

London Care Partnership Limited

London Care Partnership Limited - 89 Ewell Road

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?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service:

- London Care Partnership Limited – 89 Ewell Road is a residential care home that was providing accommodation, care and support for nine young men with a learning disability and/or autism at the time of the inspection.

We rated London Care Partnership Limited – 89 Ewell Road as Outstanding because:

- The care service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.
- People received support from an exceptionally caring service, receiving national accreditation for their levels of autism knowledge and support. Staff prioritised people's needs, in an inclusive environment that ensured choice and inclusion was routinely promoted.
- The service was especially responsive to needs of people at the home, with a wide range of person centred activities. People led on the day to day management of their lives, and the home ensured that care was always personalised to meet the needs of each individual living there.
- The management of the service was held in high accolade, with positive feedback about the registered manager in how they interacted with people and supported the staff team. The quality of living for people was placed at the forefront of developments within service to ensure that care provision was innovative and continually improving.
- The service ensured that care delivery was safe, with risks to people continually assessed to ensure both their home environment, and outings in the community were safe. Premises were well maintained, and staff were safely recruited.
- People received effective care, that promoted a good quality of life ensuring a variety of healthcare needs were met. People's consent was sought with relation to their care and treatment options.

Rating at last inspection:

- At our last inspection of the service was rated 'Good'. At this inspection we found the service to be 'Outstanding'.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates in line with our re-inspection schedule for those services rated Outstanding.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

London Care Partnership Limited - 89 Ewell Road

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

- One inspector carried out this inspection.

Service and service type:

- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- This inspection was unannounced on the first day, we told the registered manager that we would be returning for a second day.

What we did:

- We used information the provider sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had sent to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.
- We spoke with one person living at the home, and following our inspection obtained feedback from three relatives and one healthcare professional. We spoke with three support workers, the registered manager and a team leader.

- We reviewed three people's care files, people's medicines records and a range of other documents in relation to the care people received. We reviewed four staff files and the provider's quality assurance documentation.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were clear on their responsibilities in ensuring people were kept safe from the potential risk of abuse. A staff member said, "We need to protect people from danger to themselves and others, different types of abuse. I'd let my manager or team leader know right away."
- At the time of our inspection there were no current safeguarding incidents at the home. Any previous incidents had been reported and investigated in a timely manner, with other appropriate agencies informed.
- Staff were aware of, and knew how to use the provider whistleblow policy if they felt that they needed to raise any concerns.

Assessing risk, safety monitoring and management

- Potential environmental risks, such as fire hazards and personal safety were acted upon. On the first day of inspection we saw that people's personal emergency evacuation plans (PEEPs) required updating. The following day this had been completed for all individuals, detailing specific personalised ways in which people required support to leave the home safely.
- People at the home had a history of presenting with behaviours that could be considered challenging. Robust person-centred behaviour plans described potential behaviours people may display, any antecedents and triggers and guided staff as to how to respond in the most effective way.
- A healthcare professional told us of one person, "Incidents of behaviours that challenge have reduced and his mood has improved. His family is happy with the care provision."
- Each person had individualised risk assessments on file, relevant to any particular risks they may need support with. These were regularly reviewed by behavioural support consultants, reporting on improvements in people's behaviours. One relative expressed, and records showed that one person's self-injurious behaviour had decreased significantly following successful support in improving their communication.
- Potential risks were anticipated both within the home, and outside in the community. People were monitored on a daily basis to ensure that any changes in behaviour were responded to, and that staff accommodated any potentially heightened behaviour in a safe and caring manner.

Staffing and recruitment

- Staffing levels were set according to people's dependency needs to ensure that people were supported safely. On the day of inspection we observed that people were supported by the right amount of staff, as reflected in their risk assessments.
- Recruitment processes were safe in ensuring staff were safe to work with people prior to commencing their role. Staff were required to provide their full employment history, suitable references and proof of identity. All staff had an up to date Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and

support services.

- People living at the home were invited to provide feedback on potential candidates, so that their views were heard as part of the recruitment process.

Using medicines safely

- People received their medicines at times that they needed them and in a safe way. Medicines were stored securely in a temperature controlled environment. Stock balance checks were taken twice daily to ensure medicine quantities were accurate
- Medicines administration records (MAR) included a photograph of the person, demographic and healthcare professional details. All the MAR we viewed were up to date and accurately completed.
- Where people received PRN (as required) medicines, detailed protocols were in place to ensure that staff were clear on when these medicines should be administered.
- Controlled drugs were stored separately with accurate logs kept of their administration and balance checks.

Preventing and controlling infection

- We observed the premises to be clean and well kept across both days of our inspection. Peoples rooms were well-kept and people were encouraged to clean their individual living spaces.
- Staff had access to personal protective equipment when supporting people with their personal care.

Learning lessons when things go wrong

- Incidents and accidents were promptly recorded and investigated to ensure that remedial actions were taken and any learning identified.
- Where people had been subject to an accident, body maps were completed to highlight any injuries, with appropriate advice sought from healthcare professionals.
- Incident records clearly detailed the people that were notified of the incident and any action that was taken to prevent reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Peoples needs and support levels were assessed in line with best practice guidance.
- Effective measures were in place to ensure that transitions for people moving into the home were robust and took into account people's needs. Where one person moved on from the home to independent living a pictorial guide was in place, to ensure that both the person and other residents were supported to process the transition.
- PROACT-SCIPr-UK (Positive Range of Options to Avoid Crisis and use Therapy) techniques were implemented for each person to support with managing behaviour that may be considered challenging. This is a values-based approach with an emphasis on being proactive – getting it right for the person, rather than being reactive or responding to an episode of challenging behaviour. This best practice guidance was followed to ensure that individual needs were effectively met.

Staff support: induction, training, skills and experience

- Staff received a range of training, relevant to the skills they required to meet the needs of the people at the home. Trainings were a mix of classroom based training and e-learning that covered needs relevant to people living at the home as well as health and safety across the home. Staff also received training in positive behaviour support in order to support those with learning disabilities.
- Staff told us they received regular supervision to support them in their role. Comments included, "We're allocated a team leader responsible for all supervisions and appraisal. We meet every three months and catch up inbetween."
- Staff said, "They're [management] very supportive in whatever I'm trying to do" and "We're always told to come forward with an issue, support is fantastic."

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

- People had individualised mealtime care plans that detailed people's food likes and dislikes. Where people weren't able to verbalise their preferences advice from family members was sought.
- Staff encouraged people to participate the preparation and cooking of their meals and snacks. These tasks were integrated into people's daily activity plans. On the day of inspection we saw people making their own beverages and discussing their meal choices for the day.
- Where people were identified as at potential risk of swallowing difficulties people care plans included guidance for staff to ensure people's foods were of a correct size and that staff monitored people for any choking risks. Records showed that timely referrals were made to Speech and Language Therapy (SALT) where necessary.

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured that other agencies were consulted to enhance the provision of care to people at the home.
- There was an in house behavioural support team, that were available to offer immediate advice following any incidents. Records showed that this team conducted regular reviews to support the development of people's behaviours.

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

- People's living spaces reflected their personal preferences and that they had been consulted on how they would like their living space to look.
- Two people lived in their own annexes within the premises. One person had displayed family photographs, pictures of their favourite animal and their bedroom decorated to reflect their favourite movie choice.
- The communal lounge had a range of football cushions reflecting the favourite teams of residents and staff, as this was a sport that was important to people living there.
- People were able to access the kitchen area freely until 8pm each day where they were able to independently make drinks and access snacks for themselves. After this time, staff supported people to access the kitchen area.

Supporting people to live healthier lives, access healthcare services and support

- Access to other healthcare professionals was prompt and efficient to ensure that people's needs were met, in ways that acknowledged the impact this could have on people.
- Where one person had a phobia of needles staff had worked extensively to ensure the person became comfortable enough to undergo a medical procedure they required. A detailed and pictorial guide sheet was put in place to help the person understand why the procedure needed to happen, how it would happen and the support that staff would provide. This resulted in the person successfully undergoing the procedure in a calm manner.
- One person had been classed as obese upon commencing their placement at the home. Since moving to the home they lost weight. This was done through staff support and encouragement to do more activities and eat well. At the person's last asthma review, much of the improvement was supported by the significant weight loss and exercise increase; completely improving his quality of life and all areas of his health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had ensured that applications to the local authority for DoLS were applied for in a timely manner.
- Staff were clear on their roles in supporting people to make decisions. Comments included, "Are they [people] able to understand what's asked or required of them? We have to aid them in their comprehension" and "Somebody may lack the capacity to make an informed decision [examples given]. If there's a lack of

understanding it's discussed with a panel what's in their best interests."

- A healthcare professional told us, "Our service user benefits from the Deprivation of Liberty Safeguards and his mother acts as his representative."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- People were exceptionally well supported by staff to ensure that their diverse needs and requirements were respected and honoured. One person had been fully supported, with the facilitation of staff and family to comprehend their religious choices and how they wanted to practise them. A healthcare professional said, "Staff facilitate his religious observances by providing Halal food and offering him support to attend the local mosque. A recent best interest meeting concluded that staff and the family would provide education (using visual aids social story) to promote his understanding as to the significance of Halal diet under Islamic law and the holy book the Qur'an. The home manager provided the parents with an easy-read paper titled Halal and it was agreed that both parents and staff will go through it with him. This support would increase structure in his life and therefore reduce his anxiety."
- Relatives were enthusiastic and extremely positive about the ways in which the home supported their family members. They told us, "All the staff are very good, all residents seem very happy and know what's going on", "The team now is working well, I'm really happy" and "We're confident he's well looked after."
- Staff knew people very well, meaning that people received a personalised response from staff. Where one person responded well to humour staff told us, and we observed the positive effect this had on the person. Comments included, "If you come with good energy, they're [people] going to feed off that. I try to come to work happy" and "It's how we interact with them, being honest, never lie to them [people]."
- A relative said of their family member, "He loves it there, how well he's done since his last placement. I thought the transition would be a nightmare, but he's progressed so much." This same person was supported by a five to one staff ratio in the community, during their previous placement. At this home they were now supported by two staff. The provider had worked successfully to ensure that the person's needs had been fully understood and accommodated. This had resulted in a substantial decrease in their behaviours that could be considered challenging.
- The core staff team used impact cards and a complex communication profile to ensure people were understood. Staff used a range of strategies to help them overcome a range of issues, including support with communications, reduction in anxieties and ability to engage with male and female staff

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

- People were fully empowered to make life choices and decisions about the care they received. One person told us, "I'm just regularly happy. Talking helps me, I talk to staff." The voice of the person was apparent throughout their care plan records. We saw that people were consulted about each part of the day, and were not guided by task based activities. When new staff were interviewed they met with people at the home, with their feedback being used to decide if a role would be offered. People were encouraged to express their views on potential staff working at the home.

- People's care plans reflected their voice and views on the care they received. On the day of inspection we could see that people received support with day to day tasks at times that they preferred. These preferences were mirrored in people's day to day activity planners which included each element of a person's day. Staff listened to people's needs and supported them to make decisions in ways that suited them. For example, records reflected that one person required the use of lists to help them comprehend the routine of their day. We observed staff supporting the person to make these lists in order to decide how their day would run, relatives also confirmed to us that staff supported the person with this daily task.
- Staff were able to support people with transitions, making sure anxieties were reduced for less challenging behaviours. The registered manager told us, "It's a really nice, supportive culture, there's lots of input into care plans and risk assessments. We do a transition plan for individuals, [person] was headbutting daily but we put in boundaries. We visited four times a week with a four night stay. He now attends college daily and is able to travel in a car." Effective transition plans gave people the skills to move forward.
- People were consulted about their care with three monthly keyworker reviews. This reviewed how people continued to prefer to communicate with staff, activities they had undertaken and new challenges they had overcome.
- Relatives felt consulted about their family members needs telling us, "The home are really good at taking on board what I've said. Communications have improved between shifts, they don't rest on their laurels, they're always proactive in making improvements."

Respecting and promoting people's privacy, dignity and independence

- People's independence was continually promoted to ensure that all aspects of their daily lives were carried out in ways that suited their individual preferences. Staff were able to anticipate people's needs and ensure that a sensitive approach was taken to avoid any distress. For example, where one person needed structure to guide their day, whilst another was receptive to direct eye contact and simple language.
- One person had been supported to ensure their dignity was respected in understanding their interpersonal relationships. This had resulted in them participating in a Relationship and Sex Education Program, which was delivered in a person-centred way to help the person understand how to manage relationships and sexual expression. The person was supported to have confidence in their own privacy.
- The provider worked extensively to ensure that people had a sense of control over their day to day lives, ensuring that people were able to function to their best capabilities. People had free roam of the kitchen area throughout the day, and staff told us that people were always encouraged to do things for themselves when they asked staff to assist.
- Staff pledged to follow a dignity champion campaign within the home, that looked at maintaining people's dignity in a variety of ways. This included challenging disrespectful behaviour, acting as a good role model (especially to those who are less able to stand up for themselves), speaking about dignity to improve the service, listening and understanding the views and experiences of people and promoting choice without judgement.

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were fully enabled to make choices about the activities they participated in. Relatives told us, "He [family member] wanted to cut his hair, they helped him with that", "He can verbalise, he made a cake and won a cake competition, they really do support him. They're brilliant, I can't fault them."
- Relatives told us of the ways in which people were supported to have choice and control over their day to day lives. A relative said, "He's [family member] more independent than he would ever have been if he stayed at home. His life choices, where he gets his hair cut is down to [person], more independent in his choices. Where he wants to go, they don't force him, give him the guidance he needs."
- Each person had their own activity planner, that recognised and effectively responded to people's needs and choices. Activity timetables were person centred and individualised, each planner covering different areas in a person's life to support their overall well-being.
- People were supported to attend many adapted activities based on their physical and learning needs. London Care Partnership supported people to attend a specialised cinema experience once a month at Shepperton Studios. One person played football for a local club, with the provider also in the process of setting up rugby coaching for the coming months. A private masseuse and aromatherapist attended the home on a weekly basis and people chose to participate if they wished.
- People at the home were supported to access specialist colleges. One person historically had an unpleasant time during his school years and had never fully accessed education due to his behaviours. The home supported the person to access a course in IT and computers and this academic year, the same person expressed that he would like to go to college one day a week to further his education in computers.
- Where people were interested in voluntary or employment places the provider supported them to access these. One person had completed a six week work placement at a local supermarket, while another had a cleaning job at a local church. The registered manager worked closely with the store manager to create an interview scenario before the offer of work placement to develop the person's understanding the process of obtaining a job. Another person had a job at the local Fire Station for the last two years. People were fully supported to integrate within the local community.
- The home followed a best practice initiative called the stay up late campaign. This meant raising awareness of limitations that services can put on people, rather than what is in the best interest for them as individuals. Where people chose to partake in activities outside of the staff's rostered shift times the home adapted the rotas to accommodate people attending functions and events of their choosing. Recently one person was supported to attend a family wedding which finished in the early hours of the morning, and another person was taken to a Sean Paul concert. This was a particularly special event for the person involved, and they conveyed to us the joy of the experience and being able to attend the event in a limousine.
- Throughout the home we saw ample evidence of the wide range of activities that people had participated

in. Two people had been supported to vote in the election, a project that took planning and implementation to ensure that people would be able to learn and develop understanding around having their voice heard, and to make informed choices about who and what they were voting for. This included the two people attending a voting meeting organised by the local Learning Disabilities Parliament, as well as the registered manager obtaining easy read manifestos from Mencap. The provider had invested time and support to ensure people were enabled to enact their democratic rights. This was a positive experience for the people involved and we saw photographs of their participation in a communal room in the home.

- In order to maintain important relationships some people at the home were regularly supported with home visits. One person had previously had an incident on a family home visit. The home worked closely with their social worker, an interpreter and the person's advocate to support his parents to fully understand about his needs. A home visits support plan was implemented to ensure that home visits were safe. This resulted in a positive experience when the person visited home, with an increase on the regularity of these visits following a review and best interests meeting.
- People were supported by communication strategies that were tailored to meet their needs, in line with the Accessible Information Standard. Easy read documents were available covering the complaints procedure, sex and relationships and being active and healthy. Each person also had a comprehensive, individualised communication profile that detailed how they would respond to verbal requests, and any use of Makaton to aid communication.

Improving care quality in response to complaints or concerns

- The complaints procedure was accessible to people, with visual guidance to how to raise any concerns displayed on the door to the office.
- Relatives told us they knew how to raise any issues and were complimentary about the ways in which the service responded to any concerns. Comments included, "They're very good at apologising if a mistake's been made, I like that there's transparency, that's what you want" and "There's no problems with communication, they don't try to hide anything. You get the right noises, it's immediately dealt with."
- Complaints were responded to promptly and resolved in a timely manner.

End of life care and support

- The provider had commenced implementation of people's preferred priorities of care, giving people and their relatives opportunity to comment on any plans for their end of life wishes. These included pictorial prompts to aid understanding.
- Two people had been supported by staff to define what they wanted for their end of life care, including details of any other people they wanted involved. Two other people's relatives were in the process of being consulted about their family member's preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Relatives told us of the positive impact the registered manager had, telling us, "It's brilliant, she's [registered manager] one of the better ones they've had" and "We have a very good relationship with her [registered manager], she'll bring it back to earth if needed, has boundaries and she sticks to them."
- The registered manager took a very person-centred approach to ensuring people received quality care. She told us, "Everything we're doing, it's truly meaningful for each individual. We celebrate the small successes" and "We're really passionate about making the little differences. It's about memory making, some people have been to Disneyland Paris, one person went away to Manchester for four days." The registered manager worked collaboratively to ensure staff and people were part of an inclusive process that improved wellbeing for all at the service.
- Staff were wholly positive about the registered manager. Comments included, "She's always been insightful, puts in a nugget of truth. She's like a big sister to everyone, she does an incredible job", "It helps to have that support system, probably my favourite manager to work with" and "She's passionate, very passionate and dedicated to the cause. She doesn't give up on staff until she's 100% confident they understand. She's very consistent, she's incredible." Staff were proud to work at the home.

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

- The registered manager was clearly aware of the need to notify CQC of important events as they occurred.
- The provider had robust quality monitoring to ensure there were continuous improvements. At the time of inspection the paperwork systems were in the process of being overhauled to ensure further streamlining and accessibility of documentation.
- Quality assurance health checks were conducted annually by the provider's quality lead to assess the full competencies of the home's quality assurance systems. Quarterly monitoring checks took place covering a full range of areas across the home including premises, people's medicines and care files. The registered manager continually developed quality improvements that reflected the needs of the people at the home.
- A Quality Action Group met monthly. The purpose was to highlight areas of improvement, to ensure the service received by people with autism was outstanding. Changes and updates were systematically rolled out and ownership of these improvements was with staff.
- Staff were clear on the provider's consistent approach with one staff member telling us, "I really echo the ethos of this company, the standards of London Care Partnership. All the homes, everything's done in the same way, you can hop over to another home and crack on with your role."

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

- A relative told us, "A five star company, if they had six stars I'd give them that too. I'm over the moon with them. Always get a good welcome."
- People and their relatives were encouraged to engage in the development of the home wherever possible. The registered manager initiated an organisation wide talent competition, which included one of the people at the home hosting the event. People were supported to lead on this event, which led to an article in the local paper. This was a way for people to give back to the local learning disabilities community. The registered manager had supported an inclusive event that brought people across the organisation and their families together.
- Parental information quality returns were routinely distributed, we reviewed the most recent responses received and saw that feedback was extremely positive.
- Residents meetings took place regularly to ensure that people's voices were heard, in addition to regular 1:1 meetings with their keyworkers.
- Staff meetings were held weekly, and quarterly to ensure that staff were well versed on any changes in people's needs as well as keeping on top of any organisational updates. There was constructive engagement to ensure that the service was held to account, to act on the views of others.

Continuous learning and improving care

- The organisation had achieved accreditation from the National Autistic Society, for ensuring and sustaining effective and person-centred practice. The organisation had also achieved a Silver 'Investors in People' rating. The service continually looked for innovative ways to make improvements to service delivery.
- The home supported a national campaign, STOMP (Stopping Over Medication of people with a learning disability, Autism or both). This is about helping people to stay well and have a good quality of life with minimal psychotropic medicines.
- Over the last year, three people had significant reductions in their medications, with one person ceasing this medication completely. A relative told us, "He's just come off his anti-psychotic medication, in conjunction with the psychiatrist. It's a really positive thing, his behaviours have reduced."

Working in partnership with others

- The organisation worked alongside a variety of organisations to aid people to feel supported.
- A healthcare professional told us, "Staff are supported by the behaviour support team to use positive behaviour approach to manage behaviours that challenge in effective and least restrictive way. Staff are also supported by their managers, including the home manager and the operational manager, to develop the necessary skills to support our client." Where a previous safeguarding allegation had been made we were also told of the positive action taken by the home to fully investigate the matter and work alongside other agencies such as local authority safeguarding, and the transition team to ensure the matter was effectively resolved.
- The home routinely worked with others to ensure that people were able to understand and effectively communicate with other healthcare professionals. This included the use of social stories and preparation visits with other agencies in order to feel supported for any appointments. Where one person required support with blood tests the registered manager arranged multi-agency working with the psychiatrist, parents and GP to organise proactive medicines in advance; resulting in a positive outcome. A multi-agency approach ensured the best possible outcomes for people.