

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?

Outstanding 

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

London Care Partnership Ltd – School House is a care home for ten people with learning disabilities and/or autistic spectrum disorder. The home is a purpose-built building over three floors with people bedrooms on the first floor. At the time of the inspection there were ten people living at School House.

At our last inspection we rated the service outstanding. At this inspection we found the evidence continued to support the rating of outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Outstanding in the key questions is the service caring, responsive and well-led. We also found the service has improved and is now rated Outstanding in safe. This was because we found the provider continued to drive improvement, particularly in relation to the service being safe.

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

We received extremely positive feedback about the standard of care provided at School House from relative's and a healthcare professional. We also observed staff delivering kind, caring and compassionate support throughout our three-day inspection.

People continued to be protected against the risk of avoidable harm and abuse, as the provider had devised comprehensive and robust risk management plans in conjunction with behavioural specialists. Extensive analysis of people's behaviours and early positive interventions ensured the number of incidents had significantly decreased whilst increasing people's quality of life.

The provider had arrangements to ensure only suitable staff were employed, and sufficient numbers of staff were deployed in School House to keep people safe.

Regular health and safety checks carried out by qualified professionals ensured the environment was safe. People continued to be protected against the risk of fire, as the provider had robust process in place. The service had an embedded culture of ensuring the risks of cross contamination were minimised, through robust infection control measures in place.

The service had effective systems in place to ensure people continued to receive their medicines safely and in-line with good practice. Robust medicines audits ensured issues identified were acted on swiftly, minimising the impact on people.

Staff continued to receive on-going training to enhance their skills and knowledge. Personalised training was available to staff to ensure people received effective support. Staff reflected on their working practice through regular one-to-one meetings with the registered manager. Goals set for the coming months were achievable and enhanced staff's role.

People were supported to have maximum 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. The service used imaginative ways to ensure people's consent to care and treatment was sought prior to delivery.

People continued to be supported to maintain meaningful relationships with people that mattered to them. Relatives spoke positively about the support they received, and told us they were welcomed into the service and could visit as and when they wished.

People's dietary needs and preferences were considered and catered for. People continued to be supported to access healthcare professional services to maintain and monitor their health and well-being. The service used imaginative ways to ensure people could access these services safely.

The service continued to support people's religious and cultural needs in the way people wished. Staff members ensured people were treated equally and their diversity was respected and encouraged. The service continued to use imaginative ways to encourage people to develop their independence and enhance their life skills.

Relatives confirmed staff treated people exceptionally well, ensuring they were respectful, compassionate and caring. Observations throughout the three-day inspection confirmed what relatives told us. The atmosphere within the School House was warm, welcoming and inclusive.

People continued to receive exceptional care and support that was responsive to their individual needs. Care plans were person-centred, up-to-date and regularly reviewed. Assessments were regularly analysed to ensure they reflected people's changing needs and support provided was responsive.

Ways of communicating with people were tailored to their specific needs. Innovative practices ensured people could communicate their needs and wishes in line with the accessible information standards.

The service had appropriate arrangements in place to manage and learn from complaints and concerns. Relatives confirmed they were confident the registered manager would deal with any complaints in a timely manner.

The registered manager had significant oversight of the service. Robust audits ensured all issues identified were acted on in a timely manner. People's views were continually sought through regular questionnaires, general discussions and meetings. The registered manager placed great importance on partnership working to continually drive improvements.

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?

Outstanding 

The service has improved to Outstanding.

People were protected against the risk of avoidable harm as the service had developed outstanding personalised risk management plans to keep people safe.

People continued to be protected against abuse as staff were aware of how to identify, respond to and report suspected abuse. Staff received on-going comprehensive safeguarding training.

Incidents and accidents were managed in such a way that staff learnt from them to minimise the risk of repeat incidents. Involvement from behavioural specialists resulted in exceptional and significant decreases in people engaging in behaviours that others may find challenging.

The provider took appropriate steps to ensure the environment was safe. Personalised Emergency Evacuation Plans were in place and gave staff clear details on how to safely support people in the event of an emergency.

The service had outstanding systems in place to ensure the safe management of medicines. Comprehensive and robust auditing processes meant issues identified would be acted on immediately.

The provider ensured only suitable staff were employed at School House, through robust pre-employment checks. Significant numbers of staff were deployed over a 24-hour period to meet people's changing needs and keep them safe.

The service was exceptionally clean, tidy and free from odour. Robust infection control policies and procedures in place ensured people were protected against the risk of cross contamination.

### Is the service effective?

Good 

The service remains Good

### Is the service caring?

Outstanding 

The service remains Outstanding	
<b>Is the service responsive?</b>	<b>Outstanding</b> ☆
The service remains Outstanding	
<b>Is the service well-led?</b>	<b>Outstanding</b> ☆
The service remains Outstanding	

# London Care Partnership Limited - School House

## **Detailed findings**

### Background to this inspection

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

This comprehensive inspection took place on 24, 25 and 29 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service, for example, information shared with us by members of the public, statutory notifications and the Providers Information Return (PIR). Statutory notifications are information about important events which the service is required to tell us about by law. A PIR 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.

During the three-day inspection we spoke with two people, one relative, three staff members, a behavioural specialist, an aromatherapist, the registered manager and the operations manager. We looked at four care plans, six medicines records, the provider's policies, complaints file, behavioural support records and other records relating to the management of the service.

After the inspection we contacted two relatives and three healthcare professionals to gather their views of the service

# Is the service safe?

## Our findings

School House had an embedded culture of promoting people to live fulfilling lives whilst minimising restrictions on their freedom. A relative told us, "My relative is safe here. From the beginning we all started working together, management and head office had lots of meetings to get to understand [relative's behaviours]. They put different things in place, some worked then some didn't and he is now a different person."

The culture within School House was such that staff members were vigilant in identifying risks to people and taking action to minimise the negative impact on them. Restrictions on people's freedom were minimal, which meant that people could access all communal areas of the service safely both with and without direct support.

Anticipated risks were proactively managed to ensure people could remain independent wherever possible and safe to do so. Staff promoted people's safety through personalised risk management plans which covered all aspects of their lives. The service had exceptional processes in ensuring people were kept safe from avoidable harm, as risk management plans were devised in-line with guidance from a specific behavioural team employed by the provider. Where people's behaviours escalated, staff had direct contact to the behavioural team who would give immediate telephone guidance and be at the service within 24 hours to observe the behaviours and implement new or revised strategies. By using these effective proactive strategies, the service had seen a positive impact on people. For example, evidence confirmed one person had seen a 48% decrease in their behaviours in the last 12 months.

Social stories devised by the service enabled people at School House to understand specific situations that may lead to heightened anxiety. This forward planning meant that people were prepared for unfamiliar events and knew step by step what to expect. For example, a social story had been devised for someone who required surgery. The staff members used role play as a way to reinforce what would happen before surgery. The continual review of the social story, gave the person a greater understanding of what would happen during surgery and how they may feel and any limitations afterwards. By using this process there had been no incidents in relation to the surgery and recovery of the person.

The service continued to see a dramatic decrease in the number of incidents and accidents that took place at School House. Incidents were responded to effectively and shared with the behavioural team who would analyse the antecedent, behaviour and consequence in order to ascertain what triggered the behaviour and what action could be taken to minimise repeat incidents. Staff continued to receive on-going support and guidance through incident debriefs that enabled them to share ideas and thoughts with the behavioural team. This meant that the service was continually striving to keep people safe through both proactive and reactive personalised strategies, individually tailored to people's needs.

People continued to be protected against abuse as staff were aware of how to identify, respond to and report suspected abuse. Staff confirmed they made it their priority to ensure people were safe whilst living at School House and the embedded culture meant that staff members were encouraged to report any

concerns for people's safety with no reprisals. A staff member told us, "Firstly, I would reassure [the person]. I would explain what I would be doing and report it to the registered manager. I would continue to observe the person and I would document it but keep it securely. I would check that [the registered manager] didn't have a blasé approach to it and took action. I would check that the safeguarding had been raised within the appropriate timescales. If nothing was done I would whistle blow but I'm quite sure the [registered] manager would do something about it." Safeguarding featured as a topic of discussion in supervisions ensuring staff members had the most up to date information and guidance in line with good practice.

Staff received on-going safeguarding training, to ensure they were aware of how to keep vulnerable people safe in line with the provider's policy and good practice. Staff knew the people they supported well, so they could quickly identify changes to people's behaviour which could indicate abuse. People who were unable to communicate verbally had access to technology to ensure they could share their concerns as to whether they felt safe or needed support to feel safe.

People continued to live in a safe environment as the provider ensured frequent fire safety, environment and equipment checks were carried out. Personal Emergency Evacuation Plans (PEEPs) were in place. A PEEP is a personalised evacuation plan to be used in the event of an emergency, for example during a fire. These plans gave staff clear guidance on how people may present when the fire alarm sounded, how many staff would be required to support them and what action to take to ensure their swift and safe evacuation. PEEPs were also devised in conjunction with people's risk management plans and were regularly reviewed to ensure they reflected people's changing needs.

People's medicines were managed by staff members who had exceptional knowledge of the provider's medicines policy and good practice. People who required medicines to support them during times of heightened anxiety saw a reduction in the use of these medicines as the service advocated the STOMP innovative. STOMP stands for stop over medication for people with a learning disability, autism or both. Staff confirmed the use of these medicines was done as a last resort, should other effective known procedures not have worked. Records confirmed healthcare professionals had worked closely with the service to reduce the use of medicines in managing people's behaviours which resulted in positive outcomes for people.

Systems in place ensured that only trained staff could administer medicines and their competency to do so was regularly monitored. Medicines training consisted of a three-day programme. Records confirmed all medicines were given and checked by two trained staff members, thus reducing the risk of errors. Regular medicines reviews took place to ensure the medicines people received effectively met their needs.

During the three-day inspection, we identified all medicines were accounted for, the Medicines Administration Records (MARs) were completed correctly, with no gaps or omissions. All medicines were stored in a locked medicines room, in a locked cabinet. In order to further reduce medicines errors, people's photographs were located on their individual medicines box and on the medicines folder. Medicines audits were carried out three times a day to ensure people's medicines were administered when intended, the quantity remaining was correct and should an error be identified, immediate action could be taken to minimise the impact on the person.

The provider continued to use effective recruitment processes to ensure only staff that were vetted and approved as safe to work with people did so. Disclosure and Barring Service (DBS) checks were carried out in line with good practice. A DBS is a criminal records check to enable employers to make safer recruitment decisions. Records contained staff's interview questions and responses, a completed application form and detailed employment history. Proof of identity and satisfactory references were also kept on file. At the time



of the inspection School House had a full staff team, this meant that people received consistent and continued support from familiar staff to keep them safe. The service did not use agency staff to cover staff absence, but additional shifts were picked up by the core staff team or staff from the provider's other services. A relative told us, "Yes, I've never noticed otherwise, there's always been enough staff." Throughout the inspection we observed adequate numbers of staff on duty, who were able to effectively respond to people's needs immediately.

People continued to be protected from cross contamination by the comprehensive systems and processes developed by the provider. Staff confirmed they received infection control training and records supported this. The service ensured all Control of Substances Hazardous to Health (COSHH) products were stored securely in locked cupboards in a designated room. We identified a surplus of Personal Protective Equipment (PPE) available to staff to ensure they had the means to ensure the service was clean and free from infection. A robust cleaning schedule was in place, which identified specific areas that required deep cleaning regularly to minimise contamination. During the inspection we identified the service was clean and free from unpleasant odours.

## Is the service effective?

### Our findings

People continued to receive care and support from staff that underwent regular training and review of their professional development to improve the care and support provided. Records confirmed the training available to staff members included, positive behaviour support, communication, safeguarding, medicines management, first aid, food hygiene and the Mental Capacity Act (2005). Training for those with specific needs was also provided, for example, epilepsy, learning difficulties, autism and mental health. One staff member told us, "You can always ask for more training. I'm due to do a refresher course on medicines soon. Of course, without the training you wouldn't be the support worker you could be. You're always learning, everyone has strengths and weaknesses, some staff are good at things and we can inspire one another." Staff also confirmed training provided was put into practice, this was evidenced throughout the inspection.

The service had an embedded culture of ensuring staff members strove to improve their performance and learn from their mistakes through on-going supervision and annual appraisals. One staff member told us, "It tells you how you have done in your role. It's about how your [coping], what you think your aims are in care sector and how you get along with your colleagues. It's good as sometimes you have things on your mind and you get to talk about them. I came to make a difference and be the best care worker I can be. I'm here to make the [people] happy". Supervision records showed staff reflected on their work and set achievable goals for the next few months, which were then reviewed.

Upon successful employment, all staff received a comprehensive induction to familiarise themselves with people living at School House, their roles and responsibilities and the provider's policies and procedures. Staff spoke positively about the induction process and confirmed they shadowed experienced staff, read people's care plans and policies prior to working without direct supervision. This meant people received care and support from staff members that knew their needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of the inspection the registered manager had submitted applications for DoLS in accordance with the MCA. Staff were aware of their responsibilities in line with the MCA. A staff member told us, "Some people here can make clear choices, you would give them choices and use PECs symbols to aid them to make a decision. People may give you consent via body language and presentation. I 100% respect their decisions."

A Picture Exchange Communication system empowers people to make choices using pictures rather than words. Relatives and healthcare professionals confirmed where possible, staff sought to gain people's consent to care and treatment prior to delivering care. People's care plans clearly detailed what they could and could not understand and how staff should communicate effectively with them to seek consent. Staff knew the people they supported well and as such could understand people's consent when given or declined in non-verbal ways.

People were supported to maintain a healthy diet and had their specific nutritional needs catered for. One person told us they liked the food they are at School House. A relative said, "When [my relative] moved in we gave [the service] a list of what he likes and they stuck to it. They try to stick to it as he is quite picky. He is now eating yoghurts and chocolate mousse. They personalise the meals, they do exactly the same foods that we do at home, they plate it the same way, but are trying new things now." One person received food and medicines through a percutaneous endoscopic gastrostomy (PEG) feed, a tube into their stomach. Guidance on how to effectively support them was detailed in their care plan and staff received training to ensure they were competent. People were encouraged to participate in food preparation where possible. During the inspection, one person was being supported by staff to bake a cake.

The service ensured people's health and wellbeing was monitored through regular appointments with healthcare professionals. A relative told us, "[The service] let us know any problems with [relative's] health and know about his appointments. We also go to the all the psychiatrist and dental appointments." Records confirmed people had access to opticians, psychiatrists, district nurses, G.P, dentist and chiropodists. Records also confirmed where advice and guidance had been given by healthcare professionals, this was then implemented into the delivery of care.

## Is the service caring?

### Our findings

People living at School House continued to receive exceptional support from staff members that treated them with respect, compassion and kindness. One relative told us, "I see how [staff members] are with other [people] here and they are very kind, compassionate and considerate. They just love our kids, they will do everything to give them a quality of life. [My relative] really trusts the staff and they have bought the best out in him. The staff are incredible they are like a family to us. Sometimes I have to pinch myself that my [relative] is here. It's an absolute joy to come in and know the staff. They are doing what I can't do and they are so happy. I've never come in and sensed the staff are out of sorts. The staff are so pleasant."

Relatives consistently told us how people benefited from and valued the meaningful relationships they had developed with staff. The service had a relaxed culture whereby people were free to be themselves. During the inspection we observed staff laughing and joking with people. People appeared at ease and sought staff company. We also observed staff speaking to people respectfully and treating them with kindness. Staff spoke about the people they supported with compassion and respect, and knew their interests which enabled them to further secure positive relationships. For example, on one occasion one person who appeared happy, went to give the staff a hug. Staff were quick to respond by offering them a side hug and held their hands. This meant that people continued to receive both verbal and physical reassurance in a safe and appropriate way.

Relatives confirmed they were free to visit the service as and when they wished to meet with their relatives. The service actively encouraged meaningful relationships between people and their relatives and this included house parties, theatre productions, day trips and holidays abroad. At the time of the inspection the service was planning a skiing holiday for people and their relatives. Records confirmed one person who lived at School House was now having fortnightly visits from relatives and friends, where previously this had not been possible. Visitors to the service were welcomed and found the service to have a warm, friendly and inclusive environment.

People's autonomy continued to be encouraged and respected. People were supported to make decisions about what they wanted to eat, do and as to whether they wanted support. Where people were unable to verbally communicate their decisions, the provider encouraged them to use either a Picture Exchange Communication (PEC) system or an iPad, to communicate their needs. A PEC allows people with little or no communication abilities to communicate using pictures. People using PECS are taught to approach another person and give them a picture of a desired item in exchange for that item. For example, during the inspection we observed staff asking one person what they wanted to do, they responded by pressing their iPad to indicate they wanted to eat crackers. Staff were then able to support the person to the kitchen and get the items they had chosen.

The exceptional culture of the service meant that staff members placed great importance on gathering people's views. People were encouraged to share their views in ways they felt comfortable and staff were not only receptive of their views but respectful of them. The continual use of innovative approaches to gathering people's views, whether it be verbally, through gestures, the comments box, the PEC board or via

the iPad app, ensured everyone at School House had the opportunity to communicate their views. During the inspection we saw many examples of people expressing their opinions and views and having these respected and acted on appropriately.

People's right to privacy was respected. Throughout the inspection we observed staff seeking people's permission to enter their private rooms. Where permission was not granted staff were respectful of this. Staff had understanding of the importance of maintaining people's privacy and treating them with dignity. Staff gave us examples of how to ensure people's privacy was respected and support with personal care was given discreetly.

Staff had an embedded culture of celebrating people's successes, to encourage people's self-worth and esteem. For example, during the inspection we observed one person was helping in the office and staff were complimentary on the work they had completed. The person smiled and appeared happy at the staff members' response. Management of the service was such that people's sense of self-worth and pride in their appearance and achievements was recognised through newsletters.

Documentation confirmed there was an embedded culture within the service of ensuring people's independence was encouraged and praised. The registered manager regularly reviewed people's dependency levels in conjunction with relatives and healthcare professionals, to ensure the appropriate level of support was provided at all times. Care plans identified people's personalised and achievable goals for the coming year which included areas of support and areas whereby staff could encourage people to independently reach their goals.

Confidentiality remained a high priority within the overall governance of the service. Staff received training in maintaining people's confidentiality and records of a sensitive nature were stored securely in a locked office. Only those with authorisation had access to these records in line with good practice. Reflective practices through supervision and house meetings ensured confidentiality was regularly monitored and good practice shared between the staff team.

## Is the service responsive?

### Our findings

People living at School House continued to receive outstanding personalised care and support from staff members with substantial knowledge of their social, emotional, cultural and diverse needs. Staff members had developed meaningful relationships with people they supported and were aware of people's changing needs. By developing such relationships, this meant that staff were skilled in identifying possible changes and deteriorations to people from both verbal and non-verbal communication.

People completed a pre-admission assessment before moving into School House. This took into consideration their emotional, medical, mental, social and sensory needs. The registered manager would then identify whether School House would be able to meet their needs. Once this had been confirmed, a comprehensive transitional plan would be developed with the guidance of people known to the person and staff members. We reviewed one transitional plan and found this took into consideration the person's need to be informed in PEC form of changes taking place. The clear transition plan included regular visits to the service, to look around and have something to eat, but also gave staff the opportunity to reflect on how the person got along with people already living at the service. A healthcare professional told us, "The [provider] is very well thought of and certainly I have referred people there. They will say no if the person isn't the right mix, which is good." This meant that only those people compatible with others already living at School House were offered a placement, therefore not upsetting the dynamic of the house nor a potential failed placement. Once the person moved into School House, regular reviews and observations were undertaken to ensure the placement was successful and any changes required were implemented immediately and the care plan was then updated. By using such personalised transitional plans and support, the service had seen a continued decrease in people engaging in behaviours that others may find challenging.

Care plans were devised in conjunction with people, their relatives, advocates and healthcare professionals. By encouraging people to be involved in the development of their care plan, this enabled people to feel empowered and valued. Care plans at School House were personalised, proactively planned, comprehensive and gave staff a clear and up-to-date understanding of the person they were supporting, in a way the person wanted. Care plans covered all aspects of people's needs for example, medical, health, social, emotional and sensory needs. Relatives confirmed they were kept abreast of any changes or deterioration in people's health or presentation and staff sought their views in going forward. For example, one relative told us, "[The service] really have taken on our views and they rely on us and discuss things with us." The service continued to be flexible in their approach to delivering personalised care in direct response to people's changing needs.

Regular Quality Action Group (QAG) meetings enabled staff members, management and behavioural specialists the opportunity to continually strive for ways in which to improve the care plan process, with a keen emphasis on inclusion, ownership and empowerment. During the inspection the registered manager informed us that throughout 2019 School House will have introduced care plans that were further accessible to people. By using people's preferred method of communication, School House will be implementing care plans that are in video format, thus enabling people to have greater awareness and control of their contents. This innovative pilot had been trialled in part by the annual review format, which enabled people to have

their reviews displayed on a projector, in video format. One review meeting contained a sea theme, which was important to the person. They had chosen the colour of the video, what fish they wanted displayed and accompanied PECs that they could touch to indicate as to whether they agreed or disagreed with its content. This meant that the service was meeting the Accessible Information Standard.

People living at School House continued to play a pivotal role within their local community. The service had worked hard in retaining links with local business and organisations since the last inspection. The service had developed relationships with Shepperton Studios, which is part of Pinewood Studios. This relationship has enabled people from School House and other homes, to have 'Autism Friendly' private sessions fortnightly at the studios. People were encouraged to watch films in an environment that is specifically tailored to their sensory needs, for example, dimmed lights, softer sounds. People were also free to walk around the theatre and are able to engage in behaviours without fear of reprisals.

People continued to be supported to participate in a wide range of personalised and group activities that met their social needs. The service had an embedded culture of ensuring people were not socially isolated, whilst also being respectful and aware of their need for privacy. Activities provided included in-house aromatherapy sessions, dry slope skiing, trampoline park visits, theatre trips, in-house sensory sessions, meals out, cinema visits and shopping. Where people declined to participate in planned activities, staff members were respectful of people's wishes, however, continually monitored them to ensure this was not a result of declining health or behaviours. Personalised activity plans were in place and where possible people were involved in their development. Staff confirmed new activities were trialled based on their preferences, however if people did not want to participate alternative activities were sought.

The service also supported people who wanted to remain in education to enhance their skills and knowledge. For example, at the time of the inspection one person was at school. Other people who had expressed a wish to gain employment were supported by the service to actively look for work. Staff were aware of people's dependency levels, however, strove to support people to remain independent in relation to school and work placements where possible.

People continued to receive support in sharing their concerns in a way they understood. Although people may not be able to verbally communicate their concerns, staff had developed meaningful relationships with people and knew them well and therefore were aware what gestures, noises and behaviours indicated they were dissatisfied. People who were able to use the iPad and PECs were also encouraged to share their concerns non-verbally. Care plans clearly detailed how people would present if unhappy and action to be taken by staff to was documented. Relatives confirmed they were aware of how to raise a concern or complaint and were confident the registered manager would be responsive in ensuring a positive resolution. We reviewed the complaints file and found there had been four complaints received in the last 12 months. Records confirmed the complaints had been responded to immediately and action taken to minimise the risk of repeat incidents, with a satisfactory resolution for all parties.

People's wishes in relation to end of life care formed part of their preferred priority of care document. This document detailed people's needs, wishes and preferences in an accessible format. At the time of the inspection it had not been possible for the service to gather everyone's end of life wishes, this was due to people's understanding of end of life. However, through the new preferred priority of care documents, discussions with relatives and understanding people's needs, this work was being undertaken sensitively.

## Is the service well-led?

### Our findings

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.

The service had clear and inclusive values that were embedded and sustained with all staff working at School House. The service values were CARE – Collaboration, Accountability, Responsiveness and Excellence. All staff spoken with during the inspection were aware of and could recite the provider's values. It was clear from our observations that the values were in practice through the interactions and support provided to people. The service also sustained a positive culture whereby concerns were welcomed and acted upon in a timely manner, seeking wherever possible a positive resolution for all parties.

People and their relatives spoke extremely positively about the staff and management team. One relative told us, "[Registered manager's] very conscientious, she's very organised and ordered and the staff seem to like her." A healthcare professional said, "Strong management there and good support from the operations manager." People were encouraged to enhance their skills which had a positive impact on their well-being and self-esteem. The service had clear leadership structure in place, whereby staff members continued to be aware of their roles and responsibilities. Staff and relatives told us the registered manager was approachable, open to suggestions and inclusive. Throughout the inspection we observed staff and people seeking guidance and support from the registered manager and appeared at ease in her presence. The atmosphere within the service was warm, welcoming and inclusive.

People continued to be encouraged to contribute to the running of the service, through keyworker sessions, reviews and general day-to-day conversations. By enabling people to recognise their own skills and abilities, staff were able to support them to participate in the on-going development of the service. The registered manager had embedded a person-centred culture within the service whereby people were at the heart of the service delivery.

People continued to receive support from staff that worked collaboratively with senior management to drive improvements through person-centred working and empowering those they supported. The service had a clear management structure which was inclusive. Senior management continued to be a visible presence within the service, on hand to offer support and guidance wherever needed. People's views continued to be sought through regular meetings and quality assurance questionnaires. Positive feedback through the questionnaires included for example, 'The staff have been exceptional at keeping me updated on regular daily matters as well as health issues', 'The staff are very competent and capable. My [relative] is highly supported by motivated people' and 'We feel incredibly lucky that our [relative] is at School House. The staff are kind, friendly and genuinely motivated to do the best they can.' Technology available to the service, and significant knowledge of the people they supported meant that people's non-verbal views could be sought. Through these methods, changes were implemented to improve the service wherever possible as a direct result of feedback received.



The service had a culture whereby continuous improvement was sought to enhance the outstanding care provision. The service continued to be members of the National Autistic Society Accreditation. The Quality Action Group (QAG) held by the service was now embedded and used partnership working with other registered managers and senior staff from sister homes to work collaboratively in developing the outstanding services, through innovation and proactive thinking. QAG meetings were held regularly and looked at all aspects of the care provided throughout all the services, including, for example, Autism, communication, sensory needs, behavioural support, care plans, accessible information, activities and oversight and management. The registered manager told us the QAG meetings were beneficial in sharing ideas, areas that have worked well and recognising and acting on areas that required improving.

The service continually sought partnership working to improve the service and strive for excellence. The service was also part of the Skills for Care 'outstanding initiative', this was further evidence of the service's continued partnership working and sharing outstanding practice with other organisations across the county. Which shared best practice with other likeminded services in order to further improve the service provision and enable other providers to aim for outstanding services, as they believed everyone in care deserved outstanding care. A healthcare professional told us, "They do work closely with us. If we ask for anything we get it quickly. They take on board anything we suggest and they will go off and try it. They do work closely with the relatives." A relative said, "Went on the course re social stories and I went too. Really am involved, they don't see you as a meddling parent they really appreciate your involvement."