

White Lodge Centre

White Lodge Centre

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?

Good 

Summary of findings

Overall summary

The inspection took place on 13 December 2016. We gave the provider 48 hours' notice because they provide a domiciliary service and we wanted to make sure someone would be available.

The last inspection took place 16 September 2013 when we found no breaches of Regulation.

White Lodge Centre is a domiciliary care agency providing personal care and support to children and young people living in Surrey. The children and young people had a range of different disabilities including autism, physical disabilities and learning disabilities. The service provides support with personal care, learning independent living skills and pursuing leisure and social activities. At the time of the service 25 children and young people were using the service. The provider was in the process of extending the service to offer support to young adults aged 18 to 25 years.

White Lodge Centre was run by a provider of the same name who was a charitable organisation. The provider ran a number of different services for children, young people and adults from the same site. These included a nursery, holiday play schemes and a short stay unit which were all registered and inspected by Ofsted, various therapy services and a resource centre for adults. The different services could use the facilities at the site, which included a sensory room, a hydrotherapy pool, outdoor and indoor play equipment and an accessible kitchen.

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

The parents of the young people and children using the service were happy. They felt the staff were well trained, caring, kind and knew the needs of their relative well. The provider had gained feedback from the young people and they had shown they were happy with the support they received and liked the staff.

People were safe. The staff ensured that people felt safe and protected. They assessed risks to people's well-being. Medicines were administered in a safe way by trained staff. There were procedures designed to protect people from abuse and the staff had a good understanding of these.

People were able to make choices about their care and support and these choices were respected. The parents and guardians had been involved with planning and reviewing care and had consented to this in accordance with the requirements of the Mental Capacity Act 2005. The staff had a good understanding of people's health and nutritional needs and worked in partnership with the families, schools and other professionals to make sure needs were well met.

The staff were well trained and supported. They were able to contribute their views about the service and ask for additional training if they needed. There were enough staff to support people and they were recruited in a way which ensured they were suitable to work with vulnerable children and young people.

The young people received support and care which was extremely person centred. Care packages were developed with the young person and considered their preferences and what they wanted to achieve from the service. Their achievements were rewarded and they were helped to plan and fulfil their own goals which took account of their interests as well as changes in their lives as they grew into young adults. The provider was very responsive to identified needs planning and providing additional services where the local authority, parents or young people had made a specific request.

The registered manager was involved with the day to day care and support of the young people. They worked alongside staff and had an excellent knowledge of the people using the service and their families. They were committed to continuous improvements, encouraging people using the service, families and staff to analyse the work and be involved with planning for the future. The provider was very caring and demonstrated genuine commitment towards the young people and their families, looking at ways to offer support for young adults who had used the service as a child.

Feedback from the local authority and other professionals was very positive about the provider, the registered manager and the service for each person.

The provider had thought of innovative ways for encouraging the young people to contribute to their care planning, to feel involved and to feel valued.

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.

The provider had done everything they could to ensure the children and young people were protected from the risks of abuse.

The children and young people were given the support they needed to be safe when taking risks.

The children and young people received their medicines as prescribed and in a safe way.

There were enough staff to meet the needs of people using the service.

The provider recruited the staff in a safe way making sure they were suitable to work with the children and young people

Is the service effective?

Good 

The service was effective.

The young people and children were cared for by staff who were well supported and well trained. The staff told us they had opportunities to learn new skills and the parents explained the staff were given special training to meet the complex needs of their children.

The children and young people were able to make choices about their care and support and parents had consented to this. The provider was working within the principles of the Mental Capacity Act 2005.

The staff were aware of people's health and nutritional needs and gave them the support they required in these areas.

Is the service caring?

Outstanding 

The service was exceptionally caring.

There was a strong visible person centred approach. The service was exceptional at supporting people to express their views.

People were supported by staff who went "the extra mile" and were very kind, caring and polite. As a result relatives of people using the service told us they felt valued and important.

People's privacy and dignity were respected.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

The young people, children and their families were involved in planning and reviewing their care.

The care was provided in an extremely person centred way which reflected people's preferences and individual needs.

The young people and children were given opportunities to experience new things. Their achievements were celebrated.

The service learnt from and responded to changes in people's needs and the young people's own feedback about their experiences.

Is the service well-led?

Good 

The service was well-led.

The parents of the young people who used the service were positive about the service and felt it was well run.

The local authority was very positive about the service and the role of the registered manager.

The staff felt well supported and there was an open and inclusive culture.

The provider had systems for monitoring the quality of the service and these included feedback from stakeholders.

White Lodge Centre

Detailed findings

Background to this inspection

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

This inspection took place on 13 December 2016. We gave the provider 48 hours' notice because they provide a domiciliary service and we wanted to make sure someone would be available.

The inspection visit was carried out by an inspector. An expert-by-experience contacted the parents and guardians of some of the young people and children by telephone to ask about their experiences of the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience supporting this inspection was the parent of a young adult with autism.

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

We spoke with the parents or guardians of 12 young people and children who used the service.

During the visit we spoke with the registered manager, the centre manager, two support workers (including one support worker who helped plan and organise social activities) and the administrator. We had feedback from seven other support workers about their experiences of working for the provider. We also had feedback from four external health and social care professionals who worked with people using the service. These included the managers who commissioned and reviewed the service from Surrey County Council.

We looked at records used by the provider for managing the service. These included the support plans and associated records for four people, the staff recruitment, training and support records for six members of staff, records of meetings, quality audits and the provider's business plan.

Is the service safe?

Our findings

The parents of the young people and children who used the service told us they felt the service was safe and that their relative had safe and well thought out support. Some of their comments included, "[My relative] is absolutely safe", "The carers know when [my child is] happy or when [they] want something. They know [them] well enough. They speak with me straight away if there is an emergency", "[My child] receives safe support", "My [child's] carer is very diligent at what she does. If there is any problem she will ring me. I am very confident when [my child] is out with her", "I feel very confident with the carers. I can go to sleep without waking up and worrying. I can leave to see friends and come back after a couple of hours. I feel confident to leave the house. I know they treat my [child] like their own child", "She [my child] is very safe in their care", "White Lodge carry out criminal record checks. The staff know about my children and they are quite passionate about the job they do. They have them for such a long time" and "I have no issues with regards to my [child's] care and safety."

The parents of young people told us they were aware of the safeguarding procedures and had information about these. Some of the support staff looked after and used the young person or their family's money during activities or trips out. Parents told us they were happy with the way in which the staff handled the money. One parent said, "I entrust the carers with money and they always get me receipts." Another parent told us, "The carers are good at managing the money I give them when they take [my child] out, they always provide receipts."

The provider had done everything they could to ensure the children and young people were protected from the risks of abuse. There were procedures for safeguarding children and vulnerable adults. Copies of these were provided in the staff handbook and were available at the Centre. The provider had information about the local authority procedures and who to contact if they were concerned about someone's safety. The registered manager had a good understanding of how to respond to safeguarding alerts, although there had not been any for over a year.

The staff told us they had received training in safeguarding children and vulnerable adults. They were able to tell us about different types of abuse and the action they would take if they felt someone was at risk of/or was being abused. Some of the comments from the staff included, "Safeguarding training is offered every year. It relates to keeping children safe from all types of possible abuse, what to look out for and what to do/who to contact with any concerns", "[My understanding of safeguarding is] to make sure that children are in a safe environment where they feel safe and protected. Also that kids have the right to education and not to be bullied and exploited", "I believe [safeguarding] to mean keeping the young people safe from any harm either through carrying out risk assessments or through reporting any concerns to my managers" and "Safeguarding is something to be aware of at all times; it is when a young person is being abused or manipulated - it could be physical or emotional and will affect their well-being. I have annual training in this."

The children and young people were given the support they needed to be safe when taking risks. The staff

followed procedures to reduce the likelihood of harm. The staff had created risk assessments and behaviour strategy plans for each young person in consultation with their family. Risk assessments were specifically designed for each person. These included activities at the Centre and in the community, equipment used by the individual and risks around their independent living skills. These included scenarios where the person or others may be placed at risk and the strategies for the staff to support the young person in each event. The plans were detailed and information was clear and easy to understand. The strategies included using distraction techniques to avoid challenging situations when the staff recognised a trigger and before the incident escalated. The staff were also made aware of the items, places, sounds and techniques which would comfort each person when they became agitated or distressed.

The staff were trained in specific physical intervention techniques which could be safely used with people if needed. Each person who was at risk of needing this type of intervention had a specific plan relating to the type of interventions which were needed to support them and the scenarios about when this would be needed. The provider had procedures relating to this which included ensuring any type of physical intervention was reported and investigated. However, there had been no such interventions for several years and the staff had managed to support people with less intrusive techniques when they had become agitated or placed themselves or others at risk.

The children and young people received their medicines as prescribed and in a safe way. One parent told us, "The staff always complete the medicines charts, I am confident that [my child] has the medicines they need."

All of the staff received training in administration of medicines from the provider's nurse trainer. Their competency was then assessed three times before they were authorised to administer medicines unsupervised. The nurse trainer and registered manager regularly observed the staff to ensure they continued to be competent. The staff received additional training for specific medicines interventions, such as emergency medicines.

There were support plans in place for the young people who required support with medicines. These included specific support plans for the use of emergency epilepsy medicines. The plans recorded how and when the medicines should be used and the expiry date of medicines supplies.

The staff recorded the medicines they administered on medicine administration charts. These were collected and checked by the provider each month. The registered manager described the procedure for dealing with discrepancies in the administration of medicines or records; however they said there had not been any. We looked at a sample of medicine administration records which had been appropriately completed.

There were enough staff to meet the needs of people using the service. The staff were specifically matched to the children and young people who they cared for. Each young person had a small group of staff who were assigned to work with them. The parents told us this worked well. There were contingency plans which allowed for a number of different emergency situations and the providers worked closely with the families to make sure they were informed if anything affected the staff availability to provide planned support. The registered manager and other managers working for the provider shared an out of hours on call which was available to support the families and the staff if they needed.

The registered manager told us that they would only accept new referrals if they had enough staff to meet the needs of these young people. They told us there were currently young people on the waiting list for the service because they had said they would rather wait for availability from White Lodge Centre than use

another provider. The registered manager told us they were always looking to recruit new staff and advertised jobs on their website. In addition they had held recruitment open days. They had recently recruited some new staff and were hoping this would allow them to meet the needs of people who were waiting for the service.

The majority of young people had two staff supporting them with care and activities in the community. The registered manager told us that the support workers tended to travel together so that they arrived on time with each other.

There had been no recorded missed visits. The registered manager, staff and families kept in close contact so that any changes in arrangement or unexpected delays were discussed. The staff had a good understanding of the anxieties some of the young people felt if support workers arrived early or late and therefore they planned journeys carefully to ensure that visits were not later than planned except under exceptional circumstances.

The provider recruited the staff in a safe way making sure they were suitable to work with the children and young people. They carried out a number of recruitment checks which included a formal interview, references from previous employers, criminal record checks, checks on identification and eligibility to work in the United Kingdom and a full employment history. These checks were evidenced in the staff recruitment files we saw. There were records of the staff interviews and evidence that any gaps in their employment history were discussed.

Is the service effective?

Our findings

The parents of the young people and children told us they felt the staff had the skills and knowledge they needed to care for and support their child. They told us the staff had a range of training and they were confident in their knowledge and abilities. Some of their comments included, "The staff have a lot of training. I think they have all got first aid training", "I believe the staff are knowledgeable and experienced", "A lot of the carers have got a family member with autism, or they work in a special needs school so they understand", "[My relative] has [a specific medical need] which requires the staff to understand, they have had training in this and I feel confident that they know what they are doing" and "The carers have to have particular training for my [child]. They have to be signed off and checked annually by a nurse."

One professional commented, "The staff are well trained and demonstrate good disability knowledge and awareness."

The provider's induction incorporated the requirements of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

There was evidence that the staff had undertaken a range of different training courses. The provider had an in house training department which provided classroom based training. In addition the department included a nurse trainer who had trained the staff and then assessed their skills and competency in a number of care interventions, including medicines administration, use of percutaneous endoscopic gastrostomy (PEG) equipment and supporting people who had epilepsy. The individual staff files included evidence of training and the registered manager had a tracking sheet where they had an overview of when training updates were due. They told us that additional training for the staff team supporting a particular child or young person when they had a specific need had been provided.

The staff told us they had an induction which included training in key areas and shadowing experienced staff. One member of staff said, "I was not allowed to work until I have done a child safeguarding and paediatric first aid course and an induction course – which showed filling in of forms, the importance of reporting, and filing of accidents, issues and what to report on." Another member of staff told us, "I had extensive training and shadowing experienced staff, training was before I started working [with the young people]." A third member of staff said that they were still offered opportunities to shadow when they were assigned a new child to support.

The staff told us they had undertaken a variety of training courses in their role. Some of their comments included, "I keep up to date with all mandatory training and can always request anything that I feel I need", "I receive exceptional training from [the service] that is updated as and when necessary", "The trainer is brilliant at keeping everyone interested in what is being delivered", "The trainers allow all staff to talk through their own experiences of the area you are being trained for. I personally think that this makes the training far more meaningful to my work role", "I get regular training as is stipulated on my certificates some on a yearly basis, some on a three yearly basis, some (like gastro feeds, epilepsy and oxygen managing) as

and when I am to work with a child with difficulties", "I have requested training and have been given a chance to study further", "I have had yearly training in manual handling, child protection, safeguarding, health and safety, I am able to request training if needed to support my role" and "[My training has included] manual handling, Makaton (sign language), MAPA (Management of Actual or Potential Aggression), safeguarding, epilepsy, medicines, equality and diversity, infection control, risk assessment, food hygiene, adult safeguarding as well as many others. It is all regularly updated. I can request specific training and our co-ordinator works hard to accommodate our requests."

The staff told us they were well supported. One member of staff told us, "I feel supported, above and beyond in my role. The staff said they had regular meetings with their manager individually and as a team. They also said they could contact the registered manager whenever they needed. One member of staff said, "We have regular supervision and an appraisal once a year. I can contact [the registered manager] by email with any queries or concerns. I do feel supported." Another staff member told us, "I have supervisory meetings on a three monthly basis where we discuss the children that I have been working with and what has been observed as well as where I think we can change things to the benefit of the young person or child. More than once I have been supported in difficult circumstances and have received help where needed."

The staff told us they had the information they needed to care for the children and young people. Some of the comments from the staff included, "I have read each child's All About Me [support plan] and have a laminated card with all relevant information when out", "Every child has an AAM (all about me) that has to be read by people that work with them", "Yes I have access to the policies and procedures for the organisation as these are all kept in the domiciliary office to be accessed at all times" and "I was given adequate information about the young people I was working with in an 'All about me' folder containing all the relevant details - allergies, behaviour, diagnosis etc."

The registered manager told us that they had recently started holding group supervision sessions where they met with the staff team for a specific young person to discuss their needs. They told us about a young person who required overnight support from one member of staff. There were two regular staff providing this support but they did not often meet because they did not work together. The registered manager told us how useful the meeting with the two members of staff had been because they had discussed things that had worked well and shared good practice, as well as shared problem solving. The registered manager said that this type of staff meeting was going to take place regularly with different groups of staff supporting different people.

In addition all the staff had regular individual supervision meetings and appraisals. The records of these indicated the staff were able to discuss their work, areas for development, any concerns with their practice and their training needs with the registered manager. The registered manager also worked alongside all of the staff supporting the children and young people. Both the staff and the registered manager told us how useful this was for appraising their work, being able to experience how each person was supported and for getting to know the young person and their families.

There were regular team meetings where procedures and service updates were discussed. We saw records of these. At a recent team meeting the staff had been involved in an analysis of the service looking at areas they felt the service did well and areas they felt could be improved.

The service was located alongside other services run by White Lodge Centre. The environmental facilities included a hydrotherapy pool, sensory room and equipment, outdoor play equipment and a kitchen with adjustable height surfaces were used by all the different services. The registered manager told us the young people often used the resources at the service and we saw evidence of this in people's care notes and in

photographs. In addition to this the domiciliary service had its own "den". This had been designed by the young people using the service. The den included comfortable seating, gaming equipment, televisions, DVDs, games, puzzles, books, drawing and writing equipment and had been decorated for Christmas at the time of our inspection. The registered manager told us the children and young people regularly used the den to relax and for leisure activities. We saw evidence of this in records of care, describing when people had spent time their watching films and relaxing. The den and the rest of the centre included pictures and symbols as guides and information about where to find things and to help make choices.

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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. We checked whether the service was working within the principles of the (MCA) 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The young person or child's parent or guardian had been asked to sign consent to various aspects of their care and support which included, the support plan, use of and sharing of records, staff administering medicines, staff administering first aid and permission to take the child to hospital in an emergency. Where the young people were over 16 years of age the provider had ensured that consent had been obtained legally and in accordance with the Mental Capacity Act 2005. We saw evidence of consent in the records we looked at. There were also specific permission forms which included consent for the use of certain homely remedies (not prescribed medicines), sun cream, use of the Centre's pool, watching DVDs, having photographs taken and use of the provider's transport. Signatures were regularly updated and we saw evidence of this.

The registered manager had consulted with the local authority to make sure they had the most up to date information about the Mental Capacity Act 2005. They had created a file of information which they had discussed with the staff.

Where people were supported with meals, there were mealtime guidelines in place which included information about the foods people were able to eat, preferences and any special information about their mealtime experiences. There was clear information about allergies and anything they were not able to eat for other reasons.

Some young people used percutaneous endoscopic gastrostomy (PEG) to meet their nutritional needs. Support plans included information about these and all the staff working with these young people had received appropriate training and had their competency assessed.

People's health care needs were recorded in their support plans and the staff had a good understanding of these. The staff worked with other healthcare professionals and their views were represented in support plans and in the reviews people had. The staff wrote about the people's health and wellbeing in the records of the care they had provided each session. The parents told us the staff alerted them to any changes in the health of their child. One parent told us, "They know how to handle my [child]. [They] have sensitive skin and they are very good at checking that [they] have no skin lesions." Another parent told us, "[My child] has a number of complex health conditions. I feel the staff have a good understanding of these and are well trained to provide the care [they] need."

Is the service caring?

Our findings

The parents of the children and young people consistently reported having close relationships with the staff. They felt that the staff were very kind, caring, polite and sensitive to the needs of the child and the families. Some of their comments included, "They treat my [children] with dignity and respect very well and there is never a problem with them providing personal care", "[My child] is always very happy when [they] come back home. [They are] always very happy with what [the staff have] been doing", "My child's carer is kind and caring", "[My child's support worker] is very good. She is always mindful of what [my child] is doing and is very careful with them. She knows what [my child] likes doing. She doesn't take [my child] places where they would feel uncomfortable" and "[My child]'s choices and wishes are respected."

One parent commented, "The carers are nice people and I feel comfortable having them in my house. They have been there a long time. They like doing things for my [child] and they like helping. It is not like a chore to them. They are warm people. If it was the wrong person it could be stressful."

Another parent told us how the staff respected their child's privacy and dignity when supporting them with intimate personal care. They said, "My [child] is showered in the evenings. The carers always put a little towel round [my child's] private area when [they] come out of the shower. They also talk to [my child] and explain what is happening when they are giving [my child] personal care. To me it's very important to explain what we are doing to [my child]."

Other comments from parents included, "They are all great", "The carers respect [my child]'s wishes and respect [my child], they make sure they communicate with [them] in a way in which [they] can understand", "The carers are very good at communicating with [my child]", "[The staff] demonstrate kindness and respect", "If my [child] is sick, they adapt things and give [my child] more time", "They give my child hugs, appropriate hugs, but they know [my child] really well and they care for [them]" and "The carers will wait outside the bathroom until [my child] says she is ready. They listen to [my child]'s requests. The carers are very good at communicating with [my child]."

The staff had exceptional knowledge of the individuals who they were caring for and wanted to support them with their individual needs. They considered the child's holistic needs when supporting them. The ethos of the service was that their care and support was designed to give positive experiences which lasted beyond the actual sessions. For example, one parent told us about a particular fear their child had. This fear had impacted on the child's experience in the community, restricting time they could spend out of their home with staff and their family. They spoke about how the staff had supported the child to overcome their fears. The staff had broken down the aspects of the activities which frightened the child, supporting them to overcome individual obstacles and using positive reinforcements and rewards. This had helped them to get used to the thing they were frightened of, at a pace the child wanted. We also spoke with the registered manager about this person and saw records which celebrated the person's achievements. In addition the staff clearly understood the person's anxieties and how this impacted on their enjoyment. They wanted to offer support that felt safe for the person. As a result of their work the child had overcome their fear and was able to access the community with their family as well as when they were supported by the Centre. This was

just one example of a young person who had been supported with care, thought and time to overcome obstacles which helped them at school and in the community. There were many other examples of this care as evidenced through speaking to staff and as recorded in the young people's records.

The staff regularly went beyond their normal responsibilities to provide a caring service which considered the needs of the whole family. The feedback we received from families highlighted this. The families felt that they were important and valued as well as their children. One example of this was that one family did not speak English as a first language. The member of staff supporting the young person attended medical appointments with the family and on their own so they could help explain medical terminology to the parents and support them to understand what was happening. They also provided support because the parents needed time to look after their younger children and found it difficult to attend some of the set appointment times. The family were happy for the member of staff to attend appointments with the young person and explain the outcome of these when they returned home. Another parent told us about an example where the provider and staff were kind and caring to the whole family not just the young person. They said, "When we were flooded out, White Lodge Centre was the most supportive service. We had to move out of the house. White Lodge Centre said we could use their washing machine. They cared about my [child]'s transport when we were flooded out as that was a problem. We had no car for two weeks. One carer came to the hotel where we were staying to pick up my [child]. They are very supportive. In times of crisis I can contact them, such as if there is a big family event, and they will help out such as by changing the hours."

Other family members spoke about their individual experiences which showed how the staff had cared for the whole family, being sensitive to family dynamics. They said that whilst the care workers supported the young person, they felt the family as a whole was given something special from the service.

The professionals who worked with the service also felt that the staff provided a very caring service which reflected the needs of the young people and their families. One professional commented, "The staff always seem prepared to go the extra mile and there is generally a warm and welcoming atmosphere. "

The provider had purchased Christmas presents for all the young people and children using the service. These were stored under the Christmas tree in the service's "den" and people were invited to collect their gifts, or they would be delivered to the person at home. The Centre was decorated with art work, photographs and pictures of the young people. The young people had written Christmas cards for the staff and each other, some of these expressing how much they liked the staff and felt cared for by them. This environment provided a safe place where children could enjoy many activities and sensory experiences.

The staff spoke with passion and great fondness about the children and young people who they cared for. During our inspection visit we heard the registered manager and staff at the service talking about the people who they supported. They showed empathy and a great understanding about individual people and their feelings. They were animated and excited when talking about the support they planned to offer and when thinking about new ideas for each person. The service provided exceptionally person centred care. The registered manager had developed systems for capturing the views of the children and young people about their experiences. Following each support session the person was asked to comment about how they felt and any changes they would like. Some of the young people and children could not communicate verbally. The staff used innovative ways to help them express how they had felt and what was important to them. For example, we saw one young person had drawn a picture which they had explained to staff and labelled to show what they had particularly enjoyed about a session. The staff also observed how the young people expressed their feelings and showed emotions throughout the sessions. They noted down all indicators that someone had been particularly excited, happy or unhappy about something that had happened, these included facial expressions, noises, the person's participation and how the person had responded after the

session. The staff used this feedback to help plan for future support sessions. We saw that the information was recorded in a way which was accessible and fun for people using the service. We also saw that the ideas suggested by young people had been followed up and people had experiences changes to care and support which was a direct result of their feedback. These changes were the things which were important to the young person, for example, trying a new food, learning a new skill or going to a new place. We saw that the provider reflected on the feedback they received from the young people and altered their planned future sessions if they thought the young person would prefer different support or a different activity.

The staff told us they had received training about privacy and dignity. Some of the things they told us were, "My understanding is that everyone, no matter the ability or age, deserves complete dignity and respect, and everyone should follow this", "I think that the term is widely recognised and followed at White Lodge", "We should treat the young people we support with respect, making sure they are not made vulnerable and are given the respect as anybody else", "I have had training and this means being aware of the child's needs, wants and feelings and responding appropriately; listening to them, observing body language/gestures and responding and offering choice. Treating them as individuals", "To be treated equally important and to be regarded as an individual and to be respected irrespective of faith, sex, ability or origin", "Dignity and respect is ensuring that the young person is respected at all times and their physical and emotional needs are taken into consideration, I have had training in this. An example would be helping a young person with toileting needs or changing them for swimming ensuring their privacy is adhered to", "I have had equality and diversity training and I put this to practice in my role as one young person I work with does not eat meat for religious reason therefore I do respect their culture and ensure they have a variety of non-meat food choices", "When supporting a young person with personal care I ensure they are given a chance to be as independent as possible", "To me dignity is about working in a respectful, empathetic manner and being mindful of treating children, young people and vulnerable adults with the utmost of respect no matter what their needs and disabilities are. Treat others as you would want to be treated yourself. Never undermine others less fortunate than yourself" and "We need to treat everyone as individuals whatever their differences or values and ensure their particular needs are met."

People were supported to learn new independent living skills and to do as much for themselves as they were able. The registered manager told us they worked with the young person's school so that they had agreed expectations of the young person's abilities and goals for developing skills.

Is the service responsive?

Our findings

Parents told us staff had outstanding skills, and had an excellent understanding of their child's social and cultural diversity and how to provide person centred treatment and support. They said they felt the service was very responsive to their needs and offered flexible and person centred support. One parent explained, "The carers are very adaptable. They care about what they do, they enjoy it and they are responsive and good listeners. They are a life-saver. I really appreciate them." Another parent told us, "It's fantastic. They are brilliant. It is tailor made to meet my [child's] needs and she loves it. There is nothing which is too much trouble. They are very, very good. My [child] is on a special diet. If they are on an outing the carers make sure [my child] has the right food." Another parent said, "They have a close understanding of my [child]. I don't worry when [my child] goes out with the carers."

One parent told us, "The carer working with [my child] is very knowledgeable and experienced. They are able to meet [my child's] special needs." Another parent said, "I'm very happy. The carers have helped my [child] to become more confident. [My child] is a little more independent than having us all the time. [They] love going out. It has boosted [my child's] confidence. With the combination of school and [their] care [my child] is one hundred percent more confident than [they] used to be."

Another parent commented, "I am very happy with the support for my [child]. The carer comes in the mornings and gets [them] up ready for school. [They] have a shower and breakfast. The carer is very good. She is really professional and friendly and understands my [child's] needs very well. She takes [my child] out once a month on a Saturday to access the community. She takes [them] bowling and to [the shops] where my child buys their own toiletries. They then go [for dinner] which [my child] loves and then onto [a music shop] where [my child] chooses a DVD."

Other comments from parents included, "My [child] is non-verbal. The carers are very aware of PECS (a communication system). My [child] uses PECS at home, in school and with the carers. [My child] can show the carer what he wants and the carers respond to this", "I have to take my hat off to the domiciliary staff as they have so much patience with all the children. My [child] loves going out. Respect is the best thing" and "[My child] loves it. They know when the carers are coming to the door. [My child] loves going to White Lodge. They usually take [my child] out. They may go to the cinema, or to lunch. The majority of the time [my child] pops into White Lodge to go into the Sensory Room."

The service provided to children and young people included personal care visits, overnight support and support to pursue leisure and social activities within the community, at the young person's home and at the White Lodge Centre building. Care packages were designed around the needs of the child or young person and their family. The majority of people using the service at the time of the inspection were teenagers and support included learning independent living skills, such as cooking, using public transport, accessing the community and interacting with other members of the public. There were also support packages for some younger children. These included providing personal care and support in their homes before and after school, during the weekends and the school holidays. The staff also offered support for people when

attending hospital appointments if this was needed. The registered manager told us they were flexible in the support they could offer and people could request changes to their planned care and support and these were accommodated if the staffing resources allowed.

The professionals who we spoke with told us the service was focused on providing person-centred care and that it achieved exceptional results. One of the local authority professionals involved in planning and commissioning support told us, "There is a "can do" culture at White Lodge, which comes from the management and leadership team and permeates the organisation. [They] are always considering ways to creatively develop services and they work very effectively with Surrey County Council for the benefit of children. This "can do/can help" culture is evident right throughout the organisation. For example [the registered manager] going to great lengths to ensure vulnerable families get the support they need. Individual members of the White Lodge team very effectively communicate options for support with me and colleagues in the team which enables a scarce resource to be maximised." The other local authority professional said, "The service is well run, responsive and reliable and seen as a lifeline by many parents." A healthcare professional working with the service told us, "Staff are generally easy to contact and are responsive to requests, within the demands on their services."

The registered manager and centre manager told us that they worked closely with the families of people who they supported. They spoke about how they got to know the whole family and supported them to think of creative ways to get the best out of the service for the child and the whole family.

The service was flexible and responsive to people's individual needs and preferences. They had found creative ways to enable the children and young people to live as full a life as possible. The registered manager told us about a number of different achievements individual people had made. For example, one young person who used the service had been very frightened of having their hair cut. They would not let anyone touch their hair. Their family had been unable to make arrangements where the young person felt safe and comfortable with this happening. Through the support of the staff at White Lodge Centre the person was now making regular visits to the barbers to have their hair cut. The staff had worked with the young person helping them build a relationship with the barber so that they felt safe and the registered manager reported they now enjoyed the experience.

Many of the children and young people using the service found transitions (moving from one service or place to another) challenging. For example, the registered manager told us about one young person who did not like leaving the hydrotherapy pool at the end of a swimming session. They had worked with the young person to help plan the next activities and think about resources that were close by, such as the sensory room to help make the transition away from the pool more pleasurable. The registered manager told us the staff knowledge of individual needs around transitions was exceptional. The staff confirmed this by telling us about how they got to know each individual and their family circumstances well. They told us they shared ideas about what worked well and things that had not worked well with other staff and the family so that they could all have a consistent approach. For example, the staff told us about one young person who had moved house. The person became distressed if journeys took them close to their old house. The staff were all aware of this and could plan journeys with this person to ensure they did not cause distress. The registered manager told us that many of the young people liked following certain routes when travelling. The staff knew this, and information about this was recorded, so that people could travel their preferred journeys. The registered manager said that this had been included in the continuity plans so that when journeys were affected, such as adverse weather and road closures, the staff could support the young people to understand this and plan for alternative journeys.

The young people, particularly the teenagers, were supported to learn independent living skills, including

safe travelling, use of money, safe use of the community, cooking and social interactions. As part of this the provider had organised for small peer groups to spend time together enjoying a social activity. We saw one young person's feedback about one event they had attended and enjoyed.

There was evidence that the support from the provider had helped contribute to improvements for people. For example, one young person had been assigned a high staff ratio due to incidents where they had put members of the public at risk. The provider had a clear plan to provide support for this person and had worked with them to help manage some of the feelings they had which had led to the challenges towards others. As a result, their staffing ratios had been reduced and the registered manager told us they were recommending a further reduction of this. We looked at the records for this young person and saw that they had started to use the community again by visiting restaurants. There had not been further incidents and the person was being able to be more independent and try new things. There were clear recorded plans for supporting the person and the staff had an excellent knowledge of the triggers and situations which might cause the person to be challenging to others. Therefore they were able to follow strategies which reduced the risk of these triggers and respond if they felt the person or others were being placed at risk.

The staff knew how to meet individual preferences and were innovative in suggesting additional ideas that meant the young people had an enhanced sense of wellbeing. For example, one parent told us that their child was frightened of the sound of hand dryers. The staff had suggested that the young person carry a small towel with them so they could dry their hands after using the toilet in public. The parent told us they had not thought of this idea themselves. They said it had made a real difference to their child's experiences of going out as this was an area that had made them anxious. They said, "[The staff] go into every detail and discuss all aspects."

The parents of young people told us that they felt the service had helped enhance their child's social and leisure experiences. The provider's arrangements for social and leisure activities were innovative and met people's individual needs.

Some of the comments from parents included, "[The staff] do some fantastic activities at the [the club they take my child to]; [my child] has done some nice things within [their] ability and brought some lovely things back. The staff give [my child] direction so that [they] can achieve otherwise [my child] would just sit there and do nothing", "The staff help [my child] to go out and buy things to bake", "[The staff] have contacted us to know [my child's] preferences and they have given [them] opportunities to reflect these, for example going to the cinema", "The carers sit down with [my children] and talk through things. They help them with their homework getting them to understand and think out their thought processes", "It is the highlight of [my child's] day. [My child] indicates [they] are very excited and happy to go" and "They take [my child] to all sorts of places. It gives [my child] some social experiences."

The records demonstrated that the young people took part in a range of social activities which were innovative and met their needs. For example, one young person particularly liked a famous film star. The staff supported the young person to visit Madame Tussaud's wax museum in London where they had their photograph taken with the model of their favourite film star. The photographs showed the person's enjoyment at the experience. In addition, the staff told us how the outing had incorporated travel training, money handling and social interaction skills, helping to meet some of the young person's personal development objectives. The provider had made arrangements to extend the normal time of the person's session in order to facilitate this activity which they had specially requested. In another example, we saw how one young person had been supported to make their own meal using the Centre's kitchen. The person had helped to plan for and prepare the meal and had reported that they enjoyed eating it.

In April 2016 the provider introduced a new innovation known as the "Wonderwall". This was a painted wall at the Centre where the young people and children or the staff supporting them posted messages about successful activities and achievements. Where possible the young people themselves were asked to reflect on particular positives. Some of the examples were also illustrated with photographs of the activities and successes. The staff collated the information to demonstrate the individual achievements for each person and to help plan new objectives and goals based on the things each person wanted to do. In addition the young people were awarded certificates to celebrate their successes.

The provider had updated and modified the template for recording each session in order to make this more user friendly for the young person. The records showed what had worked well and if there were any problems that had occurred. The staff encouraged the young people to write these themselves or tell the staff what to write. We saw examples of this, which showed how the young person had thought about each session. Some of these included pictures they had drawn to demonstrate the activities. These records were used by the provider to monitor the success of each session and help them plan for future sessions.

People's care and support was planned proactively in partnership with them and their families. Staff used innovative and individual ways of involving people so that they feel consulted, empowered, listened to and valued.

The parents of the young people told us the provider and staff supported them as well as their child. They said that they worked together to provide the right support for the family as well as the child. One parent said, "The carers come in the mornings and evenings. It takes pressure off the rest of the family. My [child] is quite motivated by people who come into the home." Another parent said, "The carers support [my child] with her meals. It all works out very well." The support plans for each person included the aims for meeting the family's needs as well as the child's. These including giving parents a rest or supporting their child to have new experiences.

The registered manager told us they worked with the families to try and create a flexible service which reflected their needs. This included changing the times and plans of visits to suit the needs of the young person or their family. For example, the domiciliary care service supported families by collecting the young person from the short stay service and providing an activity following if the family wanted or needed a longer period of time before they collected the young person. Other examples included requests from a group of families for various different services. The parents of some young people had requested support and time to use the playground facilities at White Lodge Centre and this had been organised. The registered manager told us about another group of young people who had a physical disability but no cognitive impairment. Following a request from the local authority to provide a bespoke service for the group, they had organised social activities for these young people to spend time with their peers.

The provider recognised that young people between the ages of 18 and 25 years and their families often found the challenges of transitioning to adult services very difficult. They had worked with the local authority to develop a service to support this group of people who had previously used their services as a child. We saw evidence of this project within their business plan. The support included small groups of young adults accessing different community facilities and social outings. The registered manager told us they were looking at ways to expand this service and work with some of the providers of adult services to better support the young person's transition.

Care and support needs were recorded in a plan entitled, "All about me". In addition essential information was recorded on laminated cards which the support workers, or the young person themselves if they wished, carried with them when they were away from the centre or the person's home.

The parents of the young people told us they usually had the same regular support staff and that staff arrived on time and carried out the planned care. Some of their comments included, "[My child] has had the same regular carer for the past year and she is reliable and does everything that we ask of her", "I am very happy. I have two different people coming so that if one is not well or on holiday they can cover each other. They have been doing it a few years. They know my [child] very well", "The carers are very reliable and they do a handover with me when they finish", "For the majority the carers are on time. They can be a bit late due to traffic but it is not that often. They would text me if they're going to be late. One carer was happy to stay on at night to make sure [my children] were settled", "The carers are on time and fulfil their duty by getting my [child] up, getting her ready for school and getting her ready for the school bus", "They are reliable and punctual. They are hardly ever late", "They carers send me a text and apologise if they are ever late, they always make up the time", "They are one hundred percent reliable", "They are always prompt" and "I have no concerns about their time-keeping and reliability."

The staff told us they worked regularly with the same children or young people, getting to know each other and build relationships with them. Some staff told us they had been supported to work with a number of different children because they wanted to extend their knowledge and experience of different disabilities and needs. One of them said, "I support the same young people but sometimes support others and I like this because it enables me to learn new skills."

The staff told us they had enough time to carry out the care visit and to travel between care visits if they were supporting a number of different children/young people during the day. One member of staff told us they had requested additional travel times when this had been identified as a need and the provider had arranged this to make sure they had adequate time to reach the next person.

The parents of the children and young people told us they had been involved in planning their child's care and were aware of the support plan document. They said they had a copy of this and were asked to review it regularly. Some of their comments included, "I had to give information for my [child's] 'All About Me' document. It is a format where we write it together and it is annually updated. I will let White Lodge know if anything needs updating. I have a copy at home and the carers refer to that", "I have been involved in my [child's] care planning and my views are definitely taken on board", "My [child] is verbal and they ask [my child] for their views and what kind of things [they] want to say", "There is a multi-agency meeting every six to 12 months and everyone agrees on the plan" and "We discuss [my child]'s further development together as part of the plan."

The registered manager carried out assessments of the young person and their family's needs before they started offering a service. They worked with the families to create a support plan called "All about me." This was reviewed at least annually and whenever there was a change in the person's needs. The registered manager worked alongside the staff supporting the children and young people and had regular contact with the families. They told us this meant they were able to constantly review whether the support the service was providing was meeting the person's needs. In addition the staff told us they discussed any changes with the registered manager and each other so that support plans could be updated.

Each person had been issued with a terms and conditions which outlined their rights and the provider's responsibilities in providing the care. We saw that these had been signed by the young person's parents or guardians.

The staff also worked closely with schools and the other professionals involved in providing care for each person. The registered manager told us that as far as possible, reviews of care were coordinated to take place at the same time as education reviews.

We looked at a sample of the "All about me" support plans. These had been signed by the young person's parent or guardian and regular reviews had also been signed. The support plan outlined the young person's needs and how these should be met. The plans were extremely person centred. For example, indicating people's preferences about every aspect of their care. The plans also described people's fears and anxieties and how the staff should help alleviate these. Activities people liked and loved were recorded so that the staff knew how best to support people with something they enjoyed if they were feeling anxious or scared. There was information about their sensory needs and how the staff should consider these when planning their care and support. For example, for people who had specific routines or were sensitive to certain textures, sounds or smells.

Each person had a communication profile which described the way in which they communicated and how they needed to be supported. The staff had received training so they could understand and operate communication devices for the young person. They also were trained to communicate using Makaton (a type of sign language). Throughout the Centre and in the information for young people the staff had used pictorial symbols and photographs to help describe specific activities, feelings and plans.

Parents of the young people told us that they knew how to make a complaint or discuss any concerns. The majority of them told us they had never made a complaint. Some of their comments included, "I can talk to them. That is not a problem. They are very approachable", "There was an issue once. They were quite understanding. Sometimes people don't want to listen and don't want to know but I have never experienced this [with White Lodge Centre]" and "If there was a problem, or if I was not happy with the care I would say to the carer I'd rather they did not do that, or to do something else next time. Or I could ring the manager and it would be dealt with. I have not had many concerns. On one occasion, a very long time ago, I asked for another carer but there are no problems whatsoever."

One professional commented, "Any problems or difficulties are dealt with quickly and are seen as learning opportunities." Another professional said, "I recently had a parent relay a concern about White Lodge Centre, which I in turn (with consent) relayed to the service. This was dealt with, and I was able to relay this back to the family." They went on to say, "As a rule, families seem to have few concerns and the children and families gain from the services and support provided."

The complaints procedure was provided to the young people and their families. There had been no formal complaints at the service.

Is the service well-led?

Our findings

The parents of the young people and children using the service told us they thought it was a very good service. Some of their comments included, "They are excellent", "I am very happy with the service. My [child] is very happy. I don't think they could change anything. I would have a session every week if I could", "They have made my life easier. They do everything well and keep us up to date with what goes on. They do a very good job", "I was always on duty before [the service started]. It takes the edge off. It gives more balance to my life. It is much easier", "They are very good at communication. The manager always tells me if there are any changes", "I am more than happy", "The best thing is that my [children] go out and have fun. They have their own time and we get a break. We can spend time with our other children", "The main thing is that my [child] is happy. I'm not just having respite from [my child], [my child] is having respite from us", "[My child] really loves it. It helps [them] with [their] personal development" and "I am very happy and the support is excellent."

Whilst we were speaking with one parent they asked their child to tell us what they thought of the service and they responded by saying, "I just love it."

One parent told us they were not always happy with the service. They said they felt that sometimes the planned visits and activities were cancelled and this made their child upset. They told us they did not always feel involved or aware of what was going on and they would like their child to have more external activities in the community.

Feedback from health and social care professionals included, "I can't really say enough good things about White Lodge. It is a fantastic service that makes a very tangible difference for the better to the lives of disabled children and their families. It is a pleasure working with the team at White Lodge who are single minded in their objective to improve the lives of disabled children", "[The service is] effectively run and managed and provides essential support for many highly vulnerable families across north west Surrey. The feedback from families is very positive. White Lodge supports many severely disabled children who would not be able to live at home [without this support]", "The Centre is very well organised and professional in approach. All aspects of the service represent value for money and are much appreciated by the parents of the children my team supports. The Centre is child focussed and does try to offer a bespoke service meeting the individual and special needs of the children" and "Parents provide me with good feedback on the services received. Some parents inform me that their children enjoy spending time with their peers which consequently means families can get a break."

All of the staff who we spoke with liked working at White Lodge Centre. Some of the things they told us were, "[My work] has encouraged me to look into my own life and find solutions [to help with my personal caring responsibilities]", "I enjoy working with young people, it is rewarding, sometimes challenging but good to help their families and support them in the community", "White Lodge are a good employer who respect and support us at all times, I cannot fault them at all", "I believe the service is an invaluable asset to any family with special needs providing support and respite to families and young people throughout Surrey", "I enjoy building relationships with the staff team and parents and young people, I enjoy working with the

varying needs and ages, I also enjoy the 1:1 element", "I like working with the children and their families", "I cannot think of anything [White Lodge Centre] could do better", "They are a very good organisation to work for. I can't think of any negatives at all", "I enjoy supporting the young people and their families and taking the young people out into the community. I get satisfaction seeing them enjoying themselves and being happy. I also like working for White Lodge as the staff are great and I feel it is a very worthwhile charity providing a great service" and "I enjoy working at White Lodge and love seeing the change in people."

One of the professionals told us they felt that White Lodge Centre was innovative at developing new ideas and schemes. Their comments included, "White Lodge has a very effective management team who are focussed on ensuring that the life opportunities of disabled children are maximised. This has led to innovative services such as the play and leisure schemes and the Saturday club, which are person centred in nature whilst also offering opportunities for socialisation and group activities."

The provider worked with other care organisations to share good practice and support each other. The local authority had asked the provider to lead a group for this purpose. They told us, "[White Lodge Centre] is an open service that invites external scrutiny White Lodge also works very effectively with other voluntary sector organisations to share good practice for the benefit of disabled children across Surrey."

The registered manager and provider kept themselves updated with current good practice and Regulations. There was evidence that they had attended a number of workshops and seminars run by Regulators and other providers.

The provider met with Surrey County Council representatives every three months to review each person's support and plan for the future. The provider told us these meetings were useful and they could discuss if they felt staffing levels should be adjusted for a young person because of a change in their needs. The provider told us that Surrey representatives had commented about how they respected the service and the views of the registered manager and trusted their judgement. They said, "The relationship works really well and is positive for the young people who we are caring for." One professional from the local authority told us, "I regularly meet managers, including the director of White Lodge, to discuss services and support for highly vulnerable disabled children."

The registered manager had worked for the provider for over seven years. They told us they had worked in various roles and with some of the same young people and families since the first started. They told us this had helped them to build relationships with the families whilst their child grew up. They said, "I have really enjoyed seeing [the children and young people] fulfil achievements and develop independent living skills."

One of the parents said about the registered manager, "The lady who runs the domiciliary care is brilliant. She is amazing." The staff told us they felt supported by the registered manager. Some of their comments included, "I receive all the support I need from [the registered manager]", "[The registered manager] is very approachable and welcoming and therefore I always feel supported", "[The registered manager] has worked with me supporting a young person and this has been very helpful" and "I find the support of [the registered manager] very helpful and she will discuss things of interest with me."

The White Lodge Centre manager who lined managed the registered manager spoke positively about them. They said, "[The registered manager] really is fantastic, she has such passion for the role and has developed the service so well." They went on to say, "She has taken the service from strength to strength", "Her goals for the service are realistic", "I absolutely trust her and have faith in her to run this service" and "So much credit for everything that is good about this service goes to [the registered manager]."

White Lodge Centre was set up as a charity by a group of parents over 50 years ago. The organisation has grown since this time. At the time of the inspection, there were a number of services alongside the domiciliary care service registered with the Care Quality Commission. Other services included a nursery, a short stay unit for children with disabilities and holiday play schemes. These were registered with Ofsted. There were also therapy services and a resource centre for adults with disabilities. The provider told us that a lot of the children and young people used a number of the different services. The managers of each service worked closely together sharing information and resources to enable them to meet the holistic needs of the children and young people. We saw evidence of weekly meetings where shared concerns and ideas for good practice were discussed.

The registered manager had set up a very organised and well thought out record keeping system. Information was clearly recorded up to date and accessible. Records were very well maintained.

The provider carried out a number of audits and checks on the service. They had employed an external company to undertake a service development audit which looked at compliance with Regulations and the quality of the service. The feedback from this was extremely positive. Other audits included checks on record keeping, reviews of care and asking people using the service and their families for feedback. They had recently issued a survey to all people using the service and their families. The responses from these had not been collated at the time of our inspection. However, feedback from the 2015 survey was extremely positive with the majority of respondents rating different aspects of the service as "excellent."

The registered manager had asked the staff to complete a SWOT (strengths, weaknesses, opportunities and threats) analysis of the service. The ideas from this had been used to help develop the business plan. The staff had also contributed their ideas to how the service met the requirements of the Care Quality Commission, taking part in an exercise to look at the key lines of enquiry to which we inspect services.

Therefore the provider was making sure people using the service and staff were involved in analysing the service and planning for the future.