

L D Care Limited

LD Care

Inspection report

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Ratings

Overall rating for this service

Outstanding ☆

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

LD Care is a care home for up to nine adults with learning disabilities. Some people also had additional physical disabilities and autism. The service is managed by LD Care Limited, a private organisation providing care and support in four registered care homes in the London Boroughs of Hounslow and Richmond upon Thames. At the time of our inspection, nine young adults were living at the service.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

The staff supported people to have maximum possible choice, control and independence. They used personalised communication strategies to support people to understand and make choices. They found creative ways to promote learning and for people to develop new skills. Staff focused on people's strengths so people could have fulfilling and meaningful lives. They saw people as individuals and planned care according to their personalities and interests. Staff supported people to pursue their interests and achieve aspirations and goals. They overcame barriers and found ways to help ensure people took part in a wide range of age appropriate social activities. Staff supported people to be valued members of the local community. Staff did everything they could to avoid restraining people. People benefitted from the interactive and stimulating environment which was adapted to meet their individual needs. Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them. People could take part in activities and pursue interests that were tailored to them. The service gave people

opportunities to try new activities that enhanced and enriched their lives. Staff supported people to take positive risks.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

We undertook this focused inspection to assess that the service is applying the principles of Right support right care right culture.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to outstanding. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Rating at last inspection

The last rating for this service was good (published 3 November 2017).

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

LD Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by two inspectors.

Service and service type

LD Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. LD Care is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before the inspection

We looked at all the information we held about the provider, including contact they and others had with us since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We met people who lived at the service and staff on duty who included support workers, senior support workers, the registered manager and the area manager.

We looked at the care records for three people who lived at the service. We looked at other records the provider used for managing the service which included, staff recruitment and training records, meeting minutes and audits. We looked at how medicines, health and safety and infection prevention and control were managed.

We also spoke with the relatives of three people who lived at the service and received written feedback from one other relative. We received feedback from one external professional who worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems to safeguard people from the risk of abuse. The staff knew and understood the procedures for reporting and acting on suspected abuse.
- Staff received appropriate training and had opportunities to discuss their learning with managers and each other to help make sure they understood this.
- The staff had responded appropriately when they identified concerns that people may have been harmed or abused by others. They had reported these concerns and worked with other organisations to investigate these and to keep people safe from further harm.
- Staff knew people well and understood their body language and communication so they could identify if people felt unsafe or uncomfortable in situations.
- The relatives of people using the service felt people were safely cared for.

Assessing risk, safety monitoring and management

- The staff supported people to live full and active lives whilst considering risks and planning ways they could keep people safe. The staff did not allow risks to restrict the activities they planned and found ways to support people which met their individual needs and allowed them to constantly try new things as well as enjoying known and liked regular activities.
- There were detailed assessments and plans for all risks, including activities and people's healthcare needs. The assessments considered how people needed to be supported and the least restrictive ways in which risks could be reduced.
- The staff were trained to use physical interventions if needed, but they told us they did not use these. There were clear and detailed plans to show how people should be supported with proactive strategies to reduce the likelihood of them becoming anxious or physically aggressive. There were also guidelines on how to react to any physical aggression without the need to restrain people, for example, offering them a calm environment, redirection, opportunities for them to be alone or offering a known choice of activity, food or drink.
- Records showed that incidents where people had become anxious or physically aggressive were low and staff had responded to these appropriately, minimising the incident with positive outcomes for the person and others.
- The staff understood how providing structure, activities, opportunities to contribute to the household and personalised communication reduced people's anxieties and distress. They were able to give many examples of how this practice was implemented and we could see this in action. Support plans also described how people may feel in certain situations, for example recognising people may feel "guarded" or "restricted" by high staffing levels. Because this had been recognised and was understood by staff, they

were able to tailor their approach to ensure this did not happen and people felt supported and safe. The staff interactions with people were so personalised and friendly that people did not feel they were being managed or controlled.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. Staffing levels allowed for people to take part in a wide range of activities including regular holidays and short breaks.
- People had individual support from one or two members of staff when they needed this. They did not have to wait for care and staff had time to provide personalised, thoughtful and safe care. People were supported to achieve their goals and wishes because there were enough skilled staff who understood their needs and shared interests with them.
- There were appropriate systems for recruiting staff. These included undertaking checks on their identity and suitability, training and competency checks.

Using medicines safely

- People received their medicines safely and as prescribed. Medicines were stored, administered and recorded appropriately. Staff were trained to understand about the safe handling of medicines.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- There were systems and processes designed to prevent and control infection. The provider had adapted and updated procedures in line with changing good practice guidance relating to COVID-19.
- There were good arrangements for maintaining a clean and safe environment.
- The staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

- There was good communication between the staff to make sure they learnt together when things went wrong. Following incidents and other adverse events, the staff discussed these and shared their ideas about best practice and reducing the likelihood of these reoccurring.
- All accidents, incidents, complaints and safeguarding concerns were well recorded, and information was reviewed by the management team. Staff followed best practice for recording and reviewing incidents, considering what happened before, during and after these.
- The staff had responded appropriately when they identified something had gone wrong and had adapted procedures because of this. Staff completed checks on people's skin and wellbeing when they returned to the service from colleges or seeing others, to make sure they identified if anything had happened whilst the person was away from the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The environment had been designed and was regularly restructured to meet people's individual needs, including their sensory needs. For example, when one person who was at risk of eating grass and dirt had moved to the service. The provider redesigned the garden to make this safe and accessible for them, whilst maintaining a pleasant environment, so they were not restricted and could use this whenever they needed.
- The staff constantly thought about the impact of the environment on people and how to meet their needs within this and the provider was responsive in making regular changes. For example, during the COVID-19 lockdown period, people missed going to cafes, shops and into the community. The provider arranged for mini shops, a beauty parlour and cafes to be built in the garden and people spent time going to these. When people were able to access the community again, these were dismantled and replaced with other features people wanted. For example, people had enjoyed using an inflatable swimming pool in the summer but were not able to do this in the winter, so the provider supplied a jacuzzi for people to use in the colder weather.
- People's rooms were highly personalised to reflect their choices and needs. For example, for people who were at risk of damaging property, they had specialist equipment, such as blinds and entertainment systems built into the walls and ceilings to reduce the risks of damage. These features did not detract from the ambience or comfort. People could choose the colour schemes for their rooms and these were changed as often as they wanted.
- Communal areas were light, airy and well ventilated. Décor included recent photographs of people enjoying activities and special events. The staff explained they changed the pictures and photographs on display regularly to keep pace with changes for the young people who lived at the service. Photographs that were taken down were offered to people to keep in their rooms or to give to family members. People accessed communal areas without restriction and there were different features in different areas for them to use, enjoy and relax with.
- People's sensory needs were considered and met, with furniture, lighting and music incorporated into their rooms and the communal areas to meet their needs and interests.
- Some people required specialist equipment to meet their needs. There were clear and detailed assessments relating to these, to make sure staff understood why they were important, when these should be used and how to involve people in making choices regarding equipment.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed holistic assessments of people's needs before and whilst they were moving to the service. Before people moved into the home, the staff spent time with them providing care and support, observing how they were cared for and finding out about their needs and interests. This also helped people to become

familiar with the staff.

- The staff created videos, photo guides and personalised information to share with people to help them understand about the service and know what to expect when they moved there.
- People's families and those who were important to them were involved in creating assessments, support plans and helping people with their transition and move to the service.
- Support plans evolved and changed to reflect people's changing needs when they became more familiar with the service.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and all restrictive interventions.
- Staff were supported to develop their skills and knowledge through qualifications and internal promotion opportunities. The registered manager and other senior staff had all been promoted internally and continued to work alongside staff providing hands on support for people living at the service.
- The management team organised themed supervisions, meetings and learning sets for staff to discuss specific topics relevant to their roles and the needs of people living at the service. These included tests of staff knowledge, discussions about good practice and opportunities for the staff to teach others and share their ideas.
- Following any adverse events, any training and changes in law or good practice guidance, the staff met to discuss the specific area and reflect on this as a team.
- The management team carried out regular spot checks which included observing individual staff and testing their knowledge about a specific theme or area.
- The staff had extremely good knowledge of people's individual needs because they regularly discussed these, reviewed support plans and learnt from each other. The staff explained there were ongoing opportunities for developing their own skills, knowledge and confidence and this enabled them to provide personalised care and support.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet. They were involved in planning, shopping for and preparing meals and snacks.
- Mealtimes and choices were flexible, and people were able to have snacks and drinks when they wanted and needed. Staff encouraged people to make healthy choices. Meals were varied and reflected people's cultural needs, preferences and likes.
- People's dietary needs were assessed and planned for, with the staff asking for and following the guidance and advice of dietary professionals.
- The staff monitored people's weight and changes in their appetite. They responded to these to make sure people stayed healthy and well. They took a holistic approach to looking at these needs, by reviewing how people's general health, medicines, emotional wellbeing and other factors affected these. They adapted their care and sought professional guidance when needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff created health action plans which were used by other professionals to support people in the way they wanted and needed.
- People were registered with local GPs and other healthcare professionals and had regular appointments. Staff worked closely with these professionals and followed their guidance.

- The staff had sought help and advice from healthcare professionals when needed. For example, when people were fearful of a health intervention, the staff had asked for support to reduce their anxieties for them to receive the care they needed. The staff had also worked with external nurses to produce pain pictures which described how individuals showed and expressed pain, when they may experience pain and what steps to take to reduce this. This was helpful for staff when caring for people who could not express their needs using words.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The staff empowered people to make their own decisions about care and support where they were able. There were detailed decision specific assessments and guidance for staff about each person's mental capacity in relation to different aspects of their care and support.
- There were also clear and detailed communication care plans which helped staff to understand how and when to communicate when offering people choices.
- When people lacked the mental capacity to make certain decisions, the provider had acted lawfully and in their best interests, consulting legal and informal representatives and seeking authorisations for DoLS.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. They had received training and had opportunities to discuss the MCA to make sure they understood and applied this appropriately.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The staff found creative ways to enable people to live full and active lives. They took their time to get to know people and understand why they reacted and communicated in specific ways. They used this information to provide extremely personalised care and support. For example, one person did not allow staff to touch their hair, meaning that this could not be brushed. The staff used observation, reflective practice and discussion to look at why this may be. They made changes to the way they approached the situation, supporting the person to buy nice hair accessories and to feel safe with the hairbrush. As a result, the person became more comfortable and actively sought out support from staff for hair care seeing this as a fun and positive activity.
- People had an enhanced sense of wellbeing and an exceptional quality of life. One example of this was for a person who had not taken part in any social activities before they moved to the home, regularly self-harmed and had limited communication with others in their previous home. The staff had worked with them to establish routines, had adapted their environment and had continuously reflected on the care and support they offered. As an outcome the person's self-harm had reduced, they were involved in group and individual social and leisure activities each day and had been away on several overnight trips with staff. They had also learnt new skills and were involved in cooking, cleaning and selfcare.
- Another person had refused to wear different clothes and often dressed inappropriately. Staff had worked with them to establish why this was and look at how they could support them to have a better self-image. The result was the person started to wear a range of attractive and varied clothing which made them feel comfortable and have a sense of pride in their appearance.
- People's care and support was planned to meet their individual needs. Each person had a structured plan personalised for them each day. These involved learning skills as well as taking part in fun and calming activities. Care and support plans were extremely well thought out and written and were regularly reviewed and updated. The staff recognised the speed of change for some of the young people living at the service and this was reflected within care planning and the support being offered.
- External professionals recognised the service achieved exceptional results with one professional commenting, "The care and support has had an extremely positive impact [for this person] allowing [them] to become active in the community... this in turn has made a real difference to [their] well-being." They went on to say, "LD care have supported this young person to get [their] life back" explaining that the clear structure and routine they provided was an important part of this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The staff had created detailed communication support plans which described exactly how people communicated in different scenarios and when expressing different needs. The plans set out how staff should respond, using language, signs, pictures, objects of reference and other techniques. Each plan was uniquely different, and this demonstrated thoughtful planning and a highly personalised approach. Staff followed these plans and demonstrated excellent communication skills with the people they were supporting. The impact of this was clear, as they supported people to make choices throughout the day, and allowed people to feel and express a range of emotions without them feeling judged or having these emotions changed by staff response.
- People's anxiety and aggression had reduced significantly because the staff communicated so well with them. They were able to anticipate and meet people's needs. They understood why people were frustrated and could plan to overcome these frustrations by providing personalised activities and opportunities for people to feel valued. For example, they supported people to take part in community projects, work experience and social events with others, as well as helping with household chores, which the staff made fun and found ways to utilise people's skills. Their approach successfully redirected people's energy into being productive and this also enhanced their overall health and wellbeing. However, staff also recognised that people had the right to and would sometimes feel negative emotions and that they needed understanding and to be valued when this was the case. They used skilled communication to show this.
- The staff understood and used intensive interaction in a personalised way to provide the best support for people. Intensive Interaction is a practical approach to interacting with people with learning disabilities who do not find it easy communicating. The approach helps the person with learning difficulties and their communication partner to relate better to each other and enjoy each other's company more. Staff were able to explain how they understood about this and we witnessed staff using techniques naturally and continuously as part of the way they interacted with people. We saw the impact this had, with people feeling at ease with staff, happy and able to express themselves in the way they felt safe and comfortable. Staff mirrored their communication and were led by the person rather than trying to impose their way of communicating on the people they supported. The staff adapted their techniques when supporting different people. Their approach was so natural that all the staff behaved like this continuously throughout our observations. We also saw the staff regularly reflected on their approach with managers, learning from each other and changing the approach when needed.
- The staff acknowledged people throughout the day without making them feel crowded or overwhelmed. They tailored their communication to match the mood of the person and situation. The result was a sense of genuine companionship, respect and understanding between staff and the people who they were supporting.
- The staff understood people's sensory needs. They recognised the importance of different senses and made sure people had the right light, touch, smells and sounds to meet their needs. They supported people to try new sensory experiences and monitored these so they could adapt their approach and support.
- The provider used videos, social media and photographs to help people using the service make choices and explain what was and what had happened.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People living at the service took a key role in the local and wider community. They took part in

volunteering events, picking litter and planting trees. People undertook work experience in local shops. They met with peers from other homes to participate in social events, including sports tournaments and looking after animals.

- The staff were creative in thinking about different activities people would like to pursue and were not limited by potential risk or stigmas. For example, they regularly took camping trips where people participated in setting up tents, camp cooking and other aspects of camping life.
- People were supported in a personalised way to achieve their own goals and take part in a wide range of social events. The provider organised regular holidays. However, they also supported people who did not want to stay away from home by facilitating day trips to meet the others at nearby holiday venues and then bringing them home to sleep in their own rooms at night. They also reduced travel time for other people who found this hard by facilitating nearby activities when they were on holiday.
- People were able to participate in a high number of activities outside of the home. The staff supported regular contact with families and made sure they involved them and shared information with them. They also supported people to meet others from local care homes and take part in activities with them. Furthermore, the provider encouraged staff to bring their own families to social events and holidays to help widen people's social circles and allow them to spend time with different generations including children and older adults.
- People using the service took part in planned activities outside of the home each day. Even during the COVID-19 lockdown periods the staff had supported them to access secluded places, taking packed lunches and outdoor stoves so they could have different experiences. People were involved in household tasks in the home and garden to help keep them busy, alleviate boredom and give them a sense of achievement.
- The provider created videos and photobooks to show all activities and events. They shared these with people using the service and families so they could remember, enjoy and discuss what they had done.
- The staff supported people to celebrate special events, birthdays and festivals. One person who had been resistant to taking part in any social events when they moved to the home had enjoyed a birthday party with family and friends shortly before our inspection. We saw photographs of other events with feedback from families expressing their gratitude and joy at the opportunities people had been involved in.

Improving care quality in response to complaints or concerns

- The provider was open and transparent when dealing with concerns. The staff had regular contact with families who felt able to raise concerns. People knew they could speak with staff if they were unhappy about anything.
- There had not been any complaints about the service. However, records showed the provider was responsive to complaints about other organisations which they were aware of or had made themselves. They had taken steps to make changes to the service and learn from these.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture which was person-centred, open and inclusive. People's disabilities were not seen as a barrier to achieving anything. People had taken part in regular holidays, camping trips and activities within the community appropriate to their age. Staff and people using the service dressed in similar ways and enjoyed activities together. Videos of these activities showed their behaviour reflecting each other, with staff running with people, playing games with them, eating the same food as them, laughing with them and appearing as a group of friends or family rather than staff. Feedback from stakeholders and our own observations showed that this was natural and always the case.
- The staff explained how they found pleasure in the things people enjoyed. Whether this was dancing and singing in their own home, or more ambitious activities within the community. The staff were genuinely happy to be at work.
- The provider encouraged staff to invite their own families along to activities and holidays, so people could share the experience of spending time with children and older adults. This open culture extended to the family and friends of people living at the service and external professionals, who felt included and valued. Both the staff and relatives of people using the service referred to the company and care home as a "family" and having a "family atmosphere". One staff member explained how they had visited the service for a social event through a connection whilst they were working in a different sector. They were so inspired by their experience they decided they wanted to work there following the visit. They told us, "I began to cry because [people living there] were so happy, their excitement was overwhelming, and I felt so happy with them I knew I wanted to come back."
- Feedback from external professionals and family members was extremely positive. We received some direct feedback and viewed messages, emails and comments from stakeholders made directly to the service. Comments included, "In my experience LD Care deliver person-centred, good quality care and show considerable skills in supporting those who present with challenges. In addition, they support young people to lead interesting, active lives based on their choices and preferences", "I could not be happier with the care [person] receives", "The service is excellent and they are always open to chats and suggestions", "They are all very caring and respectful", "Thank you for the support, [person] is getting the best possible care" and "Thanks to your splendid team for caring for [person] and getting [them] plugged into life again."
- The impact of the culture and positive ways of working was clear. People who had previously presented with aggression, self-harm, risks of absconding and low mood were happy, calm, attending colleges and enjoyed activities they had never experienced before. They were involved in household tasks and had good relationships with the staff, others living at the service and peers from other care homes. People's dietary

intake and health had improved. People had accessed healthcare appointments when this had previously been challenging for them and there had been a reduction of some of the medicines people needed to take. One member of staff told us, "There has been so many improvements [for people] we are all proud of this." Another staff member said, "The positive outcomes are so rewarding for us, they are like my family and all our heart is given to this job."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team were excellent role models for other staff. They actively sought and acted on the views of others and genuinely saw individual people with distinct personalities and interests rather than viewing people's disabilities and needs. They had an ethos of helping people and staff develop their skills.
- The registered manager, senior staff and management team working across the organisation had worked at the service in different roles and developed their skills and knowledge through the support, training and opportunities they had received within the company. The communication between managers and staff was extremely good. They constantly reflected on their work and discussed new approaches and methods. They sought guidance and advice from others outside of the organisation and invited staff to contribute their ideas.
- The staff spoke positively about the management team and felt well supported. Their comments included, "They ask for your views, they are open to suggestions and are very nice" and "You can approach [managers] at any time and raise a concern. They will listen and never brush it off."
- The staff were knowledgeable about the organisation's values, procedures and shared the same vision. Staff spoke with passion about the service and the people they supported, they talked about having shared "goals and aims" and how "nothing was impossible" for achieving the best outcomes for people. They problem solved together, looking at ways of overcoming barriers and stigma.
- There were clear policies and procedures which incorporated legislation and good practice. Staff discussed these during regular team and individual meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service found creative ways to empower people and enable them to voice their opinions. Most people living at the service used limited or no words to communicate. The staff followed best practice guidance to enable people to communicate their needs and make choices. They took time to make sure they understood each other. Staff also carried out careful observations and reflected on these to determine people's enjoyment and choices.
- The staff took numerous photographs and videos. The provider had a social media account where they shared these with families and other stakeholders. They also had individual messaging groups set up for each family with the staff to share information, photographs and updates. We saw the families used these well and appreciated the updates and photographs which they received several times a day.
- People were enabled to have a voice in the local and wider community. They took part in voluntary groups helping to plant trees and pick litter. This allowed people to feel valued and a sense of achievement. This also helped others within the community see the people living at the service as important and worthy not just as people who were being cared for.
- The staff approach was always designed to make people feel important and seen as an individual. For example, videos created to help people during transition included personalised messages from each member of staff expressing how much they were looking forward to caring for the person, such as, "I can't wait to meet you" and "You are welcome to our family." This approach which started from before people moved to the service continued throughout people's daily lives. There was an emphasis on celebrating people's personalities and skills and looking at ways for others to see this as well.

- Staff also felt empowered. They were invited to share their ideas and make suggestions. The management team were keen to praise staff for individual contributions which had changed practice and work at the service.
- Stakeholders were asked for information and formal feedback, including surveys about their experiences. Recent responses were all positive and included the comments, "Excellent service" and "Very good care to the residents, very friendly staff." The provider also invited families to attend formal review meetings where they discussed people's support plans and goals.

Continuous learning and improving care

- There was a strong emphasis on continually striving to improve the service. The management team encouraged staff to think of ideas and discuss these. They had regular meetings to reflect on practice and changed their approaches when they needed. This had a positive impact and had improved the health, wellbeing and outcomes for people living at the service.
- The provider did not limit the creativity and ideas of staff to implement best practice and person-centred care. They encouraged and funded changes to the environment to meet individual and group needs, such as adapting the garden during COVID-19 lockdown times and installing entertainment systems in people's rooms that would not be damaged if people became agitated. They also funded regular outings, holidays and trips as well as new equipment and furniture when this was needed.
- There were regular audits and checks on the service and where issues were identified the staff created and followed action plans to make the necessary improvements.
- The provider was going through the process of obtaining the National Autistic Society Accreditation. This accreditation is a quality standard awarded to services who demonstrate an understanding of autism and a commitment to continuous development.

Working in partnership with others

- The staff worked in partnership with other organisations. They created, reviewed and updated information about people's healthcare needs and worked with healthcare professionals to make sure these needs were being met. They made sure they maintained and promoted good communication with other professionals for people to receive seamless care.
- The staff shared information and achievements with other professionals and their feedback to the service showed how much they appreciated staff taking the time to share videos, photographs and invite them to events to see how well people were doing. One professional had written to the provider to state, "I would like to take this opportunity to thank you for the lovely three years. It has been a pleasure working with the service users and staff. I have always found the staff genuinely caring towards the service users. I think you're doing a fantastic job. Keep up the wonderful work."
- The provider had made links with local community groups and shops to ensure people using the service could be involved in voluntary work and community projects.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.