

London Care Partnership Limited

# London Care Partnership Limited - 187 Nursery Road

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 19 July 2018 and was unannounced. This was the first inspection of the home since it registered with CQC in June 2017.

187 Nursery Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 187 Nursery Road accommodates up to six people with learning disabilities and/or autism. There were five people living at the home at the time of our inspection.

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

The home is managed by London Care Partnership Limited, a provider of housing and support to people with a variety of needs including autism, learning disabilities and mental health needs.

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 2008 and associated Regulations about how the service is run.

People were safe because they lived in a well-maintained environment with enough staff available to provide the care they needed. The rota was planned to ensure there were sufficient staff to keep people safe and meet their needs. Additional staff were deployed if people's needs changed or they required additional support.

Staff adopted a positive approach to risk-taking which enabled rather than restricted people. Staff understood any risks involved in people's care and took steps to minimise them. Staff understood their roles in keeping people safe and protecting them from abuse. The provider carried out appropriate pre-employment checks before staff started work to ensure they were suitable for their roles.

Medicines were managed safely. Accidents and incidents were recorded and reviewed to ensure any steps that could be taken to prevent a recurrence had been implemented. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People's care was provided by regular staff who knew their needs well and provided support in a consistent way. Staff had a comprehensive induction when they started work and access to the training they needed for their roles. They met regularly with their line managers for reflective practice meetings which provided

opportunities to discuss their performance and any training needs.

People's needs had been assessed before they moved to the home. Transitions between services were well-planned and managed, which had enabled people to settle in quickly and successfully. People were supported to exercise choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People's dietary needs were met and they were encouraged to choose what they ate whilst maintaining a healthy weight and diet. Staff supported people to stay healthy and to obtain treatment if they needed it. Staff were observant of any changes in people's healthcare needs and responded promptly if they became unwell. People who had ongoing conditions were supported to see specialist healthcare professionals regularly.

Staff were kind and caring and had established positive relationships with the people they supported. Relatives told us staff worked hard to provide the support their family members needed. Staff treated people with respect and maintained their dignity. Relatives told us staff encouraged their family members to perform tasks with support, which maximised their independence. People were supported to maintain relationships with their friends and families. Staff kept people's relatives up to date with important events and informed them promptly about any concerns.

People received care that was tailored to their individual needs. Staff consulted people and their relatives when planning people's care and involved relevant professionals where necessary. People had opportunities to take part in activities they enjoyed. Staff encouraged and promoted people's involvement in their local community.

There were appropriate procedures for managing complaints. Relatives told us the registered manager had responded positively to any issues they had raised.

Relatives, professionals and staff told us the home was well managed. Relatives said the registered manager was approachable and always made themselves available if they wished to discuss any aspect of their family member's care.

Staff understood the provider's values and demonstrated these values in their practice. There were clear expectations about the quality of care and support people had a right to expect. The provider was a person-focused organisation and the views of people who used services were listened to and acted upon. The provider welcomed feedback from people, relative and professionals and used this to improve the service.

Staff were well supported by the registered manager and had opportunities for professional development within the organisation. Staff felt valued for the work they did and told us their suggestions for improvements were encouraged. They told us the registered manager supported the team well and led by example in their approach to supporting people. The registered manager and team leaders had attended development coaching to improve their skills in supporting staff. The provider had effective systems of quality monitoring, which involved people who used services.

Staff shared important information about people's needs effectively. Team meetings were used to ensure staff were providing people's care in a consistent way that reflected best practice. Professionals provided positive feedback about the way in which staff worked with them to ensure people received good quality care that met their individual needs. Staff also had access to advice and guidance from specialist professionals employed by the provider, such as the Positive Behaviour Support Team.

The standard of record-keeping was good and personal information was kept confidential. The registered manager kept up to date with changes in legislation and best practice and had informed CQC about notifiable events when necessary.

Further information is in the detailed findings below.

## 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.

There were enough staff to meet people's needs and keep them safe.

People were supported to take manageable risks

Staff understood their roles in keeping people safe.

People would continue to receive care in the event of an emergency.

People were protected by the provider's recruitment procedures.

Medicines were managed safely.

### Is the service effective?

Good 

The service was effective.

People were given good support to manage their move to the home.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People were encouraged to maintain a healthy diet and staff were aware of any dietary restrictions.

Staff had the skills and knowledge they needed to support people effectively.

Staff had access to appropriate support, supervision and training.

People lived in an environment that suited their needs.

People's healthcare needs were monitored and they were supported to obtain treatment when they needed it.

### Is the service caring?

Good 

The service was caring.

People received consistent care from staff who knew their needs well.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people in a way that promoted their independence.

### Is the service responsive?

Good ●

The service was responsive to people's needs.

People received care that reflected their individual needs and preferences.

People had access to activities they enjoyed.

People were supported to be involved in their local community.

People received a positive response if they raised concerns.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager provided good leadership for the service.

Staff understood the provider's values and demonstrated these in their work.

People, relatives, professionals and staff were encouraged to give their views about the service and the provider responded positively to feedback.

Staff shared important information about people's needs effectively.

Quality monitoring checks ensured people received safe and effective care and support.

Staff worked effectively with other professionals involved in people's care.

Records were well organised and up to date.

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# London Care Partnership Limited - 187 Nursery Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on 19 July 2018 and was unannounced. This was a comprehensive inspection carried out by one inspector.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. 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 reviewed quality monitoring reports following visits to the home by the local authority. We received feedback by email from two health and social care professionals who had an involvement with the home.

During the inspection we met three people who lived at the home and five staff, including the registered manager. As some people were not able to tell us about their experiences of the home verbally, we observed the support they received and the interactions they had with staff.

We looked at the care records of two people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We checked fire and health and safety records, the accident/incident log and minutes of team meetings. We reviewed surveys distributed by the provider and returned by relatives in April 2018.



We checked four staff recruitment files and records relating to staff supervision and training. We also looked at records used to monitor the quality of the service.

After the inspection we received feedback by telephone from three relatives about the care their family members received.

This was the first inspection of the home since its registration in June 2017.

# Is the service safe?

## Our findings

People were safe because staff managed risks effectively and maintained a safe environment. Healthcare professionals told us that staff provided people's care in a safe way. Feedback from relatives confirmed they were confident that their family members were safe at the home. One relative commented in a recent survey carried out by the provider, "LCP (London Care Partnership) have been very careful in matching the residents of Nursery Road to facilitate a safe environment. We interact with staff on almost a daily basis and we think that they have qualified staff and checks and balances in place to ensure a safe environment." Another relative commented, "[Family member] is safe and supported at all times."

Risk assessments had been carried out to identify any hazards involved in people's care and support. These were comprehensive and provided guidance for staff about how to minimise any risks people faced. Risk assessments were used in a positive way, identifying measures to minimise risks which enabled people to live full and meaningful lives as safely as possible. The PIR stated, 'Risk assessments and care plans are reviewed and updated when needed to mitigate further risks, but we promote positive risks by creating structured plans in order to use the least restrictive alternatives possible while promoting freedom, choice and independence.'

There were enough staff deployed on each shift to keep people safe and meet their needs. Staff were available at the home 24 hours a day, with a member of waking staff and a sleep-in at night. The registered manager calculated the numbers of staff needed on each shift based on people's needs. For example, staff had identified that one person's behaviour often challenged the service when they returned to the home from a period away. Additional staffing was planned for the days on which the person's return was planned to ensure there were sufficient resources to meet people's needs safely. Each person was allocated a number of one-to-one support hours each day. If these were not used for any reason, the support hours would be 'banked' and used to support the person on another day.

Staff understood their roles in keeping people safe. All staff attended safeguarding training in their induction and regular refresher training thereafter. Staff knew how to raise concerns if they witnessed abuse or poor practice. They said safeguarding was discussed in team meetings and that the registered manager had reminded all staff about their responsibility to report any concerns they had about people's care. One member of staff told us, "We get safeguarding training and we are told to report if we are concerned." Another member of staff said, "All the time we are told, if you see something, report it."

There had been one safeguarding investigation since the home opened. A relative raised concerns about how their family member had been treated by a member of staff. Having received this information, the provider reported the allegations to the relevant agencies, including the local authority safeguarding team and CQC. Following an investigation and internal disciplinary process, the member of staff was dismissed and referred to the Disclosure and Barring Service (DBS) for inclusion on the DBS barring list. The DBS helps providers ensure only suitable people are employed in health and social care services. Employers in the health and care sector are required to check the DBS barring list before making recruitment decisions to preclude people included on the list from employment.

Following the safeguarding investigation, the local authority found during their monitoring visits that there were 'clear safeguarding processes in place' and that staff had 'a good understanding of safeguarding and how to raise a safeguarding alert.'

People were protected by the provider's recruitment procedures. Staff were appointed following submission of an application form and a face-to-face interview. The provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Any accidents or untoward events that occurred were recorded and used to improve the care people received. The PIR stated, 'Incidents are immediately reported, investigated and debriefed and learning outcomes are used to improve procedure further.' We found evidence to support this statement. Accident/incident records demonstrated that events were analysed and risk assessments and care plans updated to minimise the likelihood of a similar event happening again.

People's medicines were managed safely. Staff authorised to administer medicines had attended training in this area and their competency had been assessed. The provider had clear medicines procedures and staff followed these to ensure people received their medicines as prescribed. There were guidelines in place regarding medicines prescribed 'as required' (PRN). Medicines were stored, recorded and disposed of appropriately. The PIR reported that there had been no medicines errors in the last 12 months.

The home was hygienic and staff maintained appropriate standards of infection control. Staff attended infection control training in their induction and regular refresher training. There were cleaning schedules in place and these were checked for completion. Risk assessments had been carried out for the use of potentially hazardous substances (COSHH products) and these were stored safely.

Staff carried out regular checks to maintain the safety of the building. These included monthly maintenance audits and checks of fire systems. The provider maintained appropriate standards of fire safety. A fire risk assessment had been carried out and a personal emergency evacuation plan had been developed for each person. The fire alarm system and firefighting equipment were professionally inspected and serviced at regular intervals. The provider had developed a business contingency plan to ensure people would continue to receive care in the event of an emergency.

## Is the service effective?

### Our findings

Transitions between services were well-planned and managed, which meant people received good support to settle quickly into their new home. The PIR stated, 'Time, attention and care have been given to the assessment selection and resettlement of the people to ensure that the environment is appropriate for meeting their needs.' We found evidence to support this statement. People's needs had been assessed before they moved to the home to ensure staff had the skills to provide their support. When a move had been agreed, staff from the home worked alongside staff from the person's previous placement to ensure consistency of support throughout the transition process.

One relative told us their family member had previously found moving between services challenging but the transition process implemented by the home had enabled their family member to manage the move without distress. The relative said, "They did an amazing transition, they handled it so well. For two weeks before the move they sent staff three or four times a week to work alongside [person] and his existing staff, so even before he moved in they knew him well." A professional also provided positive feedback about the support a person had been given to settle in. The professional told us, "The young person's transition to the new home was managed exceptionally well, with a lot of thought, time and consideration around the person's needs and anticipating what triggers could potentially bring anxiety for the person when moving. The person moved and settled in very well on the first day."

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had a good understanding of the MCA and encouraged people to make choices in their everyday lives. The registered manager told us that the staff team had considered how each person could best be supported to communicate their needs and wishes. The PIR advised that staff had access to specialist training which gave them the skills to support people with complex communication needs. The PIR stated, 'Staff receive person-centred, specialised training from professionals that are experts in their field. This enables staff to support those requiring additional communication tools for making decisions.' The registered manager said the team had also sought advice from the National Autistic Society to develop tools which supported people to communicate their views.

When assessing people's capacity to make decisions, staff had followed an appropriate process to ensure

their rights under the MCA were protected. If an assessment identified that a person lacked the capacity to make a particular decision, staff had consulted all relevant people to ensure the decision was made in the person's best interests. Where people were subject to restrictions for their own safety, applications for DoLS authorisations had been submitted to the local authority. Three DoLS authorisations had been approved by the local authority and two were awaiting assessment at the time of our inspection.

Staff understood that restrictions should only be imposed upon people where authorised to keep them safe and should be as least restrictive as possible. Some of the methods in which staff attended training involved the use of restraint as a last resort. This training equipped staff with strategies and skills to de-escalate behaviour and thus to minimise the use of restraint. There were procedures in place to ensure that any incidents involving restraint were risk assessed, recorded and reviewed.

People's dietary needs were met and they were able to choose what they ate. The menu was planned to take account of people's preferences whilst ensuring people ate a healthy diet that met their nutritional needs. One person was being supported to lose weight as this was a goal they had identified as important to them. Some people had dietary needs related to their religious beliefs. Staff purchased and prepared foods in a way which ensured these needs were met. A member of staff told us that they also had dietary needs related to their religious beliefs and said these were known and respected by colleagues.

Staff provided good support to people who had complex dietary needs. One person was restricted in the foods they ate and was at risk of failing to maintain a healthy weight. Staff had been creative in their approach to supporting the person and had worked with professionals to ensure the person's needs were met. For example staff had changed the colour of the cutlery and crockery and found that the person ate more as a result. Staff had also identified that the person was more likely to eat foods presented in certain shapes. Preparing food in these shapes had also increased the person's food intake and helped the person achieve and maintain a healthy weight. One professional told us, "The young person has CHC funding which is now mostly in relation to their nutrition. This has been an issue and concern from childhood. The staff team have been innovative in their approach, and finding new and sensitive ways to support the person to develop their tastes and to eat more food. They have worked alongside the dietitian, GP, family and CHC team."

Staff received the training and support they needed to perform their roles well. All staff had an induction when they started work during which they were introduced to the values of the organisation and the expectations of them in their role. Staff also attended mandatory training including moving and handling, food safety and first aid. The PIR stated, 'New-to-care staff are provided enhanced training that, at a minimum, meets the Care Certificate standard. Further induction provides them with the knowledge and skills to understand and competently support clients' individual needs and preferences.' The Care Certificate is a set of nationally agreed standard which health and social care workers are expected to demonstrate in their daily working lives.

The provider ensured that staff had access to the specialist training they needed to meet people's needs. For example staff attended epilepsy training and training in methods of responding to behaviour that challenged which used calming techniques and, as a last resort, physical interventions to keep people safe. Staff were also trained how to support people using the Positive Behaviour Support (PBS) approach. This approach involves understanding the reasons for people's behaviour and considering the person as a whole, including their life history, physical health and emotional needs, to identify ways of supporting the person.

Staff met regularly with their line managers for reflective practice meetings (RPMs). These meetings were

designed to provide opportunities for staff to evaluate their performance in their roles and to discuss their development needs. Staff told us they found RPMs useful and that they were encouraged to contribute to and take ownership of their professional development.

Staff communicated with one another effectively. There was a handover at the beginning of each shift at which staff beginning work were briefed on any updates or changes to people's care. There was a plan in place for each shift which allocated key tasks, such as medicines administration, to individual members of staff to ensure accountability for their completion. A shift leader was also designated to make sure all tasks were carried out.

People lived in an environment that suited their needs. The home was purpose-built and provided comfortable and homely accommodation. Shared and private rooms were spacious and well-decorated. Each person's bedroom was personalised to meet their individual tastes and preferences. Equipment and adaptations had been installed to support people's mobility and independence. The home had a large garden which staff said was well-used by people who lived at the home.

People received good support to stay healthy and to access community and specialist healthcare services when they needed them. The registered manager told us the home had established a good relationship with the local GP surgery and that GPs would carry out home visits if people were unwilling or unable to attend appointments at the surgery. There was a health action plan in place for each person which provided detailed information about all aspects of their health and well-being. Health action plans were reviewed regularly to take account of any changes in needs.

One person had complex epilepsy which caused frequent seizures. Known anti-epileptic drugs had not been effective in reducing the person's seizure activity. The person had elected to take part in a medicines trial and staff supported their participation. This involved staff keeping detailed notes of the person's presentation and making nightly telephone calls to the hospital to provide information updates. Some people had needs related to their mental health. Staff worked closely with healthcare professionals including consultant neurologists and consultant psychiatrists to ensure people had the support they needed to maintain good mental health.

## Is the service caring?

### Our findings

People were supported by kind and caring staff. Relatives told us their family members were happy at the home and that they received good care. One relative said, "We are extremely happy. He is making use of the whole house, which he has never done before, and that's lovely to see. He feels so comfortable there." The relative added, "He is so happy there. When he visits us, he is always happy to get back [to the home], which is nice to see."

Another relative told us, "I am really happy with it all. I feel very lucky that we found this place." The relative said of staff, "They try their best. They support him in every way they can. He is number one when he is being looked after." A professional who had worked with the home said, "From my observations and interactions with the team, they do appear to be kind, caring and compassionate. They don't rush people they are working for, are empathetic to the individual's needs, and have expertise in supporting people who are autistic."

Relatives had provided positive feedback about the care people received in the most recent survey carried out by the provider. When asked to comment on whether staff were caring, one relative said, "I feel that this is expecting [sic] throughout LCP [London Care Partnership] and with good leadership this is achieved." Another relative commented, "Overall [family member] is very happy and settled quickly at Nursery Road. We have a good relationship with staff and are always kept well-informed of his well-being and progress. He appears relaxed and trusting of staff too."

People were supported to maintain relationships with their friends and families. Relatives told us they could visit their family members whenever they wished. They said they were made welcome by staff whenever they visited. People had opportunities to attend social clubs and one person was supported by staff to visit friends they had made in their previous placement. Staff worked co-operatively with people's families to ensure people received the support they needed in the way they preferred. For example one person was reluctant to receive support from staff regarding their haircuts, nail care and being weighed. The person responded better when their family supported them with these tasks so staff liaised with the person's family to achieve this. Another person wanted to go on holiday with their family but needed support to do so. A member of staff had accompanied the person on the holiday so they could attend as they wished.

Relatives told us that staff treated their family members with respect. They said staff maintained their family member's dignity and respected their right to privacy when they wanted it. All the relatives who responded in the most recent quality survey agreed that staff listened to their family member and treated them with dignity and respect. One relative commented, "We believe that LCP pay a lot of attention to ensuring residents such as our son are treated with compassion, kindness, dignity and respect based on everything we have seen to date." Staff were supported to understand the Human Rights principles, including dignity, fairness, equality and respect, through classroom-based training and e-learning.

People's religious and cultural needs were known and respected. Some of the people living and working at the home had religious beliefs that meant they had specific dietary requirements or needed to pray at

certain times. Relatives told us staff supported their family members to practice their religion and provided food that met their dietary requirements. The PIR stated, 'Staff ensure that clients and their families' religious and cultural beliefs are honoured. This also applies to staff as well, such as giving people time to pray and purchasing Halal meat.'

People were supported by a consistent staff team. Holidays and sickness were covered either by permanent staff working overtime or by bank staff, some of whom had previously worked for the organisation on a full-time basis. Relatives told us this meant their family members received consistent care and support from staff who knew their needs well. One relative said, "Staff are very caring and understanding of [family member's] needs."

Relatives told us staff maximised their family member's independence and the local authority found during their quality monitoring visits that, 'Residents are encouraged to be as independent as possible.' Relatives said their family members found it difficult to manage most tasks independently but that staff encouraged them to perform tasks with support. Staff told us they encouraged people to do as much as they could for themselves, including household tasks such as meal preparation, laundry and recycling. One person enjoyed participating in the routines of the home and had been assigned a role which involved them in quality checking alongside staff.

The PIR provided an example of how staff had supported one person to apply for and gain employment. The PIR stated, 'One person using the service wished to venture into a work setting and was looking for an opportunity to improve on his skills, and better his life prospects which would have a positive effect on his self-esteem. The Home Manager and the keyworker helped the person to complete a CV and covering letter for a job opportunity within LCP. The Home Manager also helped the person prepare for a job interview as close to a real life setting as possible. The person was successful in his interview and is now in employment.'

Staff sought the views of all relevant parties when planning people's care. Relatives told us they were consulted about the support their family members received. They said their views about their family member's care were considered when their care was planned. The views of professionals were also sought and recorded where appropriate. People's friends and relatives were invited to planning meetings and reviews.



## Is the service responsive?

### Our findings

People received care that was personalised to their needs. In the most recent survey carried out by the provider, one relative said, "Staff seem to understand [family member's] needs and respond appropriately." Another relative commented, "I feel that a lot of planning is put in place to ensure that all staff have awareness of each client and their needs and what is expected." A third relative stated, "The house tries always to meet the needs of each individual." A professional who had worked with the home told us, "The team are person-centred in their approach, and I have observed them working and can see they understand the needs of the individual."

Staff planned people's support to meet their individual needs in conjunction with specialist professionals. These professionals included Positive Behaviour Support (PBS) practitioners employed by the provider. The PIR advised that the provider's PBS team included a speech and language therapist, a behaviour analyst and a Quality of Life Lead. PBS practitioners had worked with staff from the home to develop behaviour support plans for people where required. For example, one person exhibited behaviour that challenged the service when they became distressed. Staff had worked with professionals to develop a positive behaviour support plan, which aimed to understand the motivation for the behaviour and plan positive responses that staff could use. Staff also ensured that behavioural charts were completed if the person exhibited behaviour that challenged. These charts were reviewed to establish what action could be taken to prevent the person resorting to this behaviour.

Feedback from relatives in the most recent survey confirmed that people's individual plans reflected their needs and set out the support they needed to maintain a good quality of life. One relative commented, '[Family member] has a good PCP [person-centred plan] in place and a structured timetable which helps regulate his sensory needs and keeps him happy.' Another relative said, 'The manager is always working towards implementing the most effective plan and activities for [family member] with the aim to ensure [family member] is content, stimulated and supported as much as possible.'

Some people at the home did not communicate verbally and had specific communication needs. The home benefited from the input of a speech and language therapist, who had supported staff to develop a personalised communication profile for each person. Depending on the needs of each person, communication profiles made use of Makaton signs, objects of reference, symbols and photographs. Whilst relatives told us they viewed these personalised plans as important, they said that staff's understanding of their family member's individual needs was vital in ensuring effective communication. One relative told us that "They know him really well so they understand his communication. He does not communicate verbally so they offer him visual choices."

The registered manager provided an example of how effective communication had achieved good outcomes for one person. The registered manager told us that the person had been recommended to have a blood test to monitor a healthcare condition but had never been willing to comply with this procedure. The registered manager said staff had worked with the person over time to enable them to understand and feel comfortable with the procedure. The techniques used by staff included Social Stories, a method of

communication which can help people on the autistic spectrum develop greater social understanding. Social stories include specific information about what to expect in a situation and why. In addition to Social Stories, staff arranged for the person to visit the clinic in which the blood test would be carried out to enable them to become comfortable in the environment. On the day of the procedure, the registered manager assigned a member of staff with whom the person had a particularly good relationship to accompany them to the appointment, which was carried out successfully. This a positive outcome for the person as it supported better monitoring of their health. The person's relative told us staff had worked hard to support their family member to overcome their anxieties about the procedure and to achieve a positive outcome. The relative said, "No-one had ever taken him for a blood test before. Nobody had been prepared to try."

Staff supported people to take part in activities and promoted their involvement in their local community. Activities were planned based on people's individual interests and staff encouraged people to try new activities. For example one person enjoyed watching aeroplanes so staff had taken them to Heathrow airport to enable them to do this. Another person had been supported to try skiing and, having enjoyed it, were supported to go skiing each week. Each person was allocated a sum of money by the provider to take an annual holiday.

Some relatives reported that their family members found it difficult to access the community as they displayed behaviour that challenged staff. Relatives told us that staff had worked hard to manage these challenges to ensure their family members had opportunities to participate in the life of their community. One relative told us, "It can be difficult for staff to support [family member] in the community but they do try. He has his one-to-one music therapy and he does companion cycling. They take him swimming on a Saturday." A professional echoed these comments, reporting that the efforts of staff had realised benefits for the person they supported. The professional told us, "The young person has knowingly in the past not left their bedroom for long periods, and since moving to the new home has spent a lot more time in the communal areas and walking outside. The staff team have worked in finding ways to encourage community access. Whilst this might look like small progress for the individual, in reality for them it has been huge progress with their increased community access."

No-one at the home was receiving end-of-life care but the provision of this aspect of care had been discussed at the provider's Quality Action Group. The PIR advised that, as a result of this discussion, work had begun to 'Enhance end-of-life care plans and preferred priorities of care to ensure people and their families are involved in every step of the decision process and make sure all eventualities are planned for.'

There were appropriate procedures for managing complaints. The provider had a formal complaints procedure that set out how complaints would be managed. None of the relatives we spoke with had made a complaint but they told us they knew how to do so if required. Relatives said that they had always been able to raise any concerns they had with the registered manager. They said the registered manager demonstrated a positive and collaborative approach to resolving issues .

The registered manager set out in the PIR how the service planned to improve opportunities for people to speak up if they were dissatisfied. The PIR stated, 'As we get to know the new residents and their communication needs, we would like to make sure that they are empowered to raise concerns in confidence, through residents' meetings, keyworker reviews, local authority reviews and everyday contact with our staff in a way that they are able to understand.'

## Is the service well-led?

### Our findings

Relatives, professionals and staff told us the home was well managed and that the registered manager provided good leadership. Relatives said the registered manager was approachable and always willing to discuss any aspect of their family member's care. One relative told us, "[Registered manager] shows very good leadership. She responds very quickly if I raise anything with her. She sets up plans so all the staff know exactly what they are doing. She always makes herself available if I want to discuss something with her." Another relative said, "[Registered manager] and I have regular contact, at least once a week; she very much keeps me up-to-date with everything. We have a very open relationship with them. They send me videos of [family member] doing his activities, which is lovely to see."

Professionals also provided positive feedback about the way the home was managed and the quality of communication. One professional told us, "In my interactions with the home it appears to be well managed, and communication has been open. The person we have placed has parents who visit regularly and often unannounced, and I know from their reports that they have no concerns, only praise for the service."

Satisfaction surveys returned by relatives highlighted the quality of leadership at the service and amongst the provider's senior managers. Relatives reported that the provider ensured people who used services were the focus of planning and development. One relative commented, "We have found LCP to be extremely well led and a resident-focused organisation, right from the top. The house manager does an excellent job and goes to great lengths in looking after the residents, as does the head of operations who remains involved in [family member's] provision. The organisation is very receptive to including family involvement and support." Another relative said, "I feel that the company has managed to have each house managed by effective managers who focus on both the young people and their needs but also leading by example for the staff and the ethos of the company as a whole."

The registered manager had worked at the home since it opened and was registered by the CQC in October 2017. Staff said the registered manager provided good leadership for the home and supported the staff team well. They told us the registered manager promoted the provider's values and led by example in their interactions with people and the manner in which they provided support. One member of staff said of the registered manager, "She is a lovely person. She will listen to you if you've got a problem and make sure something is done." Another member of staff told us the registered manager had supported them during a personally difficult time. The member of staff said, "She has been massively helpful. I had needs of my own. She was very understanding. We all have a lot of respect for her."

Staff told us the registered manager had emphasised the need for all staff to adopt an open and transparent way of working. One member of staff said, "[Registered manager] has stressed the Duty of Candour. She encourages us to be open in the way we work." Another member of staff said of the registered manager, "She is always honest. You know where you stand." A professional who had an involvement with the home told us they had confidence in the openness and transparency of the provider. The professional said, "I have worked with the provider previously, and have always found them to be transparent in sharing information, to be honest in who they can and cannot support in their services, and to be professional in working with

families and other professionals."

Staff told us the registered manager was involved in all aspects of the service and they had learned from the registered manager's practice. One member of staff said of the registered manager, "She's very good at her job. She's more than willing to help out." Another member of staff told us, "She is involved in everything. She is so supportive. She is very hands-on." A third member of staff reported that they had learned from the way in which the registered manager supported people. The member of staff told us that staff had found difficulty in supporting a person who was reluctant to eat. They said the registered manager had demonstrated to staff how to support the person to achieve the best outcomes for them. The member of staff told us, "We had a few sessions where [registered manager] supported him. I watched her and learned how to do it. I have learned so much from her."

Staff understood the provider's values of collaboration, accountability, responsiveness and excellence and consistently worked towards achieving these. Staff spoke positively about their roles and told us the provider was a supportive employer that provided opportunities for development and progression. One member of staff said, "The good thing about this company is that they develop you." Team meetings took place regularly and staff said these were valuable opportunities for discussion. Minutes demonstrated that team meetings were used to reinforce important messages to staff and to update staff about any changes to people's care. Staff told us that the registered manager encouraged them to contribute their ideas about how people's care and support could be improved. One member of staff said, "She listens and she takes on opinions."

The provider had effective systems of quality assurance and had involved people who used services in this process. The provider's Quality of Life lead carried out unannounced monitoring visits and produced reports of their findings. People who used the provider's services were employed as peer quality checkers and carried out visits to the provider's care homes. The provider had a Quality Action Group, which met every two months. A manager and a representative from each home attended to discuss current issues within their services.

The provider's service managers and team leaders had recently enrolled on a leadership academy course which focused on self-reflection, coaching skills, leadership styles and conflict management. The course had trained senior staff to provide constructive feedback, challenge poor practice and support staff in meeting their personal and professional goals. The service had achieved accreditation by the National Autistic Society, which works to improve the quality of provision for people with autism, and with Investors In People, an organisation which helps employers support their staff. The registered manager said the service made use of resources and guidance provided by organisations such as the National Institute for Health and Social Care Excellence (NICE) and the British Institute of Learning Disabilities (BILD) and used these resources to inform and improve practice.

Professionals told us staff worked well with them and followed any guidance put in place by specialist professionals. A healthcare professional told us, "The service has implemented and kept under review professional guidance by other professionals for the person we have placed. They have good and detailed records in place. They are known for their expertise in autism, but they don't assume this expertise and are open to discussion with professionals." The local authority reported following two unannounced monitoring visits in May 2018 that the home had effective systems of communication, strong leadership, staff who knew people's needs well and comprehensive care plans.

The standard of record-keeping at the home was good and people's personal information was kept confidential. Staff maintained accurate records for each person about their needs and the care and support

they received. The registered manager had informed CQC and other relevant agencies about notifiable events when necessary.