London Care Partnership Limited

London Care Partnership Limited - 185 Arabella Drive

Inspection report

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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 ☆

Overall summary

This inspection took place on the 24 and 26 February 2015. The first day of the inspection was unannounced; we told the provider we would be returning for a second day. The service met the regulations at the previous inspection which took place in October 2013.

The home provides care and accommodation for up to nine people with learning disabilities. It is located in the Barnes area. At the time of the inspection, the home was fully occupied. Eight people were living in single bedrooms, and one person was living in a one bedroom self-contained flat.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service, their relatives and health and social care professionals told us that people were kept safe within the service. We found staff members were aware of what steps they would take if they had concerns about people's safety and we saw that they followed clear guidance on what steps to take if an incident or accident occurred at the service.

Although some people displayed behaviour that challenged the service, the provider took proactive steps to understand the possible causes of this and implemented methods to manage these behaviours. These methods included the use of a behaviour analyst and nationally recognised techniques recognised and accredited by the British Institute of Learning Disabilities (BILD). The provider used individual, tailor made behaviour support plans to support people, in addition to consultations with specialists and staff training to enhance the support given to people when they behaved in a way that challenged the service. Staff members showed an excellent understanding of possible causes of behaviours, how they would manage them and try and reduce them from occurring in future.

Relatives of people using the service told us they were really impressed with how the staff supported people in all aspects of their daily lives, including managing their healthcare needs and accessing activities. People received their medicines safely and received ongoing health care support. The service utilised specialists such as physiotherapists, behaviour analysts and speech and language therapists within the organisation to ensure that people who needed extra support were provided it quickly. Staff members who were assigned as key workers to people worked closely with them to achieve goals in relation to their daily living skills.

Staff members went through robust recruitment procedures. They were required to spend some time during the recruitment process at the service to get an understanding of the working environment and the needs of people living there. The provider had created an environment where the staff felt happy and passionate about working there. They received ongoing support and were given both training opportunities and opportunities to progress within the organisation to more senior roles.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), and they demonstrated a good understanding of the act and its application. Where people did not have the capacity to make decisions about their care, meetings were held with people, their relatives, and health and social care professionals to help ensure that any decisions were made in the best interests of people using the service.

Relatives and healthcare professionals praised the way the service was managed. The registered manager knew the service extremely well having been promoted from a team leader position. She was well respected by the staff team and relatives told us she was always available to them. Staff were given responsibilities in their roles which meant they felt empowered and like valued members of the team.

Quality assurance was integral to monitoring the way service was run. Feedback was sought from people in a manner that was accessible to them and relatives and professionals were also asked to provide feedback. Quality assurance audits were completed by both the registered manager and at regional level. Action plans were developed from these audits and assigned for follow up. Feedback from healthcare professionals, both when we spoke with them and when reviewing their comments was really positive and praised the way that people were supported. Feedback from Healthwatch, the national consumer champion in health and care was similarly positive.

The provider had achieved autism accreditation with the National Autistic Society. It showed its commitment to providing an outstanding service by setting up an action group to help promote learning and good practice when supporting people on the autism spectrum.

Summary of findings

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. People and their relatives told us they felt safe. Staff had attended safeguarding training and were aware of the need to report concerns to the relevant authorities.

Risk assessments were thorough and focussed on people's needs. They were reviewed to ensure people could lead meaningful lives whilst keeping them as safe as possible.

The service had a comprehensive system to manage behaviours that challenged the service, including specialist input from experts in their field, behavioural support plans, nationally recognised methods and staff training and understanding.

Staff underwent robust recruitment procedures and there were sufficient staff employed to support people.

Is the service effective?

Good

The service was effective. Staff received training that meant they understood how to meet people's needs.

Decisions made on behalf of people that did not have the capacity to consent were made in their best interests. Staff showed a good understanding of the Mental capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLs).

People's nutritional needs were met by the service. Their preferences were recorded and menus planned in advance.

People's healthcare needs were met and referrals were made if they required specialist input, which meant people were seen quickly.

Is the service caring?

Good

The service was caring. Relatives praised the staff at the service for their caring attitude and the extra lengths they went to when supporting people.

People's independence was promoted by staff who respected their dignity.

People had a communication profile which had been developed by a speech and language therapist which meant staff were able to communicate with people more effectively.

Is the service responsive?

Outstanding

The service was responsive. There was a thorough referral system in place to ensure the service was able to meet people's requirements.

People had access to activities of their choice and were given support by staff if they expressed a desire to take up an activity.

Keyworkers assigned to people worked closely with them to identify goals to promote their independence and enhance their skills.

Summary of findings

Feedback from people was gathered in a way that was accessible to them and followed up if required. Relatives told us they felt confident that if they had concerns these would be followed up.

Is the service well-led?

Outstanding 

The service was well-led. The registered manager was well respected by staff. Staff told us they felt empowered and valued. Great emphasis was placed on promoting staff who showed excellence.

Quality assurance audits were thorough and the service continuously looked at ways of improving the service based on feedback or incidents.

The service had achieved accreditation with the national autistic society as a specialist provider for people on the autism spectrum.

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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 was planned to check 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 inspection took place on 24 and 26 February, the first day of the inspection and was unannounced. The inspection was undertaken by a single inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service and safeguarding alerts raised. We also reviewed 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 spoke with two people using the service and five relatives of people using the service. The majority of people had difficulty communicating verbally or were anxious about speaking with us. During our inspection we observed interactions between staff and people using the service. We spoke with seven staff members, including the registered manager and the clinical quality compliance manager. We also spoke with a visiting consultant behaviour analyst who was not employed by the service on the first day of the inspection.

We looked at three care records, three staff files, three people's medicine records and other records related to the management of the service such as audits, incident and accident reporting, complaints, policies and staff rotas. We contacted health and social care professionals such as commissioners and therapists to ask their views about the service.

Good

Is the service safe?

Our findings

People using the service told us that they felt safe. This was backed up by comments we saw in feedback questionnaires that people had completed and by relatives we spoke with during and after the inspection. One relative told us, "I visit regularly and I believe people are safe there.". Another said, "They are safe, I'm not worried at all." Health and social care professionals told us they had no concerns about the safety of people living at the service.

Staff had received training about safeguarding adults which was current and were aware of recognising the potential signs of abuse and what steps they would take when reporting such concerns, if they had any. Some of the comments from staff included, "We see people every day, if we see they are not their usual self we would try and find out why", "Safeguarding is protecting people from harm" and "People here are safe, we would report concerns to the manager."

The provider had a detailed safeguarding policy that was developed in line with London multi agency policies and procedures on safeguarding adults, and a whistleblowing policy. The registered manager was aware of their responsibility in terms of reporting any safeguarding concerns. Notifications that we received and feedback we had from the local authority showed that the provider had been open in referring incidents in the past.

People were safeguarded because feedback from people, their relatives and healthcare professionals was positive, the provider had clear policies and reporting procedures in place, staff had attended training and were aware of what to do if they had concerns.

A number of environmental checks and risk assessments were undertaken to ensure the environment was safe for people using the service. These included weekly water temperature checks in bedrooms and communal areas, a weekly fire test and a fire evacuation every six months. Fire and health and safety risk assessments had been completed in September 2014. Actions were assigned to be followed up which helped to ensure that any issues were addressed and to minimise any identified risks.

There was evidence that the provider took a positive approach to risk taking and a high level of understanding of the need to keep people safe. Restrictions to people were minimised so that they felt safe but at the same time having freedom, regardless of their disability. People were given information about risks and staff support them in their choices.

Risk assessments were individual to people using the service and centred around their needs. They were based on aspects of their daily living support needs. Risk assessments were reviewed every six months or sooner if required. The level of risk was calculated according to a scoring system which was based on severity and likelihood of the risk occurring. Control measures to minimise the risk were identified and if the risk was still deemed to be too high, then additional controls were put in to address this. This meant that people were free to take part in activities and live meaningful lives but in a way that kept them as safe as possible as control measures were in place which allowed them to take part in activities safely.

One person using the service had a friend in the community and staff had implemented a phased risk approach to enable this person to visit their friend at a local café without house staff support. Other people had been risk assessed as being safe to self-administer their medicines and this was monitored and managed safely.

Staff managed situations where people behaved in ways that challenged the service in a proactive way. The service looked at current best practice and used this to drive improvement. The service used a specialist behaviour management system together with a thorough behavioural recording system and person specific training tailored to needs of individual people. The service used PROACT-SCIPr-UK® (Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention) as a way of managing behaviours that challenged. This is nationally recognised tool and accredited by the British Institute of Learning Disabilities (BILD). This equipped staff with a range of proactive and reactive strategies to deal with behaviours that challenged. Staff were familiar with this method and gave us examples of how they had implemented this when supporting people to protect the individual and others from harm.

People who displayed behaviours that challenged had specialist support plans called 'positive behaviour support' (PBS) plans. These individual PBS plans were developed by a consultant behaviour analyst through a series of 'intensive consultations'. They contained the description of

Good

Is the service safe?

the behaviour, function, why interventions were needed, triggers and long term aims, proactive strategies for prevention and things to avoid and reactive strategies on what to do if behaviours occurred.

The registered manager explained that people using the service as part of their behaviour management were assigned a level of support according to the severity of their behaviours. Depending on the level assigned people were allocated ongoing specialist input from the behaviour analyst and more frequent PBS consultations to try and manage their behaviours more effectively. Relatives of people using the service told us they were amazed at how effective this system was. Some of the comments were, "They have taken the time and trouble to look at reasons for his behaviours" and "They go out of their way to find solutions."

The provider looked at possible triggers for behaviour. Some people had a behaviour calendar, highlighting potential causes of behaviours such as family visits or special occasions. This allowed staff to be aware of potential future triggers and enabled them to put in place strategies to manage this in a way that supported the individual and kept people safe.

Incidents and accidents were recorded and investigated thoroughly so that triggers and trends could be identified. Staff completed frequency and severity charts to monitor incidents. We were shown examples where incident monitoring was used to identify trends and take action which had led to a decrease in behaviours for some people and a more positive outlook for them. Examples given included taking steps to reduce people's anxiety and being able to go out in the community.

Staff files confirmed that the provider carried out robust recruitment checks such as obtaining written references, proof of identity and address and criminal record checks. One staff member told us, "I didn't start until they had checked my references."

There were enough staff to meet the needs of people using the service. We looked at shift rotas and saw that there were consistently six or seven staff members on duty every day for the nine people, which meant that there were enough staff to support people. There were two night staff, one sleep in and one waking. They were supported by a senior team member who was on call 24 hours a day if required.

Relatives told us there were always enough staff available to support their family members during any activities. One relative said, "There is consistency of staff which is so important for people on the autism spectrum." The registered manager told us there was a flexible rota in place to ensure people were provided with necessary support tailored to their needs. Where people needed extra support for an activity out in the community, these were planned in advance so the provider could make necessary staffing arrangements to ensure their wishes were met.

The service did not use agency staff to cover absences but instead relied on the use of familiar trained bank and permanent staff to ensure all support needs were met. The registered manager said, "Our bank staff are very good, some have worked here for four years and are really familiar with the service." Staff told us, "I don't remember ever being short staffed."

The service assessed the risks when people wished to manage their own medicines. There was one person who had been assessed as being safe to self-administer medicines. This arrangement had recently been reviewed and this person had an associated care plan for managing their medicines safely.

Training records showed that staff had attended medicines training and they were also required to complete an in-house competency assessment on medicines administration before they were signed off as being safe to support people. Medicine guidelines were on display in the medicines room to help staff, including 'principles of safe and appropriate handling of medicines' and the medicines process. Each person also had a medicines plan and details of medicines and times of administration were available in the medicines room so staff had easy access to these.

There was a dedicated medicines room at the service. We checked three medicines administration records (MAR) charts which were completed correctly with no gaps. PRN medicines such as painkillers were recorded by staff. Staff followed the medicines guidelines to know when to administer these.

We checked medicines in the fridge and all were in date and labelled with the date they had been opened, apart from one bottle of eye drops which was not labelled. The registered manager told us they were confident that this had only recently been opened and staff had not yet labelled it but they still disposed of it during the inspection

Good

Is the service safe?

to be sure. There were additional supplies of this in the medicines room. Stock checks of medicines were completed and fridge and room temperatures were taken daily to ensure they were operating in recommended temperature ranges and we confirmed that they were OK.

Good

Is the service effective?

Our findings

One person using the service told us, "I like the staff." Relatives told us they felt staff were very good at their jobs. They said, "The new staff are trained well, they are very familiar with the needs of [my family member]" and "[My relative's] keyworker is fantastic." Staff told us that before they started to work at the service, they were asked to visit the service which helped to ensure they fully understood the type of service and the role and it gave them an opportunity to meet with people using the service. This allowed both the provider and potential employees to assess if they possessed the right qualities for the job.

The service had a relevant and comprehensive training programme in place. The training included the role of the health and social care worker, principles for implementing duty of care, and person-centred support. More specialised training specific to meet the support needs of people using the service was also delivered to staff in areas including learning disabilities and mental health, autism, epilepsy, and PROACT-SCIPr (managing behaviours that challenged). Training records showed that the training was current and up to date.

Staff told us the training and support they received was excellent. Comments included, "I had an induction, I was given a file on all the residents", "I shadowed somebody, I never supported anyone that I had not shadowed", "The training I've had has been excellent, I had medicines training and training around the needs of people with learning disabilities" and "I feel the senior team are well trained so I can approach them."

There was evidence that staff were encouraged to develop their careers and we spoke with staff who had been promoted to more senior roles within the organisation. The registered manager of the service had previously been a team leader before her promotion. Staff members received regular one to one supervisions and team meetings were held monthly which was an opportunity for the staff team to raise issues in a group environment.

We observed staff asking for people's consent, for example we saw one staff member doing some cleaning around the home and they asked a person if they felt like helping them. People were offered choices in relation to any activities they wanted to do or what they wanted to eat or drink. Staff also said they made sure people made decisions for themselves wherever possible but were supported when doing so. For example, taking people to college and letting them decide what courses they wanted to do. One staff member said, "We respect their wishes." Another said, "You give them choices and give them options." Care plans were person centred and people's consent was sought when developing them.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and there was a MCA and DOLS assessment and referral policy. Staff demonstrated a good understanding of the MCA and the need to apply for a DoLS if there was a need to deprive people of their liberty. Staff told us, "We never force people, we always ask their consent" and "We are not depriving [them] of anything, we try and make them understand about the benefits or risks and let [them] decide."

Staff completed a 'DoLS checklist' for each person using the service to assess whether any people were being deprived of their liberty and if so to take appropriate action. The provider was proactive in seeking guidance from a DoLS assessor when making decisions related to people's freedom.

We saw records of mental capacity assessments that had been completed for people around specific decisions related to their care, for example if they required hospital treatment and other situations. In these cases, where it was decided that people did not have the capacity to understand decisions about their care then 'best interests' meetings were held before deciding on a course of action. These were attended by people who were important in the decision making process including relatives, social workers, clinicians, key workers and the registered manager.

People's nutritional needs were met by the service. There was a three week rolling menu at the service which was planned in consultation with people using the service. The planned menus had cooked breakfasts available. Curries, pies, and roast chicken were just some of the examples of the type of food prepared for people. One relative said, "They provide good quality food but also take into account their likes and dislikes."

Staff respected people's cultural wishes with respect to their dietary requirements; where people had requested

Good

Is the service effective?

specific foods, staff ensured they had their own allocated space in the fridge and freezer and their own cupboard. They provided separate cutlery and crockery for this person also.

The kitchen area was clean and tidy and fridge and freezer temperatures were taken daily to ensure food was stored at the correct temperature. We observed staff preparing food in the kitchen and we observed people helping themselves to beverages and assisting staff in preparing meals. Fresh fruit was available for people to help themselves to.

Staff encouraged people to eat as healthily as possible by prompting sensible food choices whilst at the same time respecting their wishes to choose food that they liked. One relative told us, "They have made a real effort with [my family member's] meals." Meal plans that had been devised for some people who needed to lose or put on weight were available to staff when supporting people. Staff we spoke with were familiar with people's dietary needs.

People had a health records file which contained details of medical appointments such as GP, physiotherapist, dental and orthotic appointments. People also had a health action plan and patient passport which were used to plan care in relation to their medical needs and in the case of hospital admissions. These had been reviewed within the last six months. People's weight was monitored monthly so that any changes that indicated potential health concerns could be followed up promptly.

Records contained guidance from healthcare professionals such as physiotherapists for staff to follow up at home and during activities. Staff followed these guidelines when developing activities for people or incorporated them into people's daily lives.

People had regular health monitoring from the community mental health and learning disability team, and the feedback from the team was extremely positive. We saw comments such as 'level of concentration increased greatly' and 'remarkable progress'. Guidance from the specialist epilepsy service which was part of the community learning disability team was on display for staff to follow in the event of a seizure. This guidance had been reviewed in the past three months. One relative told us, "We sometimes attend appointments with [my family member] and staff. Whenever the doctors ask something, the staff know straight away. They have all the information to hand. They are on the ball."

Staff took proactive steps in supporting people in relation to their health needs. They completed a 'medicines side effects monitoring form' and showed us examples where this had been used as a basis for trying to reduce people's dosages in consultation with health professionals. The provider also employed a behaviour analyst in a consultative role to embed positive behavioural support within the organisation. This professional was involved with every person using the service and provided clinical input when carrying out assessments for new referrals, ongoing behavioural reviews and specialist training. There were also other specialists within the organisation, such as physiotherapists and a speech and language therapist that staff were able to refer to if required. Both the registered manager and staff told us that they felt this was an invaluable resource to them as it allowed them to make instant referrals and they could contact them for advice if needed. One staff member said, "[The behaviour analyst] has been really good, we don't need to wait for behaviour reviews and we can call her straightaway."

Good

Is the service caring?

Our findings

People using the service told us they were looked after and treated well. One person said, "I like it here." Relatives told us, "It's amazing here," "The level of care is exceptional,", "Everyone is so friendly and helpful" and "Definitely happy here, 100%." One relative said "We feel very fortunate, they care for [our family member] so much" and "[Our family member] feels as if [he/she] has two homes, [he/she] loves coming back here after staying with us."

There was a lively atmosphere at the home on both days of our inspection. People were in good spirits and were seen interacting with each other and staff in a relaxed manner. People were seen coming and going from the home, others were spending time in the lounge or helping staff in the kitchen or doing other chores.

People were assigned key workers who worked very closely with them. Keyworkers were extremely familiar with the people they were responsible for and knew their needs, likes, dislikes and preferences. They spoke enthusiastically about the people they supported. One relative said, "The key workers are so great, they know all the nuances. I cannot speak highly enough of them." One staff member who was a key worker told us about their role and said, "I make sure everything is fine, her care plans and her goals helping to achieve her target."

Staff went beyond their expected duties in order to meet the needs of people. For example, staff told us they often stayed behind to take people to parties in the evening. We saw this in practice during the inspection where the registered manager went with a person to a music session after her day had finished. Rotas were flexible to the needs of people, so if people had activities in the evenings the registered manager amended the rota to ensure there were sufficient staff to support them if needed. One relative said, "The care and attention they gave [my family member] at Christmas was great, they were beautifully dressed and the day was all about [my family member]."

Care records contained specific people's needs covering aspects of their daily living that were important to them. For example, where one person was anxious in the morning there were guidelines for staff to support them. People were actively encouraged to contribute to their care plans if they were able to do so. One person had requested a written plan and a timetable of what they wanted to do and staff told us, "We worked together to develop it." Care records included a section entitled 'personal care plan life document', this was written in plain English and gave information about people's preferences, their hopes/ dreams and family life. This document was used when planning people's activities and also used to set goals for them that they could work towards, for example attending a certain course.

Each person had their own communication profile which told staff the most effective way of communicating with them. This had been devised by a speech and language therapist and gave staff guidance on things such as the best way for people to get their message across, what they found difficult, what they understood and what staff could do to help them.

We were shown five bedrooms during the inspection; they were all highly personalised and specific to people's needs. For example, one person who was the most independent lived in a self-contained flat away from the main building. This enabled them to have a sense of freedom and independence. We were invited into their flat and they were extremely proud of it and happy that they had their own space. Other bedrooms that we saw were arranged in accordance to people's wishes. One person who liked to spend the majority of their time in their room had many sensory objects, a music system and other furnishings.

We saw many examples of people's independence being promoted by staff, such as people helping with laundry, in the kitchen and other chores around the home. People were asked if they wanted to help and if they expressed a desire to do so. We observed staff supporting one resident in the kitchen and another person making a cup of coffee.

Outstanding ☆

Is the service responsive?

Our findings

Relatives told us, "[Staff] understand [my family member's] needs very well," "[People] have access to a whole range of activities" and "[Staff] made suggestions about activities which meant that he is able to go out and has an enjoyable time."

The provider planned people's care and support needs in partnership with them and their families. This was evident even before people came to use the service. The service initiated a 'transition' period which in some cases took a few months to complete. This involved the registered manager and the behaviour analyst going to visit people in their environment which was the first step in the process of assessing whether people were suitable for the service and also getting feedback from people and their relatives on how they felt about the service. Other examples of how people's care and support needs were assessed included observing and speaking with people at different times of the day. In the case of one person who exhibited anxiety at night the registered manager was accompanied by night staff in order to get a better understanding of the types of behaviours they presented at this time and how they could be supported better during the night. Staff also interacted with people during a preferred activity as a way of getting to know them better. The registered manager told us, "We don't make rash decisions about referrals" and "Transitions are bespoke to each individual."

Professionals visiting the service said it was a fantastic service that focused on providing person-centred care and achieved exceptional results. Consultant psychiatrists invited junior clinicians to the service to see the support and services used. They praised the detailed care records produced by the service and said that the registered manager always responded to any requests or feedback.

People's care records were reviewed regularly and were maintained to a high standard. Care records cross referenced each other which helped to ensure that comprehensive information was available for each person. Care records contained a contact sheet with details of people's GP, psychiatrist, dentist, psychologist and therapists involved in their care. Support plans were linked to people's risk assessments and were based on the individual support needs of people. They had details of the needs and any associated documents that needed to be read in conjunction, for example any risk assessments or behaviour support plans and the people who were responsible for ensuring support was given. Staff completed daily notes, both in the morning and evening detailing what aspects of personal care were carried out, medicines given, what people had to eat, any behaviours/ incidents and activities. A visiting health professional told us the records were of an exceptionally high standard. Another told us that staff dealt with any requests promptly, for example the completion and return of monitoring charts, questionnaires and requests for further information.

People were supported to achieve their goals through intensive interaction and support from their key workers. People had been supported to develop personalised goals to help them improve their skills. These were combined with session plans, specifically held for the purpose of monitoring progress towards goals. The service used SWOT (strengths, weaknesses, opportunities and threats) analysis which was linked to the personal care plan to identify areas where people's strengths and weaknesses lay. This was used to identify medium and long term targets for people and what the preferred outcomes should be. Key workers held session plans with people which focused on one area they could improve on. A monitoring form was used to measure progress.

The input of a speech and language therapist who also provided training to staff enabled the service to develop a personalised communication passport for each person where required, and staff used many different methods of communication to ensure that the individual's needs were met. There was a Makaton champion at the service who promoted effective communication with people at the service. Makaton is a language programme using signs and symbols to help people to communicate. It is an effective form of communicating with people in a meaningfully way.

We saw many examples of where the service provided a personalised service to people, responsive to their individual needs. One person had their own board which they used to identify which staff were on duty and what activities he would be doing that day, which is something that they liked to know. The provider had also set up a 'resident's office' to meet the needs of some residents that liked office/administrative jobs such as putting up rotas and staff shift plans. Another area of a lounge had been set up for one person with their own personal chair, their photos and their own 'colouring table'.

Outstanding ☆

Is the service responsive?

People had individual activity plans and we saw that one person had two different activity plans depending on their mood. One relative told us, "[My family member] has a full programme of activities."

One person using the service said, "I'm happy." Relatives told us that although they were regular visitors, staff always kept them up to date about how their family members were getting on. They all said they knew how to raise a complaint. Some of the comments were, "I'm very satisfied with the service", "If I had any concerns I know they would look into them and act upon them," "They would definitely respond", "I have no complaints" and "I couldn't be happier." People, relatives and other visitors such as professionals were encouraged to raise concerns through on spot observation check feedback forms that were available for them. There had been no formal recorded complaints at the service. This was backed up in conversations we had with relatives.

Staff told us that they used to hold residents meetings but found that these were not an appropriate platform for many of the people using the service and were not effective in gathering people's views. The provider therefore actively pursued other avenues to listen and learn from people's concerns and complaints, these included a peer led quality questionnaire, regular key work meetings, and consultations with the behaviour analyst amongst others. The complaints and concerns policy for the service gave details of how to raise formal complaints.

Key workers held three monthly reviews in which they checked for any progress since the last review and looked at areas such as independence, interaction with others, communication and long, medium and short term targets for people. This was also an opportunity for people to raise any concerns or formal complaints if they had any.

One person using the service acted as a peer representative and a 'quality control checker' and spent some of their week visiting different homes to gather the views of people and feed them back to the registered manager if they had concerns. They told us they really enjoyed this job as it helped to make sure people and their families were happy.

There had been no formal complaints from people, relatives or healthcare professionals. This was backed up from conversations we had with them, from reviewing feedback questionnaires and checking key worker meeting and daily care records.

Outstanding ☆

Is the service well-led?

Our findings

Relatives told us they were able to visit at any time and were always made to feel welcome. One relative said, "I couldn't be happier with this place, they go out of their way to give [my family member] what they need." Another said, "The managers are fantastic, the general staff are great and happy to help."

Staff members praised the culture of the service and told us they felt able to air their views about how the service was run. They said, "We can be heard, they listen," "I feel like a valued member of the team," "This is the best place I have worked" and "They recognise my strengths." All of them praised the registered manager for the way the service was run and their comments included, "She is a very good manager, and has created a happy environment" and "I really appreciate the management, they are very understanding which means a lot to me."

A recent report from Healthwatch following an inspection which took place out of normal office hours was overwhelmingly positive. Healthwatch is the national consumer champion in health and care; they inspected the service from the point of view of people using the service. The report found that people and their relatives were extremely happy with the service and were highly impressed by the attitude of staff.

Health and social care professionals who were involved in supporting people living at the home said, "The service is doing an excellent job," they praised many aspects of the service including the quality of record keeping, the staff and in terms of providing feedback and keeping them informed.

The registered manager was supported by three team leaders who were responsible for a team of support workers, who in turn were allocated as key workers to people using the service. During our conversations with staff, it was clear that this fostered an environment where staff felt valued in being given responsibility. This led to staff taking ownership of their duties and having pride in their work, whether this was in supervising more junior members of their team or supporting people they key worked. Staff were motivated and told us, "I'm passionate about my work," "it's so amazing to see the improvements in the residents" and "we get great support."

The organisation had a management academy which identified 'top talent' in the company, alongside internal promotions that recognised the excellent work of individual staff members. Great emphasis was placed on the importance of recruiting high quality staff and retaining them. Many of the staff we spoke with had been with the service for a few years and had been promoted to more senior positions within the organisation. This included the registered manager who told us that she was given opportunities to learn and experienced managing the service during the period when she was a team leader. Other examples included staff being promoted to team leaders and team leaders being given opportunities in aspects of managing the service. Team leaders were each delegated an area of responsibility, for example rotas, medicines, and health and safety.

The staff office contained up to date information about CQC and other aspects of health and social care such as information about the changes resulting from the Care Act 2014. There were information boards, resources and best practice information that staff were encouraged to read.

It was clear that quality assurance was central to the way the service was run. The previous registered manager of the service had been promoted to clinical quality compliance manager, a position that had been created to oversee quality monitoring. We spoke with the clinical quality compliance manager about their role and some of the changes they had implemented since taking on the position. They had recently implemented a new 'Quality Folder' which evidenced how they assessed the quality of care. This included a 'peer representative' quality questionnaire which was the responsibility of one of the people using the service, asking people about their views. Some of the comments that we saw from these questionnaires were, "Staff are treating me well", "I feel safe" and "I'm happy." A quality assurance audit was completed by the registered manager every month and once every quarter completed by the clinical quality compliance manager. These looked at aspects of the service such as the environment, maintenance, care records, medicines and activities. Action plans were developed from these audits and assigned to staff for follow up. An 'on the spot' quality observation feedback form was also given to any visitors to the service to complete, both professionals and personal visitors.

Outstanding ☆

Is the service well-led?

Feedback forms were also sent to families. We reviewed a sample of these and saw that they were overwhelmingly positive and that people, relatives and professionals were satisfied with the service.

The service took part in learning disability provider forums. They had also demonstrated excellence by achieving 'autism accreditation' in 2012 with the National Autistic Society. Services are awarded this for providing a unified standard of excellence for support of people on the autism spectrum. In order to achieve accreditation, services must provide evidence of specialised knowledge and understanding of autism. It must also demonstrate that their understanding of autism consistently informs the organisation, management of the organisation and the assessment and support plan for people who use the service.

The provider demonstrated their commitment to maintaining these high standards by setting up a 'quality action group' made up of representatives from each home within the organisation, the operations manager and clinical lead. The purpose of this group was to extend the learning from the Autism Accreditation achieved in 2012 and focus on their core and specialist standards. The clinical quality compliance manager was given the responsibility for ensuring that best practice learnt from this group was committed to and delivered. Meeting minutes were seen for this group which showed maintaining and improving support for people with learning disabilities was at the forefront of the service.

Monthly incident reports were sent to the clinical quality compliance manager who shared the findings with the clinical team. The incident reporting flowchart was on display in the staff office which meant staff were given information on what steps to take following an accident or incident. The provider took steps to ensure learning from incidents took place and attempted to minimise future occurrences by looking at reasons behind incidents such as memorable dates, significant events or other reasons. Behaviour analysis was undertaken which proved to be an effective way of managing incidents, we saw examples where the frequency of behaviours that challenged had decreased for people using the service as a result of behaviour analysis and intensive interaction.