London Care Partnership Limited

London Care Partnership Limited - 78 Park Road

Inspection report

78 Park Road
Hampton
Middlesex
TW12 1HR

Tel: 02082555166
Website: www.lcpcare.com

Date of inspection visit:
29 February 2016

Date of publication:
08 June 2016

Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

We carried out an inspection of 78 Park Road 29 February 2016. The inspection was unannounced. At the previous inspection of 17 January 2014 the service had met the regulations.

London Care Partnership 78 Park Road provides care and accommodation for up to seven people with learning disabilities. It is located in Hampton in the London Borough of Richmond-upon Thames. At the time of the inspection the home was fully occupied.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service, their relatives and health and social care professionals told us that people were kept safe within the service. We found staff members were aware of what steps they would take if they had concerns about people's safety and we saw that they followed clear guidance on what steps to take if an incident or accident occurred at the service.

Although some people displayed behaviours that challenged the service, the provider took proactive steps to understand the possible causes of this and implemented methods to manage these behaviours. These methods included the use of a behaviour analyst and nationally recognised positive behaviour support techniques recognised and accredited by the British Institute of Learning Disabilities (BILD). These were incorporated into personalised support plans for each individual. The service also made use of other services such as speech and language services in order to ensure that people were able to communicate how they felt and be understood by the staff team.

Relatives of people using the service we spoke with were enthusiastic in their praise for the service and how well staff cared for, supported and responded to the needs of people living at the home. Relatives praised the home for the consistent support provided to people, which ensured their safety and for the person-centred care plans and activities which enabled people to live individual lives.

Relatives told us they were impressed with how the staff supported people in all aspects of their daily lives,

including managing their healthcare needs and accessing activities, which included the use of specialists such as physiotherapists, behaviour analysts and speech and language therapists within the organisation to ensure that people who needed extra support were provided it quickly.

Staff spoke positively and knowledgeably about their work and the people they supported. Staff who were assigned as keyworkers to people worked closely with them to achieve goals in relation to their daily living skills.

Staff members went through robust recruitment procedures which included all mandatory checks, including a Disclosure and Barring Service (DBS) check. They took part in a thorough induction process before being given unsupervised responsibilities. Staff undertook mandatory basic training as well as additional training relevant to the support needs of the people living at the home.

Staff told us, and records confirmed, that they received ongoing support and were given both training opportunities and opportunities to progress within the organisation to more senior roles.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), and they demonstrated a good understanding of the act and its application. Where people did not have the capacity to make decisions about their care, meetings were held with people, their relatives, and health and social care professionals to help ensure that any decisions were made in the best interests of people using the service.

The registered manager was familiar with the service's vision and goals and supported staff well. Together with the staff team the manager had in place a distinctive approach to care planning and activity planning that ensured people had a successful balance of therapeutic, social, home-based and vocational opportunities. The outcomes for people were that they had care packages that met their support needs and which also greatly enhanced their integration and involvement with their local community instead of spending all their time in segregated settings with other people with disabilities. Staff knew how to meet people's individual preferences and were innovative in developing approaches with people that enhanced their sense of wellbeing and quality of life.

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

There was a strong emphasis on continually striving to improve. The service was able to sustain outstanding practice through regular internal quality assurance processes, providing an open and transparent culture, maintaining links with external organisations relevant to its work and developing its practice through recognised quality accreditation schemes. For example the provider had achieved autism accreditation with the National Autistic Society and was currently working towards an award with Investors In People (IIP).

The service also found innovative and creative ways to enable people to be empowered and voice their opinions, for example through using people who use another one of their services to contribute to the quality assurance checks of the service at 78 Park Road by speaking to people and commenting on the atmosphere and facilities of the home.

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 bullying, harassment, avoidable harm and abuse that may breach their human rights. Staff had received appropriate training in safeguarding people and were knowledgeable about how to report any concerns. Staff had also received appropriate training in how to positively manage behaviours that challenge the service whilst protecting the rights of people living at the home.

Risks to individuals and the service were managed so that people were protected whilst maintaining their autonomy and freedom. Risk assessments were thorough and focussed on people's needs. They were reviewed to ensure people could lead meaningful lives whilst keeping them as safe as possible.

The service ensured that there were sufficient numbers of suitable staff to keep people safe and meet their needs, with planned staff rotas and clear descriptions of staff duties each day.

People's medicines were managed so that they received them safely. Staff were trained in the handling, management and administration of medicines and staff who had not yet received this training did not carry out this task.

Is the service effective?

Good

The service was effective. People received effective care, which was based on best practice, from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Staff received support and training which enabled them to care and support people effectively.

People's consent to care and treatment was always sought in line with legislation and guidance. Decisions made on behalf of people that did not have the capacity to consent were made in their best interests. Staff showed a good understanding of the Mental capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink enough and maintain a

balanced diet. People's individual support needs were taken into account and their preferences were respected and menus planned in advance.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support, which was provided by both community and specialist services, where required.

Is the service caring?

Good

The service was caring. People were supported by staff who had developed positive caring relationships with them and who supported them maintain their connections with families.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. This was achieved through the use of input from speech and language therapy services and through staff using techniques and approaches geared towards individuals' communication styles.

People's privacy and dignity were respected and promoted through staff ensuring that people had personal space, that their rooms were personalised and their belongings were looked after securely.

Is the service responsive?

Outstanding

The service was responsive. People received exceptional personalised care that was innovative in approach and which was responsive to their needs. People were supported to have care plans that reflected clearly how they would like to receive their care, treatment and support. These included their personal history, individual preferences, interests and aspirations.

People had control over their lives and were supported to follow a wide range of interests which included social, therapeutic, vocational and home-based activities.

The service used a variety of approaches to listen and learn from people's experiences, concerns and complaints. These included making use of a keyworker system to develop personal and individual understanding of people, engaging with relatives, using feedback collected through external assessors and through daily team discussion of how people were feeling.

Concerns were followed up promptly and outcomes recorded.

Is the service well-led?

Outstanding ☆

The service was well-led. The provider and manager had developed a consistently excellent and positive culture which promoted openness and transparency for staff and a person-centred and inclusive environment for people who lived in the home.

The provider had focussed on providing an excellent service through the use of quality audits, both internal and external, the innovative practice of including people with disabilities as part of their quality assurance team and through seeking regular feedback from relatives and other professionals. The management and leadership of the service was underpinned by an excellent values base of Dignity, Involvement, Care and Safety.

The service had achieved accreditation with the National Autistic Society, which is a benchmark for quality of service. It is also seeking accreditation with Investors In People, a benchmark for quality in managing and leading people.

London Care Partnership Limited - 78 Park Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 inspection took place on 29 February 2016. The inspection was undertaken by a single inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service and safeguarding alerts raised. We also reviewed 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.

All of the people had difficulty communicating verbally or were anxious about speaking with us. However, we spent time with five people, interacting and engaging with them in an informal and relaxed manner. During our inspection we observed interactions between staff and people using the service. We spoke with four staff members, the registered manager and the clinical compliance manager. We also spoke with the provider and held telephone interviews with three relatives.

We looked at three care records, seven session and activity plans for people, three medicines records and other records related to people's care. We saw five staff files and other records relating to the management of the service such as audits, incident and accident reporting processes, complaints records, policies and staff rotas.

We contacted health and social care professionals such as commissioners and therapists to invite them to

share their views about the service. We did not receive responses to these invites and therefore we have relied on notes and records made by professionals contained in the service.

Good

Our findings

People were protected from bullying, harassment, avoidable harm and abuse that may breach their human rights. We observed people's interaction with staff and saw that this was relaxed, with people actively engaging in a friendly manner with staff.

Relatives told us they felt that people were cared for safely in the home and were protected from the risk of abuse and accidents. One relative said, "They are fantastic. They act so quickly if they think someone is at risk of harm or ill health. One person at the home was suffering from weight loss and within two weeks a multi-disciplinary team had been set up to monitor and sort out the problem."

Another relative told us, "I am not concerned at all about safety. They are a great team who really look out for people."

Staff had received appropriate training in safeguarding people and were knowledgeable about how to report any concerns. This was supported by appropriate policies which referred to the Pan-London multi-agency policies and procedures on safeguarding adults, and a whistleblowing policy. There were also leaflets and guidance posters displayed prominently in public areas of the home for relatives and other visitors to view.

Staff recruitment was robust. It included reference checks, checks with the Disclosure and Barring Service (DBS) and formal interview. New staff underwent a thorough induction covering the values and policies of the service as well as getting to know the people. Staffing levels at the home were good, with a minimum of five care staff on duty per daytime shift and a waking and sleeping staff team at night. Staffing levels enabled people to receive sufficient support in a safe way whilst enabling them to maintain their personal choices of activity within the home.

Staff had also received appropriate training in how to positively manage behaviours that challenge the service whilst protecting the rights of people living at the home. Staff used nationally recognised positive behavioural support techniques designed to negate or at least minimise, the need for restraint or restrictive practices towards people.

One approach used was the PROACT-SCIPr-UK® (Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention) approach, accredited by the British Institute of Learning Disabilities (BILD). Staff spoke positively about this approach and how it enabled them to identify the kinds

of things that an individual found stressful or challenging, and develop ways of supporting people in a safe and planned way.

We saw records and logs of interventions. These were accurately recorded in a person-centred way, and described the behaviour, the type of intervention that was used and the outcome, which were then used for discussion amongst staff and to develop learning. No one was subject to physical restraint or restraint through medication.

Risks to individuals and the service were managed so that people were protected whilst maintaining their autonomy and freedom. Risk assessments were thorough and focussed on people's needs. They were reviewed to ensure people could lead meaningful lives whilst keeping them as safe as possible. Risk assessments were individual to people using the service and centred on their support needs and their lifestyle choices. Examples included mobility, epilepsy and personal awareness of danger as well as risks with eating and drinking and nutrition and health. We saw that records of risk assessments were accurate and kept up to date.

Control measures to minimise the risk were identified and if the risk was still deemed to be too high, then additional controls were put in to address this. Control measures included providing additional staffing, or being flexible around staff cover. This allowed people to continue to take part in activities in a way that kept them as safe as possible.

Incidents and accidents were recorded and investigated thoroughly so that triggers and trends could be identified. Staff completed frequency and severity charts to monitor incidents.

People's medicines were managed so that they received them safely. Staff were trained in the handling, management and administration of medicines and staff who had not yet received this training did not carry out this task. Medicine guidelines were available to help staff.

We checked three medicines administration records (MAR) charts which were completed correctly with no gaps. Staff were able to describe each step of administering medicines. PRN medicines such as painkillers were recorded by staff. Staff followed the medicines guidelines to know when to administer these.

Good

Our findings

People received effective care, which was based on best practice from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One relative told us, "The staff are excellent. They really understand [name of person] needs and behaviours and provide support that brings out the best. The home is not an institution and staff work individually with people not just according to policies and rules".

People who displayed behaviours that challenged had specialist support plans called 'positive behaviour support' (PBS) plans. These individual PBS plans were developed with the support of a consultant behaviour analyst and contained clear and person-centred descriptions of when and why possible interventions may be needed, how someone's behaviour may manifest itself, and the planned intervention to be used. This was carefully monitored and recorded and discussed as part of the overall care plan for the person. One member of staff was able to describe how the use of positive behavioural support, together with accurate recording and team discussion, had enabled one person to participate more in social gatherings and activities.

The service had a relevant and comprehensive training programme in place. Training included the role of the health and social care worker, principles for implementing duty of care, and person-centred support. training in safeguarding, infection control, mental capacity, equality, diversity and human rights had all been provided and refreshers planned.

More specialised training specific to meet the support needs of people using the service was also delivered to staff in areas including learning disabilities and mental health, autism, epilepsy, and PROACT-SCIPr (managing behaviours that challenged).

There had been a turnover of nine staff in the past 12 months and there were clear plans in place to ensure that new staff completed their Skills for Care Common Induction standards. In addition there were four staff with national vocational qualifications at level 2 or above.

Staff told us the training and support they received was excellent. One staff member told us, "The support here is fantastic. I completed my induction and there are always more courses I can do. Before you work on your own you always get a team leader who will work with you and help you until you feel confident." Another member of staff said, "I have supervision and we also have staff meetings and handovers where we talk about the residents, as they come first. But if I have any questions about my work I can ask the manager

anything at any time."

We saw records of supervision and meetings. Staff did not yet receive annual appraisals. However, performance issues were discussed at supervision sessions as well as probation reviews. The manager explained that this had been recognised as an area for development and which was being acted on. The service was working towards accreditation with Investors In People (IIP) and the establishment of an appraisal system formed part of this accreditation.

There was evidence that staff were encouraged to develop their careers and we spoke with staff who had been promoted to more senior roles within the organisation. The registered manager of the service had previously been a team leader before her promotion. Staff members received regular one to one supervisions and team meetings were held monthly which was an opportunity for the staff team to raise issues in a group environment.

Consent to care and treatment was always sought in line with legislation and guidance. The manager and staff confirmed that they had an understanding of the Mental Capacity Act.

The Mental Capacity Act (MCA) 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Staff told us that they were aware of their responsibilities on a day to day basis when working with people who use the service to help them understand their care and treatment including gaining their consent. Records showed that staff in the home had received awareness training in the MCA and the manager was able to demonstrate that decisions about people's best interests were made in consultation with the person and their family.

Records confirmed that people's capacity to make decisions was assessed before they moved into the home and on a daily basis thereafter. Records confirmed that the home had been making requests for authorisation to restrict people's liberty in their best interests under the Deprivation of Liberty Safeguards (DoLS). DoLS requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. At the time of inspection seven applications had been made to the supervisory body. Records were securely held within people's care records. Five applications had been authorised and the service was waiting on the outcome of two others.

People were supported to eat and drink enough and maintain a balanced diet in accordance with personal and cultural preferences. Menus and variety of food were planned in consultation with people using the service. One relative told us, "The meals are excellent and staff take care to make sure people get a balance of what everyone likes." Another relative described how they were concerned about a person using the service who seemed to be losing weight and was not receiving enough vegetable protein. Staff came up with the idea of making cakes containing Kale, which proved successful. Fresh fruit was available for people to help themselves to.

People were supported to maintain good health, had access to healthcare services and received ongoing healthcare support. People had a health records file which contained details of medical appointments such as GP, physiotherapist and dental appointments. People also had a health action plans and patient passports which were used to plan care in relation to their medical needs and in the case of hospital admissions. Records contained guidance from healthcare professionals such as physiotherapists for staff to follow up at home and during activities. Staff followed these guidelines when developing activities for people or incorporated them into people's daily lives.

People's individual needs were met by the adaptation, design and decoration of the service. The home

provided a safe and secure environment, with a gated drive and call bell system for visitors. This enabled people to move freely within the home and gardens without placing them at risk. Each person had their room personalised and adapted to their needs and bathrooms and furnishings were designed to ensure maximum independence and autonomy whilst providing support to people.

Good

Our findings

Staff and managers had developed positive caring relationships with people using the service. Relatives spoke positively about the service and the kind attitude of staff. One Relative told us, "The place is a Godsend. The staff are fantastic and really go the extra mile." Another relative said, "The care is excellent. People are always made welcome when they visit."

During our inspection we saw that people interacted with staff in a very positive way and that staff used a variety of techniques to ensure that people felt secure and at ease, as well as making sure people knew what was happening at any time. Techniques included speaking with people and physically demonstrating things to them to support them understand.

People received care and support from staff who knew and understand their history, likes, preferences, needs, hopes and goals. The relationships between staff and people receiving support demonstrated dignity and respect at all times. For example, one person was uncomfortable when strangers visited the service. Staff took the time to carefully introduce the person to the inspector and then planned an impromptu walk with the person away from the building to allow the person time to adjust.

We saw that care plans and care records accurately reflected the support needs that people had together with a personalised support plan. A communication profile for each person had been developed with the speech and language therapist and these described the most productive ways of successfully communicating with people. We saw that care records also recorded the input of multi-disciplinary teams where required, including positive behavioural support, physiotherapy and psychiatric support.

People were proactively supported to express their views and staff were skilled at giving people the information and explanations they need and the time to make decisions. The service used an approach called "Total Communication" which incorporated pictures, signs and gestures, understanding the body language of people and verbal communication. In addition, the staff maintained a keyworker system which matched a person with a named staff member. This enabled staff to provide people with an added sense of care and security. The service encouraged the involvement of families as much as possible and staff ensured that the relatives received weekly updates.

People's privacy and dignity was respected and promoted through the provision of personalised activity plans and flexible staffing in the home. For example, people's care plans outlined the level of support people needed with regard to personal care and also the level of independence they could exercise when having a

bath or when dressing. This enabled staff to appreciate and respect people's privacy when appropriate and safe to do so. Relatives and other visitors were welcome because of an open visiting policy and were able to speak with the person in private.

Staff and relatives confirmed that the staffing of the home and times people worked were planned in accordance with what activities people took part in and when they did it. For example, we saw that staff had supported people to attend shows and theatre performances in central London or within the area and participate in charity events such as Vitality 10k Run in London. This support enabled people to have a real presence in the ordinary community and enhanced their respect and dignity through participation in community based events.

Outstanding

Our findings

People received exceptionally personalised care that was innovative and responsive to their needs. All the relatives we spoke with spoke highly of the level of staff skills and understanding of people's needs. One relative told us, "The service is fantastic. The manager, team leaders and staff make a great team and really work hard for people."

Relatives also told us that staff had outstanding skills, and had an excellent understanding of people's lives and histories, their culture and behaviour which enabled them provide care and support in a way that placed the person at the heart of everything they did. One relative said, "the staff are absolutely brilliant. They make it so that although there are seven people living in the same building, each one of those seven has an individually tailored care plan which means they can enjoy each other's company when they want to but have their own support too." Another relative commented, "We never have a situation where [name of person] misses out because of the needs of the bigger group. The staff are so flexible that they make sure everyone gets the activity that was planned for them. I can't speak highly enough of the staff here."

The service was complimented 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, the staff, through proactive discussion with relatives, developed a programme which included introducing the person to keep fit and found an external personal trainer. The personal trainer became an important part of the team and the person soon associated the personal trainer with a positive and enjoyable activity. The reduction in weight was a success, the consistency was maintained and the individual was achieving this through the same non-institutional means as non-disabled people.

People's care and support were planned proactively in partnership with them and their families. Staff spoke positively about the way activities were planned and organised. One staff member said, "This is their home and, just like me, people will want to do different things at different times. Sometimes they will want to chill, other times they will want to do something meaningful for themselves."

The team used a creative and innovative approach to produce an exceptional activity planner for people.

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 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.

The manager explained how, by using this approach, one person's week was seen to be mainly therapeutic in nature, with insufficient opportunities to spend socially in the community or in much meaningful work related activity. To respond to this in a meaningful way for the person, water-therapy was replaced by supporting the person in the community with ordinary swimming. This required more staff intensive support and risk assessment. However, the impact on the person's life meant that they had increased opportunities to participate in ordinary community activities.

The service had structured activity plans tailored to what each person enjoyed. For a small home, people enjoyed an excellent and varied range of opportunities, including swimming, bowling, massage, cooking/baking, shopping, trips to central London, college classes, horse-riding, trampolining, cycling, gym visits and church. Physiotherapy and hydrotherapy were provided to support some people's mobility needs.

This approach required staff to be flexible in their work schedules and for records and assessments to be accurately maintained. We saw that each person's care records were reviewed regularly and were maintained to an excellent standard. All support plans (including a specialist behaviour support plan) were on-going, reviewed either 6 monthly or when required. These were shared with other agencies when necessary (for example college/work placements).

The service took a key role in the local community and was actively involved in building further links. We saw that whenever possible, people who use the service were encouraged and supported to engage with services and events outside of the service. For example, one person's interest in buses led to staff forging links with the local bus garage which resulted in the person being able to spend regular time at the bus garage in supported employment cleaning buses.

The impact for the individual, from having an interest in something transformed into a genuine work opportunity demonstrated excellence and teamwork from the staff, whom relatives described as "always willing to go that extra mile".

The service routinely listened and learned from people's experiences, concerns and complaints. There was a clear complaints policy available to staff and relatives. Everyone we spoke with told us that they had always been able to speak to the manager or a senior manager whenever they needed to. Everyone we spoke with told us that they could not recall any serious issue that had required them to make a formal complaint.

The manager and staff confirmed that the open culture of the home allowed people to raise issues without these needing to be escalated into formal complaints. Records of formal complaints were maintained and managed through appropriate channels. For example there had been one complaint alert raised in the previous 12 months which had been properly recorded, and where the service worked in partnership with the local social services and successfully resolved.

People were actively encouraged to give their views and raise concerns or complaints through various approaches by staff. This included monitoring responses and reaction to questions and proposed activities, assessing the behaviour and body language of people and using the keyworker system to ensure a

consistent approach to introducing people to new ideas. Through the use of the Total Communication approach, pictures, gestures and sign language were also used to gather people's opinions and concerns. For example, in order to allay one person's fears and concerns prior to attending a hospital appointment, staff arranged a mock visit to the hospital to enable the person to be familiar with the hospital environment and also receive an introduction with the hospital team.

This creative and person-centred approach enabled the person to understand what was happening and also helped the staff team learn what the main concerns the person had and therefore how to respond to them in a way that reassured the person.

One relative told us, "I am happy with everything and have real confidence in the team."

Outstanding

Our findings

The service was exceptional in how it promoted a positive culture that was person-centred, open, inclusive and empowering. Everyone we spoke with, staff and relatives, told us that they felt the service was "fantastic", "outstanding", "a Godsend" and "the best place I've ever worked". Everyone described the home as a place where people could develop their potential and where open discussion could take place.

This was demonstrated by the openness and individuality of the people living in the home and in the way people, visitors and staff engaged with each other. Some people were interested in engaging in specific activities with staff, such as walking or shopping, whilst other people were interested in simply being in the company of particular staff. The atmosphere in the home was exceptionally friendly and calm, with staff positively encouraging people to engage, even at cost to themselves if they were, for example, in the process of an administrative task or household task.

Staff confirmed that they were satisfied with the opportunities they had for discussing any issues to do with the home or the people or staff and management issues. Opportunities arose through team meetings, daily handovers, supervision and training sessions. One staff member told us, "If you have an idea here, you'll always be encouraged to try it out, and if you think anything's wrong you can talk about it and something will be done." Examples provided by the home included staff working together to develop a physiotherapy plan that would be both beneficial and enjoyable for the individual.

The service had an excellent record in continually striving to improve. There was a culture of recognising talent by internal promotion and encouraging further professional learning. The service sustained outstanding practice and improvements over time through establishing strong links with external bodies through research and accreditation. For example, care practice was compatible with the British Institute Of Learning Disabilities (BILD) and the service had achieved accreditation with the National Autistic Society as a quality provider and were currently working towards accreditation with Investors In People (IIP) which is a benchmark for managing people.

The service demonstrated excellent management and leadership. The culture of the home encouraged managers, team leaders and care staff to work together but with clear and distinct roles and responsibilities. Senior managers and the clinical compliance manager visited both informally and to carry out quality audits and ensured that leaders were visible and accessible both to staff and people. The small size of the home meant that feedback from relatives was able to be provided on an immediate basis rather than through questionnaires or surveys. There was a quarterly newsletter which updated people on developments for the

home and the wider organisation, success stories, staff matters and upcoming events.

One innovation in the leadership of the service is The Quality Action Group. This group, made up of representatives from each home in the company, the operations manager and clinical lead, was developed with the purpose of ensuring that the learning gained from the Autism Accreditation was consistently applied throughout all the homes and that it focussed on core and specialist standards. A Quality Manager was employed to ensure that best practice was delivered. We saw examples of quality audits which were conducted in line with the standards set out by the Care Quality Commission.

Another excellent innovation was to include a person who used services to be part of the quality assurance checks of the home. This person had the role of commenting on the atmosphere, cleanliness of the home and speaking with people to see if they felt happy living in the home.

The service delivered high quality care. The provider had successfully managed to ensure that there was a clear connection between policy and practice. This was achieved by ensuring official policies and procedures, staff support and training, care planning and practice were underpinned by a philosophy of care based on positive, person-centred support for people.

The service worked well in partnership with other organisations to make sure they were following current practice and providing a high quality service. This did not apply only to national organisations, but also with local services such as pharmacy, social services and community health services. We did not receive any feedback directly from those services. However, 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. Records and care plans were up to date.

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.

The home had a registered manager and had met all their legal requirements in respect of their registration. Data and information were stored securely and confidentially.