Harrow Council

Harrow Council - Roxborough Park

Inspection report

62 Roxborough Park
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Ratings

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

Overall summary

This unannounced inspection took place on 11 February 2015. The service met all of the regulations we inspected against at our last inspection on 11 July 2013.

62 Roxborough Park is a service for eight people with autism and challenging behaviour. All people who used the service displayed some forms of behaviour which challenges the service. The service is spacious and provides accommodation on the ground and first floor. 62 Roxborough Park is located closely to Harrow town centre, which provides good transport links and shopping facilities.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

We found that 62 Roxborough Park provided a highly personalised, person-centred, autism specific service. People were in control of their support and participated in decision-making for the service and organisation as a whole. People were encouraged and enabled to learn new skills and become more independent. Support that staff provided to people was clearly outcome-focussed and systems were in place to document this.

The service has been accredited since June 2011 by the National Autistic Society (NAS). This is an autism-specific quality assurance programme for hundreds of residential and educational facilities throughout the UK and across the world. This is a very difficult accreditation to achieve and maintain, for example currently in London there are only nine accredited autism specific residential services.

People consented to their support and staff and the managers of the service worked to ensure people's parents and relatives were aware of the legal limits of their role in decision-making. Feedback about the service was encouraged and there were a range of mechanisms to support this.

Staff were aware of the requirements of their role and were vetted appropriately before starting work. Staff supported people safely and knew what to do to protect people from the risk of abuse.

Recruitment procedures ensured staff had the appropriate values when they were employed and gained skills and qualifications shortly after they started work. On-going training was provided and staff were encouraged to pass on their expertise to their colleagues through workshops and team meetings in various aspects of service delivery.

People received their medicines in a safe manner and staff recorded and completed Medicine Administration Record (MAR) charts correctly. However controlled drugs were not stored safely and appropriately.

People had access to healthcare services and received on-going healthcare support for example through their GP. Referrals were made to other professionals if the need arose. People met with their psychiatrist and their behaviour was reviewed by their psychiatrist and the community learning disability team.

Risk assessments and care plans for people using the service were effective, individual and autism specific in capturing the required information. People's individual care needs were recorded in a timely manner which demonstrated that their needs had been met. There was a strong focus on supporting people in becoming more independent by working together with the family, the person and the day service to achieve the best possible outcome.

No complaints had been received within the last year, but people had the opportunity to comment on the service at regular meetings. Health and social care professionals working with people living at the service gave very positive feedback about the support provided by the service.

Quality assurance systems were in place to assess and monitor the service people received. The service worked well in partnership with other organisations such as the NAS to ensure current practice was followed and a high quality service was provided to people. The service strived to make continuous improvements through regular consultation, research and reflective practice. This ensured that the service continued to provide an outstanding service to people with autism and behaviour that challenges.

We found that [the registered person had not protected people against the risk associated with the safe storage of medicines]. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Medicines were managed safely; however controlled drugs were not stored safely.

Risks associated with people's support were assessed and managed with guidelines for staff.

There were enough staff to meet people's needs safely and in a timely manner. Recruitment procedures ensured staff were suitable to work with people in need of support.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills necessary to support people with autism properly.

The service obtained people's consent to the care and support they provided. The manager and staff understood the Mental Capacity Act (MCA) 2005 Code of Practice and the Deprivation of Liberty Safeguards (DoLS) and could explain when an application was required.

Staff supported people to maintain good health and eat a balanced, healthy and nutritious diet. People received appropriate assistance to eat when needed.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Is the service caring?

Good

The service was caring and relatives told us the staff treated them with compassion and kindness. People were involved in their care through regular meetings and been offered various options enabling them to choose from.

We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of people's likes and dislikes and their life history.

Is the service responsive?

Good

The service was responsive and relatives told us that the registered manager and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns they had with the staff and management of the home.

Summary of findings

We saw that people were engaged in in-house and community based activities throughout the day of the inspection. We saw that these activities had a positive effect on people's well-being.

Is the service well-led?

Good 

The service was well-led and relatives we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve and there was a person centred culture in the service.

The service put strong emphasis on reflecting on practice and promoting and sustaining improvements already made in the service.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Harrow Council - Roxborough Park

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 11 February 2015 and was unannounced. The inspection was conducted by an inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of events affecting the service.

People who used the service had limited verbal communication skills. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two relatives, one agency staff member, two support workers, one team leader, one administrative worker and the registered manager.

We looked at three people's personal care and support records, personnel records for three staff and records relating to the management of the service such as staff training and supervision records, meeting minutes, records of checks and audits, action plans and safeguarding records.

Following our inspection we contacted a number of health care professionals and a manager of a day centre attended by people who used the service. We received feedback from one community nurse and the daycentre manager.

Requires Improvement

Is the service safe?

Our findings

Controlled drugs (CD) were administered to one person who recently moved into the home. We saw the CD register which had been completed appropriately and no omissions had been noted. The provider currently stored the CD's in the same lockable medicines cupboard as all other medicines. This did not fully comply with the Misuse of Drugs (Safe Custody) Regulations 1973, which required for CD's to be stored in cabinets that comply, as a minimum, with the specifications set out in these regulations.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a robust medicines administration procedure. Support workers told us, and records confirmed that they had received training for the administration of medicines. We observed that two staff administered medicines together, one to witness that the medicines had been given and the other to administer the medicines. After medicines had been successfully administered to one person both members of staff signed the Medicines Administration Record Sheet (MARS). We observed that the MARS and stock levels had been counted during each handover. This ensured that any mistakes could be resolved as soon as possible. None of the people living at the service were able to self-medicate.

Where people had been prescribed medicines to be taken as needed (known as PRN medicines), staff had 'PRN protocol' guidelines for each medicine detailing the circumstances in which it was to be administered and how. These were correctly included and completed in each person's MAR sheets.

Relatives told us that the service provided to people was very good. One relative told us, "The staff is excellent, they know what they are doing and make always sure that my relative is safe. Staff are always available and whenever we visit there have been enough of them around." Care workers also told us that people were safe and that there were systems in place to ensure people were protected. One care worker told us, "We have risk assessments. In the kitchen we make sure all the knives are put away and make sure the cooker is safe. We make sure the temperature of the food is okay for clients. If I were to see a hazard for clients I would report it immediately to the boss."

Staff confirmed that staff had been trained in safeguarding adult's procedures and knew the procedure to follow if they had concerns about a person. Care staff told us that they would immediately raise any safeguarding concerns with the registered manager and were confident that he would deal with them appropriately. The provider had a safeguarding and whistle blowing procedure which provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Care staff knew about these policies and gave us practice examples of when they would use the guidance in these policies. Care workers understood and used appropriate policies and procedures and had understanding of using and implementing the local safeguarding protocol. For example, one support worker told us, "I would immediately contact the manager or one of the seniors if I would notice anything unusual with one of the residents." Another support worker told us "I can call the police or the CQC if I think that nothing would be done." We had not received any safeguarding alerts from the local authority or notifications since our last inspection

Staff gave proactive support with people's behaviour. Behaviour intervention care plans had been developed specifically to support people who displayed behaviour that was challenging to others or themselves. These provided information and guidance to staff which ensured that they managed and responded to behaviour that challenges consistently which ensured people's dignity, but also promoted their rights. The behaviour intervention plans were reviewed regularly and if behaviour deteriorated referrals to behaviour specialists had been made to ensure that a more pro-active approach to the increase of challenging behaviour could be found.

We saw that one person who had recently moved in had been provided with 24 hour one to one support. The registered manager told us that this was due to the behaviour that challenges of the person not being predictable. Staff told us that there were sufficient care workers available to meet people's needs. One support worker told us, "Our staffing levels are pretty good considering we have eight clients and one of them is on a one to one. We have four staff on shift in the morning and three staff on shift in the afternoon when things are a little quieter. We have enough staff to spend quality time with residents." The registered manager told us, "We are fortunate really. Because of the range of people we have here we are quite well resourced. However we always have

Requires Improvement

Is the service safe?

to demonstrate that the funding is needed to provide activities and a good quality of life for people." During the day of our inspection we saw that there were sufficient staff on duty as some people went to the day centre, one person went to work and one person stayed at home. We saw that this was facilitated appropriately and people were given sufficient time to take part in their chosen activities. We also saw in the rota that additional staff were brought in to support people to attend hospital or doctors' appointments.

Staff said that they had received Crisis, Aggression, Limitation and Management (CALM) training. Staff told us that this training has helped them to recognise what could be the cause for people's behaviour to become challenging and taught them safe techniques to manage these behaviours. The registered manager and staff told us that they had a specifically tailored CALM training session arranged prior to the new person had moved in and a follow up session was arranged for March 2015. Staff told us that this had helped to work with this person more positively, while the person was still able to participate fully in activities in the least restrictive way.

Staff completed incident forms following each episode of behaviour which challenged. The record addressed what had happened before, during and after the incident. This information was used to work with people more pro-actively, but also supported staff and the registered manager during debriefing sessions to look at better ways of working with people. The service had achieved a number of very positive outcomes in the management of behaviour that challenges. For example, staff told us that a number of people did not go out when they moved in, because their behaviour was seen as too challenging. One support worker told us, "The quality of life has definitely improved for this person since they moved in to Roxborough Park." We had received similar comments from the relatives we spoke with, for example "He has come a long way since he lives there."

People's personal care and support records showed that risks associated with people's support were assessed with guidelines in place for staff to reduce those risks. Each person's records contained a number of individual risk assessments including managing money, preparing meals, personal care and moving and handling. There was also an environmental risk assessment available which provided information for people who used the service and staff on safety in the home such as the location of gas stopcocks and emergency evacuation procedures. We saw these were up-to-date and reviewed regularly. Staff had been trained in health and safety and other topics relevant to the support people received such as moving and handling.

The provider followed safe recruitment practices and ensured staff were appropriately vetted before working with people. The staff files we looked at included criminal record checks, two written references which were verified by the provider, interview records and an application form detailing the staff member's employment history. Each staff member's right to work in the United Kingdom was also checked and verified and included supporting documentation, such as legal name changes, where necessary.

Good

Is the service effective?

Our findings

People spoke highly of the support provided by staff. Relatives told us "All the care staff are brilliantly trained," and "They have a really good team there".

Training records showed that staff had received accredited autism specific induction training prior to commencing work. Staff also attended mandatory training and training on other relevant topics including a five days autism course, learning disability, mental health, mental capacity, sex and sexuality, epilepsy, and diabetes. Staff were very positive about the standard of training provided by the council and confirmed that they received annual refresher training. They displayed a good understanding of how to support people in line with best practice particularly in promoting independence. Staff told us that they "feel supported" and confirmed that they had "regular, planned supervisions". Staff also told us that they were able to discuss with the registered manager if they required additional training to meet people's needs. For example, one support worker told us, "The manager booked a CALM training session in response to staff's anxieties around a person moving into the home. A second training session has been arranged to reflect on the anxieties and how staff feel now about the person living at the home." Crisis, Aggression, Limitation and Management (CALM) training. Staff told us that this training has helped them to recognise what could be the cause for people's behaviour to become challenging and taught them safe techniques to manage these behaviours.

Staff team meetings were held every two weeks, covering a range of topics relevant to the service, to ensure that staff worked consistently with people. Staff members received individual monthly supervision sessions with their line manager and regular annual performance reviews. Staff told us that prior to the appraisal meeting all staff were issued with a pre-appraisal self-reflection form. One staff member said, "This allows me to comment on my performance and discuss it with the manager during my appraisal." The service developed an autism specific induction training, which was provided over a six month period. The induction provided detailed information on how to work with people with autism, positive and creative ways of working with people, such as the use of various communication methods and detailed information on how to deal pro-actively with behaviour that challenges. This training ensured that all staff had consistent understanding of autism and service to people delivered was of high quality.

We observed staff asking people for permission when they provided care and support. For example, we observed staff discussing with one person if they wanted to go to the hairdressers and when. We also viewed various communication systems and aids used to facilitate people who used the service to make decisions and choices in their day to day life. This included various approved communication methods used with people with autism. These facilitated better communication and support people with autism to gain better skills and abilities to make their own decisions. We saw evidence of this when care staff communicated with individual people, for example a picture book was used for one person to explain what the person was doing during the day of our inspection. We also saw a pictorial activity plan for another person and saw that the person removed the pictures once the task was completed. This demonstrated that care staff used various forms of communicating with people and ensured that a consistent structure prevented people from becoming challenging and restless.

Staff had been trained in the requirements of the Mental Capacity Act 2005 and understood what that meant for the people they supported. The service had good links with social workers from the local authority who undertook assessments of people's capacity to understand and agree to their support when staff thought this was in people's best interest. For example one person who in the past absconded without staff knowledge from the home for short periods to obtain snacks had been assessed by the local authority in regards to the person's capacity and as a result a standard authorisation of liberty was issued to protect the person.

We are required by law to monitor Deprivation of Liberty Safeguards (DoLS). DoLS are there to make sure that people in care homes, hospitals and supported living services are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and legal way. We viewed the standard authorisation of Deprivation of Liberty Safeguards (DoLS) and found that appropriate

Good

Is the service effective?

processes had been followed and the authorisation was time limited until the 24 September 2015. The DoLS are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

The registered manager was aware of recent changes to case law relating to depriving people of their liberty for their own safety and had identified some people for whom this would be explored further.

People were supported by staff to shop for and prepare meals of their choice. The menu was discussed every weekend during the meeting for people using the service. Staff told us that they showed people different pictures and people chose what they wanted by saying or pointing at these. The pictorial menu was displayed on a notice board in the hallway. One of the people who used the service was responsible for changing the pictures every day. People's dietary needs had been recorded in their care plan as well as information about the support they required to eat independently. We observed breakfast and lunch time and saw that people were provided with the support they required and were able to choose what they wanted to eat.

People were offered a varied and culturally appropriate diet. The menu had various meal options, which included fish and chips, curries, vegetarian dishes and Sunday roasts. We saw in the menu that people were able to order take away meals and culturally appropriate meals such as Indian or Caribbean meals were also provided. We observed breakfast and saw that people were provided with plate guards if required and were given sufficient time to have their breakfast at their own pace.

Staff supported people to maintain good health and access health services when required and when this was part of their support. Records documented appointments people had with health professionals and outcomes and actions for staff. We saw that staff sought support from health professionals quickly when they were concerned about a person's health. People and their relatives said they had good access to other healthcare professionals such as dentists, chiropodists and opticians. People were able to choose their own health care professional. For example, one relative told us that they were not satisfied with the treatment their relative received from the dentist. They told us that they spoke with the registered manager about this and re-registered the person with a dentist of their relative's and their choice.

Good

Is the service caring?

Our findings

Relatives told us, “The staff are excellent; they genuinely care and show a real interest in our relative, but also in us.” Another relative told us, “Our relative has come very far since they moved in, they become much more independent and even started to talk, we are very pleased.” Care staff told us, “People are given the same dignity and respect I expect for me”; “If I provide personal care the door must be shut. I treat clients as an individual, giving choice and provide ways of working that reflects that” and “I always knock on the door and don’t go in unless I am granted entry, I call clients by their name and treat them as adults”.

Staff knew people well and built positive, caring relationships with the people they supported. Each person’s care and support records included their background and history as well as information relating to their current support needs. Staff told us these records helped them to get to know the person. However, they said that this was not a replacement for getting to know the person individually. One support worker told us, “You have to tailor the support to the person – each person has different needs and their own life and history and what makes them who they are. They get to know you too.” The same support worker also told us that staff were matched to people with common interests to facilitate a positive working relationship.

We observed staff respecting people’s privacy and dignity when supporting them. We saw that staff closed the door when people used the bathroom and staff discussed personal issues with people in private.

We found that people directed their own support and support was delivered according to their preferences. For example during lunchtime we observed one person being able to choose the member of staff to provide support. We observed people were in control of their support, for example we saw staff asking one person to put on his coat, but the person decided to wait before he was ready to do this. We saw staff respecting the person’s decision and giving the person additional time to get ready in their own time. People were in control of their support and make their own decisions where possible. For example, we saw one person getting their own breakfast with staff support, while another person displayed the daily picture menu on the notice board.

Staff told us they enjoyed supporting people and we observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people’s diversity was important and something that needed to be upheld and valued. They gave us examples of how they respected people’s diverse needs. For example, by making sure people’s cultural and religious preferences were still maintained when they moved into the home even though the person may not remember this due to their cognitive impairment.

Staff demonstrated that they knew what providing a caring environment meant. One support worker told us, “You need to understand the people you are caring for. You need to discuss with them what they want because it is their home. We come and go, but this is their home. If people are not happy we will know. If they are happy it is a good environment.” Another support worker told us, “Clients need to be involved and their needs must be met”.

Staff were able to give us examples of how they maintained people’s dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people’s privacy when giving personal care was vital in protecting people’s dignity.

Good

Is the service responsive?

Our findings

Relatives told us that they were fully involved in the care of their relative. One relative told us, "The home contacts the family regularly and keeps us updated of any changes. We are invited to attend meetings where we discuss the care plan and feel that our opinion counts." Another relative told us, "They call me if anything changes and keep us informed." Care workers told us, "All residents have a person centred plan, which were created by involving the resident as much as possible. Where residents find it difficult to communicate we seek information and ideas from their relatives, care professionals and other people involved in the resident's life as well as the knowledge and experience the whole staff team has about the resident."

Relatives told us that they were listened to by staff. One relative told us, "If there is anything I want to change I will talk to the manager or one of the staff and I am 100% sure that they will deal with it."

All three care plans we viewed confirmed that a detailed assessment of needs had been undertaken by the registered manager, the person, their relatives and care staff working at the service. The assessment formed the basis of the care plan. Care plans were well structured and addressed a wide range of needs, actions and goals. All care plans started with a detailed pen picture which provided personal information, likes and dislikes as well as people and things which were important to the person. The pen picture was followed by various risk assessments and a risk management plan which looked at in-house as well as community based activities and risks to the individual. The risk assessments included information about communication skills and communication needs of the person. A separate autism specific care plan which addressed some of the needs of people living with autism, in areas of social interaction, flexible thinking and communication. The autism specific care plan provided comprehensive information helping staff to understand why the person behaved in a certain way. For example we saw in one care plan that the person had difficulties with change and we saw that clear guidelines were provided to make it easier for the person to accept change and ensured consistent staff approaches to make this easier for the person. All care plans had detailed sensory assessments in place. These provided information in how the person reacts to light, surfaces, noise, taste, touch, balance and rhythm or routines. This can be very important for people with autism and concerted effort were made in the care plans to put the person at ease and work with the person pro-actively.

Care plans emphasised people's abilities and skills as opposed to looking at things people had difficulties with. However people were supported with their concerns and difficulties. For example we viewed guidelines in how to support a person going to the doctor, or anxieties from dogs, or what help they required in their personal care. This was done in a very positive way, by looking at the skills the person has in manage this independently.

All people living at the home had a set routine, for example attending a day centre, cleaning the home, setting the table, feeding the fish or going for walks in the local area. The routines were well structured and communicated to people with the use of various communication aids. For example objects of reference, PECS and SPELL. The Picture Exchange Communication System (PECS) is a form of augmentative and alternative communication. SPELL is a framework for understanding and responding to the needs of children and adults on the autism spectrum. These tools were autism specific, each person used one of these communication aids or a variety of all of these communication aids.

People who used the service were actively involved in the local community. People accessed community facilities such as local leisure centres, cinemas and restaurants. One person showed interest in bell ringing and the registered manager found a local bell ringing association which the person is a member now and visits regularly. One person found employment in a local charity shop. This showed that the service had close links with the local community and people who used the service were not excluded due to their disability.

We observed that people's independence was promoted at every possible opportunity, for example as simple as making a cup of tea, making informed choices about activities or engaging people in house meetings and involve them in the running of their home. We saw creative examples of teaching people to become more independent and gain life skills. For example, one person had been supported by staff to go to a day centre and use public transport independently. This was particularly highlighted and praised during the recent NAS autism accreditation review in July 2014.

Good

Is the service responsive?

Records showed one complaint had been made about the service in the past 12 months. This complaint had been managed appropriately and investigated by the registered manager and a full response provided to the complainant. Staff told us that complaints and concerns were taken seriously, investigated and resolved in good time. Relatives commended the registered manager for his quick response to a concern raised about their son's dental provision. A comment made included, "We are very happy how we are listened to and taken serious, and this makes a big difference." The provider's complaints procedure and policy contained a complaints flow chart, contact details of relevant outside agencies and the time frames in how complaints were dealt with.

Staff told us that they were aware of the complaints procedure and said they would talk to a senior member of staff or the registered manager if they had any concerns or any complaints were raised with them.

Good

Is the service well-led?

Our findings

Relatives spoke very positively about the registered manager and care staff. They told us that the registered manager "listens to everything I have to say and deals with our issues." The day centre manager told us, "The manager is very easy to get hold of, if I call the home and he is not around he will always call me back or come around to the day centre to discuss issues. I would say the home is very well managed." Care workers made similar positive comments about the support they received from the registered manager and senior care workers. One support worker told us, "If I had a difficult shift, the manager will always take the time to sit down with me and look at what we could do in the future to make the shifts less challenging." Another care worker told us, "I feel very well supported; the registered manager is very good and very approachable. If I have any issues, I will get a response and we look for solutions together."

Staff demonstrated a good understanding of the whistleblowing procedure and told us that they would make use of it if they felt that issues of concerns were not been dealt with appropriately by the home.

The service promoted clear visions of promoting people's independence and staff told us that "Residents can achieve anything they want and we will help them as well as we can". This was evident by the examples we saw of people having gained new skills in independent travelling, gaining voluntary employment and being members of clubs not specifically for people with disabilities. One aspect which stood out was while people were encouraged and supported to achieve these things their safety was paramount. For example one person who went out independently had been provided with a mobile phone, which allowed the person to contact the home in case of an emergency.

People who used the service and care staff had regular opportunities to make their voice heard. Meetings were arranged weekly and staff meetings were held monthly. We saw minutes of these meetings which showed that people were able to contribute and care plans and daily records confirmed that suggestions made by people who used the service and staff were listened to and implemented.

Stakeholders told us that the home was very responsive to suggestions made to improve the quality of life for people who used the service. For example the day centre manager gave an example of one person refusing to eat salad until day centre staff offered the person some salad cream. The day centre manager discussed this with registered manager who ensured that when salad was provided for this person salad dressing was available. The day centre manager told us, "They even bought a bottle of salad dressing for the person for us to have in the day centre so we never run out."

Team meeting minutes showed that there was a strong focus on learning from incidents in relation to behaviour that challenges. These were discussed during staff meetings and the team looked to find ways to reduce similar incidents from happening again by finding positive approaches in how to pro-actively respond to challenging behaviour before it escalates. We saw that if the team did not have the appropriate skills in doing this, the registered manager sought advice from behaviour specialist such as the CALM trainer to discuss the behaviours with the team and work together with the team to find agreed responses in reducing the challenging behaviour.

The registered manager continually sought feedback through surveys, formal meetings and service reviews with relatives and professionals. During the most recent NAS autism accreditation review in July 2014, feedback provided by relatives and professionals was very positive. Relatives highlighted the achievements people had made since living in the home and the commitment the staff team showed to working with a very complex group of people.

The provider undertook a service review entitled 'Community Health and Wellbeing House Review June 2014'. The review looked at objectives set during the house review in 2013 and developed new objectives for the coming year. These included building issues, finances, care provision, staffing, management and support, equal opportunities, health and safety and communication. The registered manager told us that the review was a collective effort which included people who used the service, relatives, staff and the registered provider (Harrow Council). Care staff told us that they discussed the annual development plan during team meetings and individual supervisions. One senior support worker told us, "I really feel part of the service and are involved in making changes."

Good

Is the service well-led?

In addition to the annual service review the regular autism accreditation process was another means of monitoring the service. The focus of the autism accreditation was to assess if a service provided autism specific care and support for people who were diagnosed with autism. The accreditation process had set high standards and only nine residential autism services in London had achieved and maintained accreditation. The system highlighted continuous reflection on the service provision and more innovative and creative ways to maintain and improve a service for people with autism. We looked at the initial accreditation document and the accreditation review. These demonstrated that the provider had learned from recommendations made. The provider introduced improvements suggested by the accreditation team to ensure further development of autism specific care provision to people who used the service.

The home benefitted from an experienced registered manager who had been in post for over ten years. He built a good rapport with relatives and outside professionals for the benefit of people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use the service were not protected against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the safe keeping of controlled drugs. Regulation 13 (f) (g).