London Care Partnership Limited

London Care Partnership Limited - School House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 10, 13 and 16 June 2016 and was unannounced.

London Care Partnership- School House provides care and accommodation for up to ten people with learning disabilities. It is located in Sunbury on Thames in Surrey. At the time of the inspection the home was fully occupied.

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

The service was well led with strong values and a vision to involve people as much as possible and continually improve people's experience. The service aimed to follow evidence based best practice in the care of people with autism. They adopted approaches reflected in a significant body of authoritative guidance. Having achieved recognition from the National Autistic Society (NAS) for creating an autism friendly environment, in 2016 the service was awarded NAS Autism Accreditation and proceeded to attain Investors in People Silver standard; surpassing both the standard and bronze awards on the first assessment.

The organisation was committed to continuous improvement. The Quality Action Group was created to facilitate diffusion of good practice that had been achieved through the autism accreditation process. This meant the service was committed to providing effective support, which was person centred and rooted in an appreciation of current knowledge and understanding of autism.

The service was described by people, their relatives, healthcare professionals, and professionals from the local authority in complimentary terms in respect of leadership, person centred care, partnership working and compassion.

Throughout this inspection we saw outstanding examples of person-centred care, which were informed by current knowledge and understanding of autism. The care needs of people had been fully assessed and documented before they started receiving care. With a dedicated Positive Behaviour Support Team, staff were supported to carry out assessments to identify people's support needs and care plans were developed outlining how these needs were to be met. We observed people received consistent, outstanding personalised care and support.

Staff understood how to support people with dignity.. People looked well-groomed and cared for and dressed appropriately. Staff spoke with people in a respectful way, giving people time to understand and respond. Where people requested personal care, staff responded discreetly and sensitively. The service had also adopted assistive technologies to allow for unobtrusive monitoring. The premises were also purpose

built to meet the needs of people; bedrooms had ensuite facilities and this ensured people's privacy.

The registered provider recognised the importance of learning and development for staff and in 2013 opened its own management training academy. Throughout the inspection all staff were keen to tell us how the management developed staff who worked at the service. We saw 80% of all team leaders and managers were promoted from within the organisation. This showed the service aimed for excellence in facilitating learning opportunities so that staff could provide the very best of care to people.

All staff had attended training on the requirements of the Mental Capacity Act 2005 within the last 12 months. Staff were extremely knowledgeable and were aware of their obligations with respect to people's choices and consent. Staff told us that people and their families were involved in discussions about their care. Records showed clear decision-making processes, mental capacity assessments and best interests meetings.

People receiving care were safe. Their risks had been assessed and well managed. There were procedures in place for monitoring and managing risks to people. When there were changes in the level of risk, the risk management strategies changed to reflect this. There were appropriate procedures in place to help ensure people were protected from all forms of abuse. Staff had received training on how to identify abuse and understood procedures for safeguarding people.

People were protected from the risks associated with the recruitment of new staff. The service followed safe recruitment practices. People were safe because staffing levels were assessed and monitored to ensure they were sufficient to meet people's identified needs at all times.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risks of harm and abuse because staff knew safeguarding procedures.

Staff were able to talk about areas of risk knowledgeably and they correctly explained strategies which had been agreed to protect people.

Appropriate recruitment and selection processes were carried out to make sure only suitable staff were employed.

There were sufficient staff available to meet people's assessed care needs.

Is the service effective?

Good

The service provided effective care and support to people.

People received care and support that was based on their needs and wishes. This promoted their wellbeing and encouraged them to enjoy a stimulating and meaningful life.

Staff had good access to training and the management team used effective ways of training staff to assist them in providing a high standard of care to people.

The management team worked in partnership with learning disability organisations to continuously improve and develop care. They used specific systems to make sure they were training staff to follow best practice.

Procedures were in place to enable staff to assess peoples' mental capacity, where there were concerns about their ability to make decisions for themselves, and to support those who lacked capacity to manage risk.

Is the service caring?

Outstanding

The service was outstanding in providing caring support.

Relatives were extremely pleased with the care and support their family member received. They told us staff were passionate about the care they provided and their family members were treated with kindness, respect and dignity.

Staff were exceptional in supporting people with their communication needs. The service created an environment, which ensured all the communication needs of people were catered for.

People spent time with their key workers. This helped them develop meaningful relationships, increase their knowledge of the person's likes and preferences and share social and leisure time together.

Is the service responsive?

Outstanding ☆

The service was outstanding in responding to people's needs and preferences

There were arrangements to ensure people received consistent, outstanding personalised care and support. Their care needs had been fully assessed and documented before they started receiving care.

The service employed a Positive Behaviour Support approach. The approach is rooted in person centred values, which aims to increase the quality of life by providing people with the necessary support to develop skills for increasing independence to meet their life goals.

The team created a supportive environment through individual multi-component support plans. Each considered the person as an individual, with their own unique qualities, abilities, interests, preferences and challenges.

Staff used innovative and individual ways of involving people so that they were consulted, empowered, listened to and valued.

Is the service well-led?

Outstanding ☆

The service was well-led.

People told us the registered provider, management and staff team were approachable and available and willing to listen to people. The registered provider was passionate and dedicated to providing an outstanding service to people.

The staff team worked in partnership with other organisations at

a local and national level to make sure they well informed of best practice and able to provide a high quality service.

The registered provider had a clear vision and researched and introduced innovative systems to improve people's quality of life. They had been creative in the use of staff resources, technology and person centred planning to support people's well-being.

There were procedures in place to monitor the quality of the service. Any deficiencies found were quickly rectified.

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Detailed findings

Background to this inspection

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

The inspection took place on 10, 13 and 16 June 2016 and was unannounced.

The inspection team consisted of an adult social care inspector. Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We also spoke with health care professionals and the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spent time observing the care and support being delivered. We spoke with a range of people about the service. They included the registered manager, the organisation's directors, quality assurance manager, team leaders, support workers, healthcare professionals and social workers from the local authority, a member of learning disability board. We met seven other people and observed how staff interacted with them. As most people in the home had limited communication we contacted and spoke with six relatives.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe and trusted staff who looked after people. One relative told us, "[Our relative] is safe. Everyone is aware of his need. The manager is fantastic and the key worker is amazing." Another relative said, "The staff are excellent. They do take all measures to keep [my relative] safe." A further relative said, "I looked at so many places. Safety was one of the main things that I was looking for and I was so happy with safety arrangements here." A professional from the local authority told us, "The physical security is A1. This is a safe and tranquil place for people to live."

There was a safeguarding policy. There were appropriate procedures in place to help ensure people were protected from all forms of abuse. Staff had received training on how to identify abuse and understood the procedures for safeguarding people. They described the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. Posters displayed in the registered manager's office and staff room provided staff with immediate access to information and guidance on how to report any concerns about people's safety. Staff told us they were confident that any concerns reported to managers would be treated seriously and appropriately. They told us they could report allegations of abuse to the local authority safeguarding team and the Commission if management staff had taken no action in response to relevant information. A professional from the local authority told us, "The organisation is proactive at reporting incidents, compliments and concerns to appropriate people so that any issues are addressed. The staff are aware of safeguarding policies and as part of introduction to the service invited a safeguarding lead for area to visit the service."

Safeguards were in place to protect people's money. There were procedures in place for the safe handling of people's money. Each person had a 'financial profile', which described what support they needed with their finances. The money belonging to people was checked at regular intervals by the responsible person to reduce the risk of financial abuse. Each entry on the individual account record was countersigned to provide a witness to each transaction. The money belonging to each person was kept securely in a locked place with the key held by the person in charge of each shift. A financial audit trail was kept for each person using services and this audit trail was made available to us.

Written risk assessments were detailed for each person. The risk assessments were managed thoughtfully, taking into consideration the least restrictive approaches and interventions. We saw risk assessments for such areas as physical care needs, clinical care and mental health. Staff understood the needs of people who lived at School House and the strategies which had been agreed to protect them from harm. They were aware a balance needed to be struck between risk and the preservation of rights. They gave examples of when they had assessed the risks associated with going out on holidays, activities, eating and medical issues and what they had put in place to ensure people were supported to enjoy freedom and a varied experience. Staff were able to talk about areas of risk knowledgeably and they correctly explained strategies which had been agreed to protect people from harm. Risk assessments were regularly updated so that there were no unnecessary restrictions. When the risk reduced, the risk management strategies changed to reflect this.

Risk assessments for the environment had been drawn up and were regularly reviewed with the changing

needs of the people who lived at the home in mind. The fire risk assessment, general fire precautions and arrangements for managing fire safety had been kept under review. The service had an up to date fire risk assessment and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use.

People were encouraged to raise concerns about their safety in regular resident meetings and in individual keyworker sessions. This ensured that everyone regardless of their needs or the strength of their voices was supported to have their say. The registered manager also told us they showed people a video regarding, 'how to keep people safe'.

Each person had a personal emergency evacuation plan (PEEP) in their plan of care. This gave guidance to staff to ensure people's safety was protected during the evacuation of the building in the event of fire or other emergency. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check, evidence of identity, right to work in the country, and a minimum of two references to ensure that staff were suitable and not barred from working with people who used the service. This helped to ensure people employed were of good character and had been assessed as suitable to work with people.

People were safe because staffing levels were assessed and monitored to ensure they were sufficient to meet people's identified needs at all times. There was a rota system in place to ensure that enough staff were on duty. Staffing levels were flexible so that if people needed extra support due to illness or to take part in their particular interests there were staff available for this. We saw numerous examples where staffing levels were adjusted beyond the usual ratio in response to people's needs. For examples, there were a few examples when the registered manager worked as an extra staff to support people to attend activities.

People's medicines were handled safely and according to the home's own policy and procedure. The service had a medication lead whose role was to research best practice in medicine handling and applying to practice. There were suitable arrangements for the recording, administration and disposal of medicines. The temperature of the room where medicines were stored was monitored daily and was within the recommended range. There was a record confirming that unused medicines were disposed of via the pharmacist. The home had a system for auditing medicines. This was carried out by senior staff of the home. There were no gaps in the medicines administration charts examined.

Good

Is the service effective?

Our findings

Relatives and healthcare professionals were positive about the ability of staff to meet people's care needs. One relative told us, "Staff are well trained. The quality of care is excellent. My [relative] has been someone else and is now better since moving here. Staff put the needs of people first." Another relative said, "The management ensures that all their staff are fully trained in relevant areas. I researched about the company before I came here. I was very pleased that their staff are well-trained." A further relative said, "They are the best staff that I have ever come across." Professionals, including local authority social workers, psychologists, occupational therapists, speech and language therapists (SALT), physiotherapists, and commissioners were equally complimentary about the standard of care at the home, which they described as, 'excellent'; 'outstanding'; 'brilliant' and 'exceptional'.

It was notable throughout the inspection that people received effective care, which was rooted in autism best practice. The school House achieved accreditation from the National Autistic (NAS) Society Autism with a rating of 96%. Staff training reflected national best practice and guidance such as, Positive Behaviour Support (PBS) approach. This approach is reflected in a significant body of authoritative guidance, including the Department of Health 2014 publication: 'Positive and Proactive Care: restricting the need for restrictive interventions' and other related British Psychological Society Guidelines.

As a preferred methodology for PBS, the service also used PROACT-SCIPr-UK (Positive Range of Options to Avoid Crisis and use of Therapy and Strategies for Crisis Intervention and Prevention). This methodology is approved by BILD (British Institute of Learning Disabilities).

It was clearly evident from speaking with the service directors, registered manager, quality assurance manager, operations manager, staff and from our observations that the service was committed to provision of effective care. Proactive approaches were in evidence as the basis for understanding behaviours that challenged the service. We discussed many examples that demonstrated effective care. For example, one person had a history of challenging behaviours because of communication limitations. Once staff had assessed the function of these behaviours, they introduced alternative means of communication and the incidents of challenging behaviour diminished. We observed similar interventions where the service had taken the lead in ensuring people received care that met their needs. Many of the people at School House had complex needs that were previously unresolved. In all the examples that we saw and were discussed with us, incidents of challenging behaviours had decreased since people moved to the home.

School House also led in transforming the lives of people who had complex medical needs. For example, one person had lost weight radically and had continued to do so despite interventions from healthcare professionals. When the person moved to School House, the service led in conducting its own investigation. This involved recording what the person was eating and any associated effects. The analysis of the results led to changes in the person's diet, which the person responded to positively. The parent of this person told us, "This is [School House] an excellent service. My son is now on gluten free diet and is doing very well." There were other excellent examples of effective interventions that were led by the home.

The service promoted best practice. At the back of achieving the National Autistic Society Autism Accreditation at a sister service in 2012, London Care Partnership (LCP) created a Quality Action Group (QAG). The QAG was used as a best practice group within LCP to share best practice and to develop staff to deliver effective care that meets people's individual needs. Eventually, in 2016 School House achieved Autism Accreditation status. The accreditation aims to set and encourage high standards of provision for people with autism based on a personalised model of support.

The QAG was not disbanded when School House gained accreditation. Rather, this was used as a hub for staff training. For example, training such as Positive Behaviour Support and PROACT-SCIPrUK, autism and psychological wellbeing were delivered by professionals within the group. A psychologist told us this ensured staff understood the philosophy and goals of the organisation and had the practical skills to carry them out. She told us, "The close working relationship between QAG and the home staff is vital to the success of our work. Our flexibility and agility means we are on hand to troubleshoot and problem solve on a daily basis." Furthermore, the QAG had recently created a Registered Behaviour Technician role to mentor staff on the ground and help implement programmes. A psychologist told us, "We are further expanding our team (QAG) to include PBS champions within the homes to ensure we remain innovative."

People were assisted by staff who received a thorough and effective induction into their role. This induction included a period of shadowing experienced staff to ensure they were competent and confident before supporting people. The induction followed the Care Certificate induction standards. These are nationally recognised standards of care which care staff needed to meet before they can safely work unsupervised. The service had identified courses that had to be completed by staff during their induction period of 12 weeks prior to commencing working with people. These included courses in health and safety, moving and handling and positive behaviour approaches. Staff told us that they were impressed with the quality and frequency of the training made available to them to carry out their role effectively. One staff told us, "The company is excellent with training. If there is any training we want the manager supports us to be on it."

The registered provider recognised the importance of learning and development for staff and in 2013 opened its own management training academy. This is aimed to develop staff into leadership roles. Team leaders are taught to lead, manage and motivate support workers and bring the best out of staff. The programme is aimed to complement other training such as challenging behaviour, manual handling, medicine management and food safety. All staff were keen to tell us how the management recognised potential and were very keen to develop staff who worked at the service. We saw from the organisation's newsletter that 80% of all team leaders and managers were promoted from within the organisation.

Staff had access to books, journals, and other online resources to keep them up to date with current best practice. The service also worked creatively with families, by giving them opportunities if they wished to train staff. One parent who had delivered a particular training to staff told us, "The company allowed me to deliver an informal training for my [relative's] communication system. I was impressed that staff who were not working turned up to take part in the training. Staff have used this training successfully." This showed that the registered manager aimed for excellence in facilitating learning opportunities that appealed to different learning styles so that staff could provide the very best of care to people.

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 verified that all staff had attended training on MCA within the last 12 months. They were extremely knowledgeable and aware of their obligations with respect to people's choices and consent. Staff told us that people and their families were involved in discussions about their care. A newsletter from the organisation stated, 'At LCP we always assume capacity. By this we believe every individual has the right to make their own decisions if they have capacity to do so. Capacity is not a permanent status and so people should not be described as having or lacking capacity.' We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager showed us documentation which confirmed four people who used the service were subject to Deprivation of Liberty Safeguards (DoLS). A further five applications to deprive people of their liberty had been sent to local authority for which the registered manager was awaiting authorisation. A healthcare professional told us, "They have involved people and their relatives when [people] did not have capacity to make a decision for themselves. The management have raised and discussed issues related to people's mental capacity during reviews"

Processes were in line with legislation and extremely well managed, at the same time as following good practice guidance. We saw, for example, DoLS records were decision-specific to the person's individual needs. Records showed clear decision-making processes, mental capacity assessments and best interests meetings. Care plans were clear and updated to show all the information and legal authorisation. Where delays in authorisations occurred, the registered manager pursued with the local authority whilst in the intervening time making certain less restrictive options were followed. A healthcare professional told us, "When a best interest decision is required they ensure that the whole support team are involved."

School House's premises were purpose built to meet the needs of people. There were several spacious communal lounges and dining areas on the ground floor. All bedrooms were spacious and had ensuite facilities. One bedroom had its own front door and was occupied by a person who preferred more privacy. All areas of the home had been designed to meet people's health, physical and wellbeing needs. For example, a mirror in one person's bedroom was creatively located at a height to allow the owner of the room to stretch their neck as part of an innovative way to facilitate a recommended physiotherapy exercise. Some people at the home pulled curtains as part of their behaviours and so the service found a creative way of getting round that by having the curtains on quick-release tracking. In another room, we saw durable material to reduce the impact of self-injurious behaviour such as banging body parts had been used. All furniture and fittings were extremely attractive and of very high standard-durable bedroom furniture; with a walnut and teak finish. People had easy access to a safe and secure garden from all sides, allowing access to continuous attractive landscaped gardens from all sides of the building.

School House provided a varied choice of meals to each individual to meet their cultural needs as well as preferences. Healthy eating and drinking was actively encouraged and people were involved in the preparation of meals with staff. Parents and staff joined people at mealtimes and at parties to develop positive relationships. Parents and people have regularly commented that the freshly prepared food is exceptional. A parent told us, "They cook most food from scratch." Staff told us about particular people and how they catered for them. At lunch time we saw that staff supported people discreetly and in a very caring way. Staff provided help to maintain people's independence where needed. Food was well presented and looked very appetising. People could choose to eat from other areas of the home rather than eat in the communal area.

People were weighed at regular intervals and appropriate action taken to support people who had been assessed as being at risk of malnutrition. This helped staff to make sure people's diet was tailored to their needs. We saw completed charts (eating and drinking checklist) to record if people were having difficulties with eating and drinking. Care records showed the service was referring people to a dietician or speech and language therapist (SALT) in a timely way if they required support with swallowing or dietary difficulties.

People were supported to maintain a balanced diet. The service adopted a wide range of inventive strategies to encourage people to eat well. There was information about how people were involved in choosing their meals and drinks. Their choices for meals and drinks were regularly adapted in line with their preferences. Those people who did not choose from the menu were offered alternatives. These included, using different types of pictures of foods and drinks, presenting food attractively by using colourful utensils with good contrast to the food, role modelling by encouraging staff to eat with people and working in partnerships with families to ensure people's choices were met.

The service worked well in partnership with other organisations to make sure they were following current practice and providing a high quality service. Records showed that regular input took place with the aim of improving people's quality of life with regard to their mental capacity, safeguarding, medicines, physiotherapy, speech and language therapy, health and nutrition and psychiatric support. There were a number of people who were extremely anxious about attending medical appointments. Staff went an extra mile to prepare and comfort people, including seeking psychological interventions to emotionally prepare people to receive treatment. We saw examples of interventions that could not have been undertaken in previous placements being easily carried out from the home. For example, dental appointments, chiropody care, influenza vaccinations, were easily undertaken when required. A member of staff told us, "Since moving into the School House, [this person] has gained a lot of trust with staff. It took the previous placement two years to have a [particular routine personal care] intervention carried out]. At School House the registered manager managed to have this done five days of moving in."

Outstanding ☆

Is the service caring?

Our findings

People, relatives and professionals spoke very highly of the care provided at School House. Some people could not speak with us because of their complex needs. However, they were able to express their feelings using gestures, smiles and nodding. We observed they reacted cheerfully and willingly to staff. Relatives were extremely pleased with the care and support their family member received. They were consistently complimentary about the attitude of staff, who they said treated people with kindness. One relative told us, "My [relative] has been at School House for a short period but has been on [multiple] holidays and all have been exceedingly successful. I do consider that going an extra mile; they don't have to do that." Another relative said. "The care has been amazing".

People's individual needs were understood by staff and met in a very caring way. A member of staff told us, "We want to make a difference. If I cannot make a difference then I am not doing my job correctly." This member of staff felt a recent holiday had made a difference in the life of a person receiving care. They had been on holiday with a person who was terrified of water related activities. However, during this holiday staff had developed a technique that encouraged the person to have an interest in swimming. To date, the person now enjoys water related activities such as hydrotherapy. A staff member told us, "Being on holiday has made [the person] more happy. [The person] is smiling more."

As part of the provider's philosophy, staff understood the importance of physical contact to reassure and communicate care and affection to people living with autism. The service had looked at sensory integration approaches and how these could be applied at the home. Some people did not have the ability to take information and interpret that information to make meaningful responses (sensory integration), which at times led to behaviours that challenged the service. The Positive Behaviour Support Approach Team and management had looked at tools and strategies that could be used to make changes to the environment, so that people with sensory difficulties could live as independently as possible. They looked at the uses of sensory stimuli to encourage and support the development of language and people's interaction, and therefore proactively managing distressing moments.

As part of this, the management had created spaces to meet people's sensory needs. For instance, there were low arousal environments with appropriate lighting, acoustics and use of colour to minimise sensory overload for people who were hypertensive. In other examples, we saw that people were supported to relax in the sensory room. People could go to the sensory room at any time. It was quiet and had low lighting levels so people could enjoy the colours projected onto the wall. People made use of this, and we saw they relaxed whilst using the room. During our visit we saw several people received holistic massage therapy from a therapist for relaxation and therapeutic purposes.

People who were distressed or upset were supported by staff who could recognise and respond appropriately to their needs. Other than the positive behaviour approaches, which aimed to avoid the need for people to present, challenging behaviours, in the first place, staff knew how to comfort people when people were in distress. This included the positive impact of offering physical therapy through massage or foot spa. A member of staff whom we observed giving foot spa to one person told us, "The [person] enjoys

playing with bubbles." It was clear from the person's response that this had a soothing effect on them. This showed staff were knowledgeable about people's emotional needs and could be reactive and offer additional time and support when needed. The detailed care plans meant staff knew what steps to take to make people feel relaxed and could curtail any distress people were experiencing.

In another example, one person had an emergency hospital admission as an inpatient and staff took the extra mile to ensure this person's needs were appropriately supported. This person had complex needs, including communication and eating difficulties. The service spontaneously built a team to work alongside hospital staff throughput the duration of the hospital stay to ensure the person received care from staff who knew them well. The service director told us even though they were not paid by the local authority for this service; he felt they were better positioned to meet the emotional needs of this person. He went on to describe how this had contributed to transform the care experience of this person. He told us, the presence of staff who knew the person well meant the treatment that this person received took into full account their learning disabilities and needs, so that the best possible health outcome was achieved.

Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. This was typified by a member of staff who could not contain her excitement following a successful holiday for a person they supported. During the holiday, staff had taken the person for a beach outing. However, on arriving, staff saw that the beach had pebbles and would not have been therapeutic for the person due to the hard surface, which was not compatible with their complex needs. In its place, staff searched the internet and found an alternative resort that was 26 miles further and knew that this would be therapeutic for the person. The staff member told us, "Doing so would be good for their sensory needs. They like the feel of the sand." This was further evidenced by the recorded video, which we watched and a photo album that had been compiled. We could see that the person was overwhelmed with excitement.

The service worked creatively and resourcefully with other agencies to support people to take control of their lives by taking risks. Risk was accepted as part of life, and people were encouraged to take part in activities, leisure, sporting activities, and develop careers. One relative told us, "Since [my relative] moved to School House [they] are now involved in so many activities. The world is more open; [they] are no longer restricted." The management team worked tirelessly with the people they supported in finding ways around obstacles that stopped them living full and productive lives. For example, one person had epilepsy and this had resulted in the staff of previous placements limiting the activities they were involved in. However, since moving to School House, staff had undertaken risk assessments to ensure the person still participated in activities, whilst they took action to reduce risk where appropriate. We saw staff had taken similar action in other related examples. Consequently, adopting a positive attitude to risk helped the service to find positive ways to manage risks, which helped to empower people to make choices, while supporting them to take informed everyday risks.

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a stimulating and meaningful life. One person was unwilling to have contact or communicate with people when they moved into the home. They refused to go out of the house and when they did would not travel far, and would not participate in activities with others. However, staff managed to gradually involve them in activities. At this inspection we saw that this person had visited a variety of parks, cinema trips, and college. One parent told us, "When my [relative] moved here [they] had got [themselves] into a habit of refusing to go into the community. It's amazing how [they are] doing now"

People and their relatives valued the relationships they had built up with the staff. Each person had a key worker who had special responsibilities for working with the person. The role of the key worker involved

giving the person reassurance to feel safe and cared for and building relationships with their families and relatives. The management team ensured that staff had periods of time throughout the week with their 'key person' on a one to one basis. This helped them develop meaningful relationships, increase their knowledge of the person's likes and preferences and share social and leisure time together. One parent told us, "Our relationship with our [relative] is great. We visit [them] every other weekend and take [them] out." The registered manager and key worker have encouraged [them] to phone us every week. We go out with our [relative] to places and one of the keyworkers will come with us." The registered manager told us she looked at how the likes and hobbies of key workers would match and complement an individual's likes and types of activity. One parent told us "The management go out of their way to match the right staff with activities on offer. They ask my [relative], which member of staff they would like to go on holiday with." The shared interests enhanced people's enjoyment and enthusiasm for particular hobbies and activities. We watched videos and pictures of staff involved in activities with people. It was clear that people enjoyed this as we could see from their excitement.

Relatives told us that they were always made welcome when they visited their relatives. They were also included in whatever activities taking place and were invited to special events held at the house like birthdays, Christmas and Summer BBQ's. One relative told us, "We are invited to the home for the family birthday party for him, including the extended family, which we feel is really important." Another said, "They celebrated Diwali festival in the house. That was very touching for us. The whole house celebrated it with [our relative]."

Staff understood how to support people with dignity and they respected them. This was supported from our observations of the way they engaged with people and in the discussions they had. People looked well-groomed and cared for and dressed appropriately. Staff spoke with people in a respectful way, giving people time to understand and respond. Where people requested personal care, staff responded discreetly and sensitively. We asked staff how they ensured they respected people when they undertook personal care. They told us they ensured people were clothed as much as possible, and closed the curtains so nobody could see from the outside. We also saw the service adopted assistive technologies to allow for unobtrusive monitoring. For example, many people had additional diagnosis of epilepsy or behaviours that challenged the service, and we saw how this was monitored in a non-intrusive way. Staff received instant alerts, which meant apart from managing incidents in real time, people's privacy and dignity were also maintained.

People were fully involved in planning their care plans. Reviews were centred on them and were held in the way they chose for themselves. Where people were unable to express their views family members or advocates were involved in decision making processes to ensure people's views were expressed wherever possible. People were able to invite who they wished to the meeting, where it was held and what the topics would be discussed. A senior commissioning manager from the local authority told us, "Feedback from all involved has been positive and individuals a year on are continuing to develop and are well placed. People have person centred programmes and are involved in decision making. Staff use a range of tools to communicate with individuals and ensure families are involved." The same sentiment was expressed by people's relatives. One relative told us, "We feel involved in [our relative's] care. We do a Skype meeting with the home" and another said, "We are invited when they do individual care pans or reviews."

Outstanding ☆

Is the service responsive?

Our findings

People, their relatives, staff, commissioners, a representative of the borough's learning disability board and other professionals told us they thought the service was exceptional in the way it responded to people's needs. They shared with us remarkably positive testimonies and feedback about how the service responded to people's needs, wishes and preferences. A professional from the local authority commissioning team told us, "The service does deliver a high level of care. [The service] worked closely with families and practitioners to ensure that they had detailed assessments, good transitional plans and a programme of activities that would be suitable and meet the desired outcomes for each individual." One healthcare professional told us, "Personal weekly planners are made for each person reflecting what they enjoy. They ensure that the person participates in the activity. They will change the program if it isn't working for the person. Each person does very different things, this is very clear when I first start to assess. Things such as mode/time of transport, food, preferred staff, [and so forth], are all considered." One relative stated, "My relative] has transitioned from [a previous placement] to School House. Staff are using the PECS (Picture Exchange Communication System) to help him adapt to his new home environment" and another said, "Each person is individually looked after. All the activities are tailored to their individual needs."

We noted people received consistent, outstanding personalised care and support. Their care needs had been fully assessed and documented before they started receiving care. The service employed a Positive Behaviour Support approach. The approach is rooted in person centred values, which aims to increase the quality of life by providing people with the necessary support to develop skills for increasing independence to meet their life goals. The Positive Behaviour Support Team (PBST) comprised of two speech and language therapists (SALT); two physiotherapists, and two psychologist practitioners.

On the backdrop of PBS ethos, the PBST, with support from the registered manager and staff carried out the assessments to identify people's support needs and care plans were developed outlining how these needs were to be met. The team created a supportive environment through individual multi-component support plans. We looked at the care files of six people. They each contained multi-component person-centred support plans, including a communication profile, behaviour support plan, and a risk assessment. Each considered the person as an individual, with their own unique qualities, abilities, interests, preferences and challenges. Care plans were detailed and reflected people's likes and dislikes and included details about people's life histories. A psychologist told us, by creating a supportive environment the service took a proactive approach to managing future problems.

As part of the initial assessment, people were encouraged to visit School House prior to living there. This meant if the person chose to live at the home staff were ready to meet their needs on the day of their arrival. One relative told us, "The home has gone over and above with transitions in order to make placements as successful as possible." This was also echoed by another parent whose view was cited in the provider's newsletter. Asked about how the transition went, "Absolutely fine!" the relative had said. The relative recounted how initially they were "dreading" the move. After the transition, they added, "I now know that every transition plan is carefully tailored to each individual (military precision springs to mind). We agreed that for my [relative], it would be spread over [an agreed] period".

Comprehensive functional assessments were carried out before people moved to the home. This assessment ensured the service had an understanding of the function of the behaviours people displayed in order to inform function based interventions. For example, an assessment of one person established among other factors, the lack of routine and predictability resulted in higher frequency of episodes of behaviours that challenged the service. This led the service to encourage the person to take part in familiar routine based activities, in combination with other interventions. We saw evidence this had significantly reduced the frequency of self-injurious behaviours compared to previous placements. Moreover, where the person had required PRN (medicines administered 'as needed') to calm down almost daily in previous placements, this had only been administered fewer than 10 times since moving to School House more than a year ago.

One relative told us, "[My relative] has settled into the School House brilliantly in the first year-much better than anyone expected." The relative told us they had not been away on holiday without their [relative] for many years. However, encouraged by the progress, reassurance from the staff and the fact the service was meeting the needs of their relative; they went away on holiday for the first time without their relative to celebrate a wedding anniversary. The relative told us, "While [our relative] was growing up, we rarely managed a few nights away without [them], and family holidays stuck to [their] 'holiday' routine of spending all day at the beach and evenings back at the holiday cottage. So this was an amazing experience for us!"

Throughout this inspection we saw outstanding examples of person-centred care, which were informed by current knowledge and understanding of autism. As stated, this had been acknowledged by the Autistic Society, by awarding Autism Accreditation status in 2016. Among other standards required for accreditation, the service needed to demonstrate it sought to understand each person with autism was an individual whose autism was an integral part of who they were and had their own unique qualities, abilities, interests, references and challenges. We observed this throughout our inspection. We received exceptionally positive feedback from relatives, which one relative put as follows: "Staff are very supportive. They send photos and videos of [my relative] if they are proud of something he has achieved during the day. They "get" autism and are very knowledgeable. They make big efforts to understand [my relative] and I feel they can see the person beneath and genuinely like him. If something isn't working or going right in [my relative's] world, they have plenty of suggestions and ideas as to what they might do to help. I feel like I am no longer the only person in the world who can look after [my relative]. And that's even more amazing!"

The service's ethos saw the development of communication skills for people to communicate their needs and to get those needs met, as part of creating a supportive environment and instrumental to delivering real choice and control. Accordingly, staff engaged innovative and individual ways of involving people so they were consulted, empowered, listened to and valued. Driven by this philosophy, the service had created a Total Communication environment, which meant information was presented in different ways for people to enable them to communicate to the best of their abilities. We saw many examples of communication tools and systems, each tailored to the specific needs of the person, including those associated with body language-eye contact facial expressions, and gestures, Makaton, symbols, social stories, objects of reference, intensive interaction, PECS, sensory references and some that were facilitated by IT technologies. There were many outstanding accomplishments demonstrating how people's lives had been transformed through increased involvement, choice and independence. For instance, one person struggled during meal times with food choice. This often led to other behaviours that challenged the service. Through functional analysis to understand this person's behaviour, the SALT as part of the PBST, staff and the person's family created PECS to help this person to make choices. Through PECS, the person was trained to swap a picture for the food choices they wanted. Staff and relatives told us this had improved this person's independence and participation.

The service was complimented by relatives and an array of professionals for its use of innovation and

creativity when it came to resolving issues or finding solutions to difficult problems. Relatives and staff were able to share several examples where using an innovative and creative approach meant that the person using the service was empowered to participate in home and community life in a positive manner whilst having their differences respected. One example concerned someone who needed to lose weight. Instead of simply placing the person on a calorie controlled diet, or implementing an eating regime which the person would not understand and which therefore may be a trigger for other problems, staff, through proactive discussion with relatives, developed a programme which included introducing the person to keep fit and taking part in a trampolining activity. We saw this person had lost some weight, which added to their relatives' delight. Staff told us, "This would have been impossible before the person moved to School House". This point was reiterated by a healthcare professional who told us, "Staff know the [people] well, so that physiotherapy treatment can be as efficient and as personalised as possible. This makes it better for [people]. We are always inventive with treatment programs, but the staff make sure that [people] enjoy doing them. This is not an easy thing to do day after day, but they do it really well. They also extrapolate my suggestions into new ideas; they always check these with me. This allows the activities/exercises to evolve." The professional recapped on the ingenuity of staff, stating, 'There is a [person] who has short stature and staff cut a few inches off [their] dinner table chair to allow him to sit properly at the table. All staff are aware of this and [the person] uses the correct chair whenever I have seen [them] eating."

The home had a varied and interesting programme of activity and entertainment on offer. Each person had their own individual interests and activities which had been allocated specific days and times. Staff then analysed these activities and categorised them according to whether they were social, therapeutic, domestic chores or vocational. These colour-coded categories enabled staff and the registered manager to clearly see in what way someone spent their time in an average week. They were therefore able to review the care and support provided to the person by checking whether they were receiving sufficient opportunities within any particular category. For example, the weekly planner of one person showed they spent a disproportionate time in a particular category at the expense of being involved in the activities offered in other categories, which meant they were able to take corrective action by increasing opportunities in other categories. The impact on the person's life meant that they had increased opportunities to participate in other varied activities. One relative told us, "Staff are always concerned that people have enough activities. They are always providing activities to make sure [people] are occupied." We saw that people had access to an extensive range of complementary therapies. These included aromatherapy, reflexology, and massage. A therapist provided regular massage sessions for people. We could see that the service creatively sought to engage people in meaningful activities to keep them occupied in a range of social situations.

People's individual needs were routinely reviewed at a minimum of monthly to ensure care plans provided the most current information for staff to follow. People, staff and relatives were encouraged to be involved in annual reviews to ensure people continued to receive personalised care. Care plans were updated whenever a changed need was identified. The home regularly held meetings to gain people's feedback and also often asked for the views of relatives and other visitors which were recorded. Any agreed changes arising from discussions were written down with updates on how progress was being made to achieve these. The registered manager told us how people's views had changed the menu choices, and the way in which some organised activities were offered.

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The complaints procedure was displayed throughout the service in a style that was easily understood by visitors and the people who used the service. The registered manager told us that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service. We saw there hadn't been any recent complaints.

People and relatives said they had not needed to make any complaints about the care received because staff took action to investigate and resolve any concerns they had. One relative told us, "No complaints. We would be very hard pressed to find anything to complain about." Another relative said, "If there were any issues, they have always listened and they react. They are not afraid to say they got things wrong, which I find very reassuring."

Outstanding ☆

Is the service well-led?

Our findings

A commissioner from the local authority commented, "There is strong leadership and active involvement from the directors who appear to know all individuals, families and staff. [The service] has a Commissioning Relationship Manager within Surrey who meets with them regularly for updates on services and developments. They appear to have a proactive approach to developing staff and the registered manager appears competent and leads the team well".

People, their families, staff, healthcare professionals, and other external organisations were equally and consistently complimentary about standard of care provided at the home. Asked about the standard of care at the home, one person receiving care told us, "Four stars, maybe five." A relative told us, "'Brilliant' would be a good word to describe the care home. They have surpassed our expectations and have managed to sustain excellence." Another relative told us, "The director of the service is an outstanding man. Whenever I ask for a meeting he always makes it a point to meet up and discuss whatever he can do best for my [relative]." Another relative said, "The leadership is very impressive. I don't want the manager to leave." A further relative said, "The leadership is very motivated. They work together very well. They always go the extra mile."

There were clear management structures in place. The registered manager was supported by three team leader. Staff were aware of their roles and responsibilities and the reporting structures in place within hours and out of hours. The registered manager worked closely with people receiving care and staff team. We found the registered manager to be passionate and dedicated to providing an outstanding service to people. She had extensive management experience and a proactive style of leadership. She received support from the service directors who had a visible presence at the home. The registered provider strived for excellence through consultation, research and reflective practice. The service worked in partnership with other organisations at a local and national level to make sure they were up to date with current practice and providing a high quality service. Comments from other professionals involved in the home were also extremely positive. One healthcare professional told us, "The [registered manager] has ensured that relevant documents are available for clinic reviews and contacted our team promptly to request appropriate support when she had concerns about clients." Another healthcare professional said, "I feel that the [care home] do a fantastic job at supporting their residents and I feel proud to be part of such a dedicated and positive team." A further professional stated, "The manager leads by example and shows respect and appreciation to her team. The directors appear to be well connected and involved in the care and on-going reviews of the service users and general day to day management of the home."

The service was committed to continuous improvement and diffusion of innovation. It had sustained outstanding practice and improvements over time through establishing strong links with external bodies through research and accreditation. For example, on the back of achieving the National Autistic Society Accreditation in 2012 at a sister service, LCP Homes created a Quality Action Group (QAG). This was an innovative way to ensure the organisation consistently evidenced, maintained and developed outstanding practice to ensure they continued to meet the needs of people with autism across all their homes, including School House, which were still working towards accreditation. This group was attended by all staff from

each LCP homes, including support workers, team leaders, registered managers and other health care professionals every six weeks. A quality assurance manager was employed to ensure that best practice was delivered across all homes in the company. Topics covered included, differences in social communication, sensory experiences and emotional well-being for people with learning disabilities. Eventually, in 2016 School House achieved Autism Accreditation status. The accreditation aims to set and encourage high standards of provision for people with autism based on a personalised model of support.

Through the QAG, staff were taught to understand autism and current practice, approaches and strategies which promote the well-being of people with autism, how to be responsive to the views, needs and concerns of family members and proactive approaches to reduce behaviours which challenge. We saw evidence staff had transferred their learning to practice, which exemplified their commitment to providing effective support, which was person centred and rooted in an appreciation of current knowledge and understanding of autism. Through the group's work in sensory integration approaches, there were strategies in place for people experiencing sensory overload. For instance, staff took into account of people's sensory challenges in planning activities and modifying the environments; some people preferred low arousal environments and this was facilitated.

The provider's vision and values were imaginative and person-centred and put people at the heart of the service. The organisation's values were captured by the acronym CARE; collaboration, accountability, responsive and excellence. Through the Investors in People internal review process, the registered manager, service directors, and staff demonstrated a shared vision, ethos and clear goals and worked collaboratively to continuously improve the service. This was evident throughout the inspection and also the creation of the LCP Core Behaviours Framework. The framework was used to identify the kind of behaviours, knowledge and skills to bring the organisation's values 'to life'. For example, the value of 'excellence' was linked to continuous personal development and team development. In practice we noted staff were encouraged to utilise external and internal sources to come up with new ideas and approaches for supporting people.

We found there was a strong emphasis on continually striving to improve, recognise, promote and implement innovative systems in order to provide a high quality service. The service had been awarded the Investors in People Silver standard, surpassing both the standard and bronze awards on the first assessment. The framework is a performance model that provides a pathway towards future progress, and a journey of continuous improvement. We found the registered manager was highly committed to this model by supporting and managing staff well to achieve sustainable results. The organisation was shortlisted in the Health Investor Awards for Specialist Care Provider of 2016. The awards celebrate excellence and recognise innovation in the healthcare sector.

The home had a low staff turnover and a core of staff who had been working at the home for a long time. Staff told us that they felt extremely well supported, valued and involved in shaping improvements to the service. Comments from staff included, "The manager is an inspiration. She will drop everything to answer a question"; "You don't always get a manager like her. She is one in a million" and "I wouldn't have been able to be where I am without her support." Equally the directors of the service, and the management team based at the head office were complimented by staff for their efforts. A staff member told us, "They phone us and ask if everything is okay. It means they are looking out for us." Staff had opportunities to feedback or discuss any issues with the registered manager. They told us that appraisals, supervision and meetings were all platforms to feedback. One staff told us the management was flexible and understanding recounting how they had been supported during times when their personal circumstances didn't allow them to work their usual shift patterns.

The registered provider had invested in an account with Skills for Care for the National Minimum Data Set for

Social Care (NMDS –SC). This is an online workforce data collection system for the social care sector. The registered manager regularly updated the NMDS – SC with workforce information such as staff training and qualifications to support the service and workforce plan. This was then used to track staff retention rates, monitor training and qualifications and identify any gaps in training. Having this account also enabled the registered manager and staff to access a range of valuable training in areas such as autism and challenging behaviours . The registered manager told us how the organisation worked in partnership with other organisations such as BILD to make sure they were training staff to follow best practice in relation to people with autism and where possible in order to contribute to the development of best practice.

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