London Care Partnership Limited

London Care Partnership Limited - 1 Lichfield Lane

Inspection report

1 Lichfield Lane
Twickenham
Middlesex
TW2 6JE

Date of inspection visit:
25 April 2017
28 April 2017

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
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 over two days and took place on 25 and 28 April 2017.

The home provides care and accommodation for up to eight people with learning disabilities. It is located in the Whitton area.

The home 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.

In December 2014, our inspection identified that the service was good in each area with an overall rating of good.

Due to people using the service having limited verbal communication relatives generally spoke on their behalf. Relatives told us that people really enjoyed living at Lichfield Lane and the way that staff treated and supported them. This was confirmed by the positive body language and displays of affection by people using the service towards staff throughout our visit.

People using the service were younger adults who had moved from residential schools, other care home placements or parental homes where their needs could no longer be fully met. Their move to Lichfield Lane had a hugely positive impact on their lives with progress being demonstrated by their personal achievements and opportunities to try new experiences. They were provided with choices from a lot of activities tailored to their individual interests and likes. Although people did not comment on their activities they enjoyed them very much with lots of smiling and laughter. The impact of this was that people enjoyed their activities and developed bonds and friendships.

The positive impact the home had on young people, since moving in was also demonstrated by a substantial reduction of incidents where people displayed anxiety or anger through aggressive behaviour. When aggressive behaviour did occur staff understood that this was an expression of people's emotions, feelings and turned them into positives by calming the situation, finding out what was wrong and addressing it. They achieved this by having a thorough knowledge of each person living at the home and their likes and dislikes based on trial and error and growing positive bonds and relationships with them.

Relatives said that staff treated people's safety as of great importance, whilst still recognising that people using the service must be enabled to try new experiences and take opportunities by taking acceptable risks. This was after having considered the benefit to people in relation to the risks involved and was reflected in the number of new experiences people had whilst maintaining those that they previously enjoyed. It meant people received a service that was individual to them and changed with them as their needs changed and skills and confidence developed, resulting in more fulfilling and enjoyable lives.

Staff enabled people to progress by adopting a very person centred approach that encouraged people to recognise and celebrate their achievements. This was by having a thorough knowledge of people's individual communication and sensory needs and meeting them in a patient and measured way that enabled people to get their feelings and wishes across.

Each person had a comprehensive and individualised support plan that encompassed all aspects of their lives and included their social, leisure, educational and if appropriate, future work aspirational needs. This was reflected in the structured and spontaneous activities that people chose and enabled them to live their lives the way they wished. Great attention was also paid to people's health and emotional needs with staff working in tandem with health care professionals in the community. People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. Relatives spoke positively about the choice and quality of food available. The depth of planning and co-operation and its impact was demonstrated by one person being enabled to return to live at Lichfield Lane and have a fulfilling and enjoyable lifestyle having undergone major heart surgery.

The home was well maintained, furnished, clean and enabled people to do as they pleased. It provided a safe environment for people to live and work in.

The staff we spoke with had received excellent training that was organisational based and service- and person-specific. The quality of the training was reflected in the excellent 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. This knowledge was used to provide care and support in a professional, friendly and supportive way, focussed on the needs and wishes of the individual.

Staff were 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 at all levels of seniority to contribute effectively to developing people's individual support as well as developing new ways of working and procedures. Staff feedback was very positive and enthusiastic about working at Lichfield Lane and the organisation as a whole. They felt their ideas were listened to, introduced and they were enabled and supported to develop their skills.

The quality assurance and monitoring systems were geared towards continuous improvement with staff constantly monitoring individual care and support, feedback from people using the service and reflection on how people's lives could be improved and made 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 as a whole was open, transparent, progressive and committed to continuous improvement with care and support centred on the individual. People and their relatives felt valued as did staff who considered themselves as important representatives of the organisation. Relatives said the management team and organisation were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided. They and health care professionals told us that this was an outstanding service and organisation.

The National Autistic Society had accredited the organisation and recognised the person centred care and individualised support provided. It was also acknowledged that 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?

Outstanding ☆

The service was exceptionally effective.

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

Staff 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 extremely 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 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 over two days and took place on 25 and 28 April 2017.

This inspection was carried out by an inspector.

There were eight people living at the home. We spoke with seven people who use the service, six relatives, six care workers, the registered manager and two members of the organisation's senior management. People had limited communications skills and we have not included their comments.

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 considered 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 provided, was shown around the home by people using the service and checked records, policies and procedures. These included the staff recruitment, training, supervision and appraisal systems for three staff and the home's maintenance and quality assurance systems.

We looked at the personal care and support plans for four people using the service and the medicine administration records for seven people.

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.

We contacted local authority commissioners of services and other health care professionals to get their views.

Good

Is the service safe?

Our findings

The positive and relaxed body language of people using the service indicated that they felt very safe with the staff team and living at Lichfield Lane. They displayed great affection towards all the staff throughout our visit. When people did display aggressive behaviour towards themselves or others, staff interpreted and acknowledged this as a way for people to communicate their feelings of anxiety, anger or frustration and calmly used appropriate forms of communication to understand what the problem was and address it. This was done in a timely way that caused least anxiety to the person and achieved by staff building up meaningful relationships with people. An example of this was one person who banged their head with their fist when angry or frustrated to the extent where they were losing a patch of their hair. Staff discussed the best course of action and worked with the person encouraging them to display that they were unhappy in a way that did not harm themselves. Consequently, their hair was growing back and they were not harming themselves.

The home had a pro-active de-escalation rather than restraint policy that staff had received training in. They explained the procedure and we saw it being followed during our visit. They were aware of what constituted lawful and unlawful restraint. Information recorded in daily notes included if de-escalation had been used. Any behavioural issues were discussed during shift handovers and during staff meetings. The care plans had documented situations where behaviour specific to a person may be triggered and there were action plans for each person that detailed the action to be followed under those circumstances. Some people using the service had experienced restraint and isolation in previous placements that had been frightening for them. Staff at Lichfield Lane followed a de-escalation not physical restraint policy, giving people their own space and gradually enabling them to become calmer. Staff had done a lot of work identifying individual behavioural indicators that incidents may be about to occur and changed the way they supported people or their environment to avert the behaviour. They were also fully aware that the process and time it took to calm down differed for each person and adopted the appropriate strategy. In the case of one person it was to retreat to their own room for some private time and staff supported them to do so until they wanted to socialise again with other people. Other people listened to music. The impact of this was that there were substantial reductions in physical aggression and self-harm displayed by people in previous placements, as they assimilated into living at Lichfield Lane and its community.

Staff also understood and discussed situations and circumstances where people using the service may not feel safe and had strategies to prevent or remove them. As part of the assessment process prior to moving in staff considered if people were happy in a shared environment and could cope with noise and communal living. This was identified as a potential problem for one person and they were given the opportunity to move into a separate self-contained flat within the garden area but not attached to the main building. Although at first, they tended to use their own flat quite exclusively and not socialise with other people using the service, gradually they increased their level of socialisation both within the home and the local community which was something they had not achieved in previous placements. They had gained confidence and a vastly improved social life.

People's relatives were very confident regarding the safety of people using the service. One relative told us, "I

have complete confidence in leaving [my relative] and [they are] always happy to return home after a visit." Relatives said they had never witnessed bullying, mistreatment or harassment of people using the service.

When we arrived, we were met by a staff member at the external electronic gate and asked to produce identification before being given access to the home's grounds. This was standard practice at the previous two inspections and provided people using the service with added protection. This worked in tandem with individual risk assessments that identified any danger to people regarding road safety. Throughout our inspection people freely came and went, indicating to staff if they wished to go out for a walk or to the local shops. Staff who accompanied people did so in a discreet manner that did not attract inappropriate attention to them and supported and enabled them to make their own decisions. This meant they had freedom and blended well into the local community with shopkeepers greeting people using the service by name and chatting to them. Other people said hello and chatted when they visited a local coffee shop.

Staff followed policies and procedures regarding protecting people from abuse and harm. Throughout our visit people were treated equally and given the time they needed to express themselves and have their needs met in a safe way. One person was very excited about having the inspector as a visitor and staff supported them and gave them time to get used to a strange face, by explaining who the inspector was and our name until the person became comfortable and gave the inspector a hug.

Staff were trained in, understood and followed appropriate safeguarding policies and procedures. When required they had followed local safeguarding protocols. The home also provided the Care Quality Commission (CQC) with appropriate notifications. Staff explained their understanding of what constitutes abuse and the action to take if encountered. Their response was in line with the provider's policies and procedures. Staff confirmed they had received induction and mandatory refresher training in these areas.

Staff also said that as a team they discussed specific risks to people against the benefits they may derive. This included passing on any incidents that were discussed at shift handovers and during staff meetings. An example of this was one person who was enabled to build up a relationship with railway station staff when they collected the daily free newspaper from the station with staff support, increasing their opportunities for social interaction.

People's care plans contained risk assessments that enabled them to take risks that were acceptable to them and enjoy their lives safely. There were risk assessments for all recorded activities and aspects of people's daily living. The risk assessments were reviewed regularly, adjusted when people's needs and interests changed and contributed to by people, their relatives and staff. Staff encouraged input from people whenever possible. The organisation's philosophy towards risk was that it must be acceptable to people using the service, minimise control and promote freedom of choice. People's personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information enabled care workers to respect them, their wishes and meet their needs. The information gave staff the means to accurately risk assess activities that people had chosen. They were able to evaluate and compare risks with and for people against the benefits they would gain. An example of this was one person who goes go-karting.

There were also accident and incident records kept. These included when people became angry or upset and detailed events that led up to the incident so that staff could reflect on what may have triggered them and how they could be avoided in the future. People using the service were included in this reflection so they could voice opinions about what had happened. Risk assessments and care plans were reviewed monthly and information from incident analysis added to them to make sure they were up to date, live documents and fully focused on the individual.

The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood.

There was a thorough and comprehensive staff recruitment process that records showed was followed. The interview contained scenario based questions to identify people's skills and a separate questionnaire to test knowledge of learning disabilities and autism. References were taken up and security checks carried out prior to starting in post. There was also a probationary period. All staff had Disclosure and Barring (DBS) checks.

The staff rota was flexible to meet people's needs and there were staffing levels during our visit that were far in excess of those required to meet people's basic needs. This meant that people had access to a wide range of activities safely and were able to access activities spontaneously rather than having to have them pre-planned. An example of this was one person deciding they would like to go for a drive on the spur of the moment. This was arranged for them and daily notes recorded that this was a regular occurrence.

There were general risk assessments including fire risks that were completed for the home. Equipment was regularly serviced and maintained.

Staff had access to procedures to follow and training in the event of an emergency to a person using the service that included who to contact and on call cover was provided by managers from other services in the organisation who had thorough knowledge of each person using the service.

Medicine was administered safely. People had regular reviews with their GP and community nurses to make sure their needs were met by the medicines prescribed. All staff had received appropriate medicine training that was mandatory and regularly updated. They also had access to updated guidance and the registered manager told us that practice was regularly reflected on to identify how practice could be improved. The medicine records for all people using the service were checked and fully completed and up to date. Medicine kept by the home was regularly monitored at each shift handover and audited. The drugs were safely stored in a locked facility and appropriately disposed of if no longer required.

Outstanding ☆

Is the service effective?

Our findings

The home had a history of sustained outstanding effectiveness having been re-accredited since 2013 by the National Autistic Society who continued to recognise the individually focussed and specialised service that people received. This re-accreditation demonstrated the depth of staff knowledge and understanding of autism, importance of communication, value of involving relatives and meant people were supported to have a very good quality of life and were enabled to make friends more easily within the home and local community. To achieve this staff had access to specific communication training such as impact cards, Makaton, objects of reference, activity boards, pictures, comfort objects and communication passports. Makaton is a form of sign communication using hand gestures. These tools enabled staff to establish a hierarchy of prompts to further understand people, enable them to develop skills and support them appropriately. We saw staff using all these forms of communication effectively with people understanding and responding to them. We were shown a case-study presentation about one person, confirming the home's efforts to transform their life and the exceptional social returns that had been achieved, through the outstanding care and person-centred approach at Lichfield Lane. The presentation was being delivered as an example of excellent practice by a leading, Richmond clinical psychiatrist, at the worldwide psychiatry conference in California May 2017.

"The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met."

The mental capacity assessments were carried out by staff that had received appropriate training and were recorded in the care plans. Mental capacity was part of the assessment process to help identify if needs could be met. Mandatory training for all staff included The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They displayed a thorough knowledge of how to apply them to ensure people's human rights were respected.

The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and had been or were awaiting authorisation. Best interest meetings were arranged as required. Best interest meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves.

Where people had capacity to make decisions in everyday life, they were encouraged and enabled to do so

by staff. This was demonstrated by spontaneous visits to the shops or other activities such as going for a walk when they wished. Where people required more structure, staff gave them time and enabled them to go through their routines before asking them to make decisions making sure they were ready and comfortable doing so.

One person had been attending college and began displaying challenging behaviour on the days they were required to go. This was mirrored by their behaviour whilst at college. They used pictorial charts and Makaton with staff to tell them that college made them sad. This was discussed with them and they indicated that they would prefer to find work. It was also explained to the family, who were keen that they should complete their education and discussed with them. After fully involving the person and their family in the decision-making process, college attendance was replaced with a number of structured activities such as bowling and gym sessions as well as work related tasks, around the home that included garden checks for litter, their laundry, cleaning their room and keeping the bird feeders full. This was whilst the person was being supported to seek employment. The impact for the person was that they were happier, having achieved a life-style balanced between the structure and free choice they required that was focussed on well-being and life skills development.

The care plans we looked at included sections for health, nutrition and diet. A full nutritional assessment was carried out and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was detailed information about the portion sizes individuals preferred and type of support required at meal times. Staff said any concerns were raised and discussed with the person's GP. Nutritional advice and guidance was provided by staff for people in a way they could understand throughout our visit and there was access to community based nutritional specialists.

During our visit people chose the meals they wanted using pictures and communicating using Makaton and were also offered a range of healthy snacks. There was a good variety of choice available and the meals were of good quality. They were served hot and were well presented. A relative said "The food is always good and there is plenty of variety". Another relative told us, "They have a good healthy diet whilst having food they enjoy." An example of the positive impact that the home had on people's lives regarding health was one person regularly visited a local café. The café staff were aware that the person had weight issues and provided healthier option meals for them. Another person arrived very underweight. They were referred to a dietician and initially there was no weight gain and the person was refusing to be weighed. The staff introduced preferences and choices to encourage eating and this gradually began over a six to eight month period when goal weight was achieved and they were discharged from the dietician when their weight was stabilised. People had annual health checks and regular access to health care professionals in the community as required.

People's consent to treatment was monitored regularly by the home. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit. The records we looked at also demonstrated that consent to treatment was sought, referrals were made to relevant health services as required and they were regularly liaised with.

Staff received induction and mandatory training that was comprehensive and included core training aspects such as safeguarding, infection control, challenging behaviour, first aid, food hygiene, equality and diversity and the person centred approach. It also provided information about staff roles, responsibilities, the home and organisation's expectations of staff and the support they could expect to receive.

All aspects of the service and people who use it were covered and new staff spent a minimum of three weeks shadowing more experienced staff. This increased their knowledge of the home and people who lived there.

The training matrix and annual training and development plan identified when mandatory training was due. Training encompassed the 'Care Certificate Common Standards' and the certificate was required to be achieved within the three months probationary period. Other specialist training was delivered by a third party organisation that had provided specialist training, regular consultancy and management support to the organisation since its inception. The training offered is in Autism Spectrum Disorder (ASD), mental health issues in people with learning disabilities and positive behaviour support. Staff were assessed to establish their competency to understand the course content and demonstrate the skills acquired. If they did not attain the pass mark, they were required to re-attend the particular course and relevant others to achieve the required competence levels before receiving a certificate. Other specialist training included, epilepsy awareness and sexual awareness.

The trainers were familiar with the staff attending and people using the service and were therefore able to tailor the training specifically to the home people living there, and follow up staff performance on site. The mental health issues in people with learning disabilities training covered the causes and history of learning disabilities, understanding of the different syndromes and disorders and enabled staff to describe their physical, cognitive, psychological and behavioural characteristics and relate them to the people they were providing a service for. They were also able to describe common mental health problems and understand psychosis, neurosis and dual diagnosis and recognise that people with learning disabilities may present symptoms in different ways.

Staff were enabled to understand why people with learning disabilities were vulnerable to developing mental health problems and describe biological, health, social and psychological risk factors. Staff understood their role, were equipped to identify barriers to providing appropriate support to people and could make reasonable adjustments regarding the barriers and support effectively, enabling them to provide a high level of individualised and focussed support to people.

Staff meetings included opportunities to identify further training needs. Regular supervision sessions and annual appraisals were also partly used to identify further training requirements.

Good

Is the service caring?

Our findings

People's families spoke very highly about the care and support their close relatives received. One relative told us, "Absolutely amazing people [the staff], really brilliant. Moving [my relative] was the best thing that could have happened" Another relative said, "Such caring people; they do a grand job and work so hard." They told us they had not experienced the quality of care and kindness that staff gave to people, anywhere else. The support went far beyond their expectations and their relatives could not be living in a happier environment. They said staff always provided the type of care and support that was needed, when it was needed and in a way that was appropriate and people liked. They were compassionate, treated people with respect, as their equals and did not talk down to them. They did more than just meet needs, they listened to what people said, valued their opinions and were always friendly and helpful. This mirrored the care and support we saw. An example of this was a health professional visiting during the inspection to carry out a Deprivation of Liberty Safeguards (DoLS) re-assessment. The person using the service had been informed of the visit and reason for it during a keyworker session and they had frequently been reminded of it so it would not come as a surprise and make them anxious. On the visit day staff repeated the information to the person explaining it was someone they had not met before, who was going to ask them a few questions and everything was alright. The message was delivered by each member of staff that the person felt most inclined to relate to during the course of the day to re-assure them. The person's anxiety level was reduced by staff providing the effective support they required before and during the visit.

People lived in a happy house where they and their needs came first. During our visit staff went about their duties giving care and support in a skilled, patient way that was enthusiastic, compassionate and generous of spirit. One staff member said, "The job comes from the heart." Staff knew people, their needs and preferences very well and made great efforts to ensure people led happy, rewarding lives rather than meeting basic needs. People were engaged in a way that was meaningful to them and they enjoyed. This was in a group setting and individually with nothing being too much trouble, whilst appropriate boundaries and relationships were maintained. Staff told us they were rewarded with happy smiling faces and hugs. One person had initially moved into an upstairs room and was socially isolating themselves from other people living at the home. This was discussed with them and within the staff team with a plan of action to encourage the person to initially come down for short periods of time. The person liked sitting outside in the sunshine and a sun lounger was bought. With staff support, gradually the person began sharing the sun lounger with others, joining in with communal activities and moved to a downstairs bedroom so they could be closer to the action. The person had a significant positive improvement in their social life with far less social isolation.

We saw that people were given opportunities to express themselves and make decisions that suited them. Members of staff working at the home had relatives who were living in other homes within the organisation, and therefore had first-hand knowledge of relatives' expectations and worked hard to meet them. The organisation policy was that staff could not work in the same home where their relatives lived. The reason for this was that it was too confusing for people using the service and difficult to maintain appropriate boundaries.

One relative we spoke to told us, "They [Staff] are always so patient, listen to people and take time to make sure they understand them." Another relative said, "They really do care." People were treated with dignity and respect by staff throughout our visit in a way that was very natural and was person centred. People were not supported without their understanding and consent with staff taking time to explain things to people and giving them the opportunity to understand, which left them more relaxed and not anxious or distressed. There was a policy regarding people's privacy that we saw staff following throughout our visit, with staff knocking on doors and awaiting a response before entering. They were very courteous, discreet and respectful even when unaware that we were present and any personal care took place behind closed doors. The staff training matrix recorded that staff received training about respecting people's rights, dignity and treating them with respect. The support we saw showed that staff really cared. One member of staff had recently had twins and brought them to work in their own time to meet everyone. There was a relaxed, fun atmosphere that people clearly enjoyed and thrived in due to the approach of the staff, who displayed genuine affection towards people using the service.

The home had a strong person centred culture and was creative in making sure people had access to care packages that really met their needs and were focussed on them. One person had a problem with urination whilst travelling by car, although they really enjoyed this way of travelling. A plan was agreed within the staff team and gradually implemented to enable them to continue to travel by car hygienically. The impact of this for the person was that they could continue to enjoy travelling by car, visit their family and access Bushy Park which would not have been possible as they could not use public transport safely.

Relatives confirmed that they were aware that there was an advocacy service available through the local authority.

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

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. Relatives we spoke with confirmed they visited whenever they wished, were always made welcome and treated with courtesy.

The organisation provided a quarterly news magazine that told people what has been going on in the organisation, at the homes and what people had been doing.

Outstanding ☆

Is the service responsive?

Our findings

People's relatives told us and the care practices we saw demonstrated that people received responsive and flexible care and support on a regular basis that was far beyond expectations. Staff supported people to have an excellent quality of life and had their care needs met in a compassionate, caring and timely way. An example of this was one person who had to have major heart surgery. The home's staff worked with the hospital to familiarise the person with hospital routines. This involved visits accompanied by staff that were factored into the staff rota. Work was also done regarding contributing to the hospital menu for the person. During recovery after the person's surgery staff were in attendance, at the hospital from 8 am to 8pm daily so that the person had familiar faces to aid their recovery. When going out another person felt self-conscious and always insisted on wearing big heavy coats, sheepskin boots and covering her head with a hood even in hot weather. After intensive support and encouragement the person felt confident to take the step forward of wearing a summer dress and sandals when going out that was far more appropriate and comfortable for the weather. Both people were enabled to pursue an active, enjoyable and fulfilling life.

People's relatives said that they were asked for their views formally and informally by the management team and staff. They were invited to meetings and asked to contribute their opinions. One relative told us, "These people [Staff] are amazing, what they do is not a job it is a vocation." Another relative said, "They always keep me informed and I have complete confidence in them."

During our visit people were asked for their views, opinions and choices. They made their own decisions, were listened to, their views were acted upon and they took control of their lives. People communicated with the registered manager and staff about any problem they might have, when they wished and their opinions and wishes were acted upon. We saw that needs were addressed and support required were provided promptly and appropriately. One person had not previously been able to attend their psychiatric review as they did not feel confident and were afraid to do so. Staff worked with the person over a period of time, helping them understand the purpose, building up their confidence and enabling them to attend. The person had a positive increase in their confidence and more control over their life. One relative said, "They are always trying to improve people's lives."

People had time to decide the most positive support for them and who would provide it. The level and timing of response and its impact was reflected in the continually happy, smiling demeanour of people using the service. If there was a problem, it was dealt with and resolved quickly whilst maintaining appropriate boundaries. We spoke with a person who indicated to staff when they no longer wished to speak to us and we were politely asked to leave their room.

People were constantly consulted by staff about what they wanted to do, where they wanted to go and who with. Everyone was encouraged to choose and join in activities and staff made sure no one was left out. People were not just focussed on interaction with staff but also each other. To this end there was a very lively and fun Karaoke session. We saw staff delivering care that met needs very well. They were aware of people's needs and worked hard to meet them in a comfortable, relaxed atmosphere that people enjoyed, as demonstrated by people continually laughing and smiling throughout our visit.

Commenting on the activities provided a relative said, "They've got a better social life than I have." Another relative told us, "Always plenty to do and much of it is new experiences." Activities were a combination of individual and group with a balance between home and community based. They were colour coded with pink for fun such as bowling, dance, Thames Valley Adventure Playground, cinema and lunch out. Blue for health and well-being including swimming, gym, hydrotherapy and skills teaching and green for household tasks like shopping, laundry and clearing the table. There was also an orange section for visits to relatives and visits from relatives and friends. Each person had their own individual activity plan that included guidance for each specific activity. An example of this was the guidance for sensory sessions that was very detailed and specific to the person's individual needs. The sensory session guidelines stated what must be done, when, why and what may happen if the guidance was not followed. The guidance for one person told us the sessions must take place every two hours during waking hours, if not it can backfire on their nervous system and cause further problems. 'If I hit my head, during the session, please turn your head away from me count for ten seconds and then return to what you were doing before I hit my head.' Another heading was driving. It stated 'Whilst I might still hit my head, I really enjoy the motions of the car and benefit from being included on drives. Sensory play can take place anywhere! The park, bedroom, car, lounge, garden or bus etc. Your recording has shown that I hit my head more and lose my hair when my sensory sessions are not done. My manager will take a photo of my hair every Monday morning, this will be the way that we will monitor if you are completing these sessions and following my behaviour support plan.' Records showed that this was effective for the person who hit their head less and found other ways to express themselves that did not self-harm.

People accessed facilities in the local community such as shops, the pub and restaurants. There were also two people attending college courses. The staff were continually looking for ways to encourage people using the service to build relationships with people in the community. There were regular social clubs organised by one of the organisation's other homes, where people were encouraged to socialise and bond with others with similar interests. The Social Club also ran 'Funky Fridays', which is a disco on a Friday evening once a month. They also arranged "Familiar Faces" meetings at Costa Coffee and Super Drug on a weekly basis where one of the people using the service has built long-lasting friendships. The home had also built up a relationship with Shepperton Studios, where one person did some volunteering in a 'Riverside Clean Up Project'. The home had a regular slot at a local cinema where staff ran an 'Autistic Friendly Screening' that is tailored to people's needs. A session was organised at a trampolining centre, which was opened up for people using the service to attend. This was an adapted session so that people were not upset or anxious about being around unfamiliar faces or people who did not understand their needs. At home people enjoyed beauty sessions, arts and crafts and cooking. To meet worship needs people visited local churches and a mosque as appropriate to their religious beliefs.

The assessment process took as long as required to ensure this was the right placement for people, what they wanted and decisions were made on placement appropriateness and not financial constraints. People and their relatives were invited to visit and provided with written information. Their opinions and those of staff and other health care professionals were considered as part of the process. Staff also visited people as part of the familiarisation process and this meant familiar faces made people less anxious when they visited. 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 they were able to complete accurate risk and needs assessments. There was a recent successful transfer from a residential school where the young person had displayed aggressive behaviour. The transition, included liaising with the current provider, organising visits and activities and ensuring rapport building between staff and the person moving in, to create a relaxed atmosphere for them when they arrived. The young person was more relaxed when moving in and aggressive behaviour had been significantly reduced and replaced by meaningful positive interactions.

There were regular reviews to check that the placement was working. If it was not working alternatives were discussed and information provided to prospective services where needs could be better met. A relative said, "The whole process was not rushed and thorough from start to finish".

The care plans recorded people's interests, hobbies, educational and life skill needs and the support required for them to participate. They contained individual communication plans and guidance. They were focussed on the individual and contained people's 'Social and life histories'. These were live documents that were added to by people using the service and staff when new information became available. This information enabled the home, staff and people using the service the opportunity to identify activities they may wish to do. They also included indicators of when people were uncomfortable and staff showed knowledge of this by responding appropriately.

The care plans showed that people's needs were regularly reviewed, re-assessed with them and their relatives and re-structured to meet their changing needs. They were individualised, person focused and developed by identified lead staff as more information became available and they became more familiar with the person and their likes, dislikes, needs and wishes. They were formalised and structured but also added to during conversations, activities and people were encouraged to contribute to them as much or as little as they wished. People agreed goals with staff that were reviewed as appropriate and daily notes confirmed that identified activities had taken place. Reviews took place that were geared to the needs of people using the service and their relatives that they were invited to attend. Previous interests, likes and dislikes were not discounted, but re-visited to see if interests had been rekindled.

Relatives told us that they were aware of the complaints procedure and how to use it. There was also an easy read version to make it easier for people who use the service to complain. We saw that the procedure was included in the information provided for them. We also saw that there was a robust system for logging, recording and investigating complaints. There was evidence that complaints made had been acted upon and learnt from with care and support being adjusted accordingly.

There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

Outstanding ☆

Is the service well-led?

Our findings

Relatives told us there was an open door policy that made them feel comfortable in approaching the registered manager, staff and organisation. One relative told us, "The manager is really on the ball and any problems are dealt with quickly." Another relative said, "They always let me know if there are any changes including new staff." During our visit we saw there was an open, listening culture with staff and the registered manager listening to people's views and acting upon them. People were also made welcome when they came into the office for a chat with the registered manager and staff.

The organisation's vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings. The management and staff practices we saw reflected the vision and values as they went about their duties. Senior members of the organisation's management team visited during the inspection and displayed the same positive and person centred qualities in their approach to people using the service. The visits were a frequent occurrence and reflected in the acknowledgement by people, of members of the senior management team with people displaying great affection towards the senior management team that was returned. There was a culture of supportive, clear, honest and enabling leadership, that recognised the importance of people's rights to be treated equally, fairly, and with dignity and respect irrespective of culture, religion, ethnicity or sexuality. We saw people were treated equally, with compassion, staff listened to them and were not condescending. The impact of this was that people were enabled to live happy and fulfilling lives with their needs fully met.

The organisation had received accreditation for all its homes by the National Autistic Society. This meant that knowledge and understanding of autism consistently informed policy and practice throughout the organisation, service and in operational procedures. This resulted in people receiving high quality support and care focussed on them as individuals that recognised their autism and subsequent needs from each area and level of seniority within the organisation. This was achieved by delivering up to date training, best practice consultations and also through a monthly Quality Action Group (QAG) meeting attended by all senior staff of all homes. Here the senior practitioners in the organisation determined focus areas of service delivery to improve, to ensure the service received by people with autism was outstanding. This was initially focused on sensory needs, session planning and person involvement but had been extended to include a variety of other areas such as mealtime and food planning, inductions for new staff and person centred activity planning. Changes and updates were systematically rolled out and ownership of these improvements was by staff at all levels. The group was overseen by an external consultancy to ensure sufficiently robust research and accepted understandings of the nature of autism were utilised and best practice attained. It was the responsibility of each home within the organisation to action and create a sense of ownership of the developments. Lichfield Lane successfully raised appropriate areas for development and rolled out improvements in delivery with cooperation from its staff. The registered manager regularly attended the QAG meetings and brought staff members to increase their understanding of best practice and statutory requirements.

The provider organisation continually reviewed and strove for better outcomes for the people they

supported. The provider also engaged an external consultancy for routine behaviour analysis and speech and language and quality of life consultations for all people using the service including those living at Lichfield Lane. This was done on a proactive basis and did not wait for problematic behaviour or issues to occur first. This enabled the homes to recognise development opportunities and measure progress accurately. Lichfield Lane was able to collect, present and interpret data accurately and routinely to positively impact on people's lives. Data led decision-making meant the homes were responsive to any change in presentation or need and could mobilise support quickly and effectively. This was particularly useful during the transitional period for new people where new routines and behaviours were established and staff needed to quickly learn new support requirements.

The provider had achieved silver accreditation in Investors In People. Investors in People are 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 the principles and practices were applied consistently.

Staff told us the support they received from the manager and organisation was excellent. They felt suggestions they made to improve the service were listened to and given serious consideration. The organisation was transparent and there was a whistle-blowing procedure that staff felt confident in. They said they really enjoyed working at the home. They also told us there were excellent opportunities for career advancement with most people who held senior posts having begun their careers as junior members of staff. A deputy manager at the home was informed that they had been successful in being promoted to the post of manager at another home. A staff member said, "There are great opportunities for career development with most of the organisation's home managers starting as support workers having been promoted internally". Another member of staff told us, "I love it here and it would break my heart to leave. We get great support from the manager and organisation." They also confirmed that regular staff meetings took place.

People and their relatives were actively encouraged to make suggestions about the service and any improvements that could be made including during our visit. Records demonstrated that people and their relative's views were asked for, they were encouraged to attend meetings and surveyed to get their opinions. The meetings were minuted and people were supported to put their views forward including complaints or concerns. The information was monitored and compared with that previously available to identify any positive or negative changes in what people thought.

The manager and staff identified that the meetings for people using the service were not working, with people leaving the room and on reflection decided to try individual monthly meetings for them. These were focussed on topics that would be covered at the communal meetings and were presented in a communication format best understood by the individual. One question was 'How are you feeling'? Underneath the written question pictures were drawings indicating if the person was happy or sad and it was recorded which the person chose by pointing and also speech. Another question was 'What are your favourite foods' with a selection that had been identified on a trial and error basis. The person chose apples and also said yogurt which was not on the list. This increased their access to choice, communication skills and staff knowledge regarding food preferences. Activities were also identified and chosen in a similar fashion.

There was a policy and procedure in place to inform other services of relevant information should services within the community or elsewhere be required. The records we saw showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. This included hospital admissions where comprehensive information was provided and people accompanied by

staff. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

There was a robust quality assurance system that contained performance indicators, identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled required improvements to be made. Areas of particular good practice were rewarded by the organisation taking staff out for a meal.

The home used a range of methods to identify service quality. These included weekly and monthly registered manager's audits that included files, maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. There were regular management spot checks. There were also written shift handover plans that included information about each person.