisations. One activity provided was trampolining and staff developed a social story around the rules of the trampolining venue, with their staff so that people with autism that attended the special sessions could understand them. Partnership working has meant open, adapted sessions took place on Tuesdays with music that was quieter, no disco lights and staff there have had input, guidance and learnt from the organisation regarding the needs of people with autism and complex needs generally.

The organisation encouraged homes within the group to cultivate close links with services, such as speech and language therapists, physiotherapists and district nurses. This was underpinned by a policy of relevant information being shared with services within the community or elsewhere, as required. This has meant that people recognised the faces of these professionals and were not daunted and less agitated when they visited. The records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

The home and organisation's quality assurance systems were robust and contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. This included people's personal progress and enabled any required improvements to be made and achievements recognised. Quality assessments were split into two areas, a 'Quality of life audit', that takes place twice per year and quarterly quality assessments. The quality audit and assessments covered all organisational and operational areas of the home. The registered

manager and staff also conducted various checks and completed records daily, weekly, monthly and annually depending on their nature to ensure the health and safety of people, staff and the premises and equipment used. Rotas were completed in advance which allowed activities to be planned alongside day to day routines, supervisions, team meetings and appraisals. The registered manager also completed a monthly quality assurance health check report. Annual questionnaires were sent to people, their relatives and staff and people and their relatives were invited to annual care reviews.

Shift handovers included information about each person that enabled staff coming on duty to be aware of anything they needed to know. There were also local authority contract monitoring visits.