L D Care Limited

No 36

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

The inspection took place on 28 March 2017 and was unannounced.

The last inspection took place on 24 February 2015 when we found that the provider was meeting all the required Regulations.

No 36 is a care home for up to nine adults who have a learning disability. The service is managed by LD Care Limited, a private provider based in the London Borough of Hounslow. The provider has two other care homes which are located close to No 36. Since the last inspection the provider had increased the number of registered places at the service from six to nine because they had built an extension to the property. At the time of the inspection there were nine people living at the service. They all had a learning disability and/or autism.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager oversaw the running of the whole organisation. The day to day management of the home was carried out by an additional manager and house leaders. All of the management team worked across the provider's three care homes.

People received extremely personalised care. Although some people could not communicate their needs verbally, the staff found creative ways to involve them and to understand what the person wanted. They displayed empathy and helped people overcome fears and challenges. This had resulted in positive and measurable changes for the individuals who lived at the service. For example, some people had expressed the way they felt through aggression or self-neglect. Since they had lived at the home the incidents of aggression had reduced significantly and people were happier, more relaxed and were developing a positive self-image. This was confirmed by people's relatives and external professionals who worked with people who lived at the service.

The culture at the service was exceptionally inclusive. The staff, family members and external professionals worked together to support people. This meant that people's best interests were always being discussed and planned for. The provider was willing to adapt and change approaches based on information from the staff, families or others. They constantly reviewed people's care and the staff reflected on their own practice. This meant that the staff anticipated and responded to changes in people's needs and took action to provide the support they needed at all times.

People felt safe living at the service. The staff had a proactive approach to supporting people. There was clear information about situations and environments which might trigger people's anxiety or agitation. The staff were aware of these and responded to triggers by supporting people to feel calm, removing the trigger

and diverting people's attention. This approach had a positive outcome for people which was measurable in the reduction of incidents and challenging situations that occurred. Families of people who lived at the home felt it was safe. People received their medicines in a safe way. There were sufficient numbers of suitably qualified staff who had been recruited in a safe way. The staff were aware of the provider's procedures for safeguarding people from abuse and how to prevent avoidable harm.

People were being cared for by well supported and trained staff. The staff were happy working at the service. They had opportunities to learn, develop and reflect on their work. The provider was working within the principles of the Mental Capacity Act 2005 and people were supported to make choices and consent to their care and treatment. When people did not have capacity to make decisions, these were made in their best interests by people who were important to them. People had enough to eat and drink and food was freshly prepared at the service. People's healthcare needs were being met by the staff working alongside external healthcare professionals.

The staff were kind, caring and gentle. People had good relationships with the staff.

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.

There were appropriate procedures designed to safeguard people from abuse.

The risks people experienced had been assessed and there were plans to support them and minimise the likelihood of harm. The service had a proactive approach in supporting people who may become agitated or aggressive which ensured support was offered to people when they initially showed signs of anxiety to help prevent situations escalating. This had a positive effect and there had been a reduction in the number of incidents and challenges to the service.

People lived in a safe environment.

People received their medicines as prescribed and in a safe way.

There were enough suitable staff employed to support people and meet their needs.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were appropriately trained and supported.

The provider was working within the principles of the Mental Capacity Act 2005 and people were supported to make decisions about their lives. The provider had worked with others to make decisions in people's best interests when they did not have the capacity to understand and consent to these.

People lived in an environment which was designed to meet their needs.

People's nutritional needs were being met.

People were supported to maintain good health and the staff

worked closely with other healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by kind, gentle and caring staff.

People's privacy and dignity were respected.

Is the service responsive?

Outstanding

The service was exceptionally responsive.

People received personalised care which reflected their needs and wishes. The staff worked hard to ensure that people felt safe and supported them to make changes at a pace set by the person. This had resulted in positive changes for people. For example, people who moved to the home with specific restrictions and challenges caused by their own anxiety or agitation were being supported to express how they felt in more positive ways. This had led to improvements in their self-esteem, personal care, communication and interactions with others.

The staff recognised and valued the importance of families. They supported people's families to be involved in planning and monitoring care. They stayed in regular contact with families and supported the people who lived at the service to do so.

People were involved in the community and a wide range of activities, trying new things and developing their skills. These activities were planned to meet their individual needs and took account of how they felt and what they wanted to achieve.

There was an appropriate procedure for dealing with complaints.

Is the service well-led?

Outstanding

The service was exceptionally well-led.

There was a positive and inclusive culture involving people using the service, staff, family members and other professionals working in partnership to provide a quality service. This close and open working relationship had a direct impact on the care of people, with suggestions from family members or individual staff being acted upon in the best interests of people living at the service.

People were empowered to make positive changes to their lives and the way in which the service supported them.

The staff reflected on their own practice and learning so that they consistently provided very good care and support which met individual needs.

The provider worked with other organisations striving for continuous improvements and reviewing the quality of the service being provided.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was a comprehensive inspection which took place on 28 March 2017 and was unannounced.

The inspection visit was carried out by one inspector.

Before the inspection we looked at all the information we held on the provider. This included the last inspection report and notifications of significant events. We looked at the provider's own website. In May 2016 the provider completed and sent us a Provider Information Return (PIR). The PIR 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. We looked at the information the provider had submitted.

During the inspection we met two people who lived at the service. People living at the service were not able to give us detailed feedback about their experiences, so we observed how they were being cared for and supported. We spoke with the registered manager, the manager, two house leaders and two support workers. After the visit we also spoke with five relatives of people who lived at the service to ask them what they thought. We also had feedback from three professionals who supported people living at the home.

We looked at the environment and equipment people used. We looked at records which included the care records for five people, staff recruitment, training and support records for five members of staff, records of accidents, incidents, meetings and other records the provider used for assessing quality and monitoring the service. We assessed whether people were receiving their medicines in a safe way by looking at the storage and record keeping for this.

Good

Is the service safe?

Our findings

The relatives of people who used the service told us that they felt people were safe there. One relative said, ''I feel confident that [my relative] is well cared for and safe. I have to rely on [my relative's] behaviour and body language to tell me how [they] are feeling. [My relative] is more relaxed [since they moved to the service] meaning that if there are things which stress [them] it takes a lot more before [they] become distressed.''

One of the external professionals who we spoke with also commented on the safety of people who lived at the service. Their comments included, ''In terms as safeguarding the staff respect confidentiality and are proactive in following up any issues or concerns as they arise, the health and wellbeing of [people] is paramount as they attend regular medical appointments. Medication that is required by school is sent in on time and accurately documented.''

The provider had a procedure for safeguarding adults. The staff had been trained in this and information about safeguarding and whistle blowing were available and on display. The staff demonstrated an understanding about their responsibilities for safeguarding people. There had been no safeguarding alerts since the last inspection.

The risks each person was exposed to had been assessed. Risk assessments were comprehensive, personalised and included clear information for the staff on how to respond to different situations and how to keep people safe. Some risk assessments incorporated photographs and pictures to enable to the staff to have a better understanding of how someone needed support, for example when using equipment, being supported at mealtimes and with specific medical needs. When appropriate, there was information from other professionals included in the assessment and plan for keeping a person safe. The risk assessments were regularly reviewed and had been updated when a person's needs changed.

Some people sometimes expressed their feelings and anxieties through aggression or other challenges. The staff had recorded detailed information about the triggers which caused people to feel anxious or unhappy. There was information on proactive strategies to prevent situations escalating and to offer people the support they needed before they became agitated. These plans were very person centred focussing on the way people felt and what was important to them. The plans demonstrated an understanding of people's needs and how they may feel in certain situations. When the staff described situations some people found challenging they showed a genuine compassion and understanding for the person's feelings. They spoke about finding ways to support the person to feel safe so that they did not feel the need to be aggressive, rather than about managing a problem once it arose. This attitude was reflective of all the documentation we saw about supporting people. There was an emphasis on supporting people to feel at ease and safe and on understanding situations from the perspective of the person. This approach had a positive impact on the people living at the service because there were very few incidents where people challenged the service.

There were detailed records of all incidents (and accidents). These included information about the situation

leading to the incident and how this was managed by the staff. There was evidence of a consistent approach where the staff redirected people's attention when something was upsetting them, offered alternatives and supported the person to feel calm and relaxed. This was reflective of the individual risk assessments and planned strategies to support people. The staff had regular meetings where they reflected on how situations had been resolved and we saw discussions with the staff was an important part of the way in which the provider planned interventions. The staff confirmed this telling us that they all worked together to find techniques which suited each individual. The manager told us there had been a reduction in challenging situations and we could see the results of this approach in the reduction of staffing levels needed to support some people.

The environment was safely maintained. The staff had completed risk assessments about different aspects of the environment, practices and equipment. These were regularly reviewed and updated. There were checks on health and safety, including fire safety, electrical safety, infection control and water temperatures. These were all recorded. There were regular fire drills. There was an individual emergency evacuation plan for each person explaining how they should be supported to evacuate the building. The provider had developed a contingency plan describing how the staff should respond to various emergency situations and this was accessible to the staff.

People received their medicines in a safe way. Medicines were stored securely. The medicine storage areas were neat, clean and tidy. The staff responsible for administering medicines had received training and had their competency tested. There was a medicines profile for each person with photographs and relevant information about their medicines needs, allergies and related health conditions. In addition there were also specific individual protocols for the administration of PRN (as required) medicines, homely remedies (non-prescribed medicines) and the use of emergency medicines (such as those used for someone having an epilepsy related seizure). These protocols gave detailed information for the staff about when these medicines might be needed and specific administration instructions. There were photographs to support staff to understand some of the information. Medicine administration records were up to date and accurate. The staff undertook tablet counts and audits of all medicines each day and additional more in-depth medicine audits monthly.

There were enough staff to support people and keep them safe. The manager told us that they were recruiting additional staff to help make sure they had available staff to cover all absences. However, they told us this was not a problem because the staff team who worked at the service were willing to take on overtime and work flexibly. There were appropriate recruitment procedures for the staff which included checks on their suitability to work with vulnerable adults. We saw evidence of these checks. The manager told us that potential staff were invited to spend time at the service to help them understand what the role was about before they were invited for a formal interview. In addition their recruitment involved existing staff observing how they interacted with people who used the service.

Good

Is the service effective?

Our findings

The relatives of people who used the service told us they thought the staff were well trained and had the skills they needed to care for people. One relative told us, ''The staff are really positive.'' Another relative said, ''The staff have been great. ''

People were cared for by staff who had been appropriately trained and supported. The staff took part in a comprehensive induction which involved training and shadowing experienced staff. There were regular classroom based training updates for the staff in subjects the provider considered mandatory, which included safeguarding adults, health and safety, learning disabilities, autism and the Mental Capacity Act 2005. The staff told us the training was useful and relevant to their work. We saw evidence of training certificates in staff files.

In addition to formal training, the staff took part in monthly discussions about specific topics. These included a short training session with one of the managers or senior staff, written information and discussions. The staff told us these sessions were very useful and enabled them to discuss the topics with reference to the actual service and the people who they were supporting. In addition there were files and posters of information for the staff on specific areas of learning, such as safeguarding, specific health conditions, autism and dealing with incidents.

The monthly learning discussions included time for each member of staff to reflect on their own learning and record how useful they felt the session had been. The staff also took part in individual meetings with a senior member of staff to reflect on a particular topic. We saw examples of these. Some meetings were designed to test staff knowledge about their support of a specific person and they were asked to discuss and record aspects of the person's care. This enabled the managers to check the staff knew about individual people and how to meet their needs. Other reflective sessions focussed on an aspect of their role and understanding of procedures, such as record keeping or care based tasks, including food and nutrition. There were also opportunities for the staff to discuss their own work and any needs they had. Formal meetings were recorded and all the staff were able to tell us about these and they had an annual appraisal. They said that they were given opportunities to request training and to develop their skills. In addition, all the staff told us they felt well supported informally as the manager and senior staff were available whenever they needed.

Some staff told us they had been given opportunities for promotion. They said that they had been given the support they needed to understand their new role.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving the person, if possible, people who know the person well and other professionals. The provider was working within the principles of the MCA. The staff demonstrated a good awareness around considering people's capacity for each decision and supporting them to make

choices. There was evidence of mental capacity assessments for each person, which took consideration of their communication skills and understanding about different situations. Each person had a communication profile which detailed how they communicated and understood. The profiles described how and when the person could make a decision and any factors which supported or impaired their ability to make decisions. Care plans reflected these profiles, detailing how different environments, sensory factors and situations should be considered when supporting people to make choices. There was evidence that people were able to make choices whenever possible, such as how they spent their time and what they ate. For more complex decisions, where people did not have the capacity to make an informed choice, such as regarding medical interventions, the provider had consulted with others to make a decision in their best interest. There was evidence that people's family representatives and other professionals had been consulted about important decisions and there was information about who to consult for decisions in the future.

We observed the staff offering people choices and respecting these. Some people found it hard to express their choices. The staff showed us how they supported these people. They had created individualised booklets which included photographs, symbols, pictures and information relevant to the person they were designed for. The staff explained that they would use the books to talk through options and explain what was happening for each individual. They also explained that they used objects of reference for some people who found these more helpful than photographs. They told us that some people found the books and objects very useful and used these each day to keep informed and to make decisions.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The provider had made applications under DoLS for each person as needed. There was evidence of why the applications had been made, the application itself and the authorisation from the appropriate authority.

The relatives of people who we spoke with told us they felt the environment was appropriate and met people's needs. Many relatives and the professionals commented on the design and layout of the home and garden feeling like a family home. One relative said, ''The garden is really nice, it looks like our garden did when all the kids were at home.''

The environment was suitable to meet the needs of the people who lived there. Each person had their own bedroom which had been personalised with their belongings. The building could accommodate people who required support with a hoist. Two rooms had a ceiling track hoist leading to an en-suite bathroom. There were a number of different communal rooms where people could relax. These included a large kitchen which included arm chairs and sofas where people could be involved in food preparation. Rooms were light and had been equipped and furnished according to the needs and tastes of people who lived there. There were lots of different activities, games, equipment and things for people to help themselves to or be supported to use. There was good information for people, including the use of photographs, pictures and notice boards so that people knew what was planned, including menus and activities, and where to find things, such as the labels on the kitchen cupboards. There was a separate activities room which the manager told us they hoped to turn into a gym. The garden was accessible and had lots of different features to appeal to people's needs and tastes. The provider was in the process of building a Jacuzzi as this had been identified by some people's families as something they would benefit from. There were pet rabbits and chickens, which people were involved in caring for.

People's nutritional needs were being met. The staff had assessed people's needs and created care plans. Where people were at identified nutritional risk appropriate referrals had been made to external professionals. There was clear information for the staff about how to support people with specific needs. For

example, explaining what type of cutlery and crockery they needed and how they should be seated when eating to avoid the risk of choking. One person's care plan included information on how the staff should support them at mealtimes. This was extremely person centred describing where the staff member should sit, that they should allow the person to smell and see the food, how to arrange the food on the plate and how the person indicated when they wanted more food or when they had finished. The care plan stated that the staff needed to explain what was being offered at each mouthful. There was also a detailed care plan describing how the staff should support someone who used a Percutaneous endoscopic gastrostomy (PEG) to meet their nutritional needs. The care plans were enhanced with photographs and easy to read eye catching information. People's weight was monitored regularly.

The staff explained that people who lived at the home had a variety of different nutritional needs and these were all catered for allowing people choices. For example, some people could not eat specific foods because of religious or cultural needs, some people only ate organic food, one person only ate crispy food and some people had a pureed diet. The different needs were all individually assessed and planned for. People were offered a choice at each meal and the kitchen was well stocked with fresh ingredients. The staff prepared fresh food each day and supported relatives who wanted to cook and bring in food for people.

People were involved in cooking, preparing their meals and baking. The staff told us that people enjoyed making smoothies, baking cakes and that they arranged themed baking days. On the day of our inspection people had been supported to prepare and make pancakes. The menus were displayed for each person showing their options using photographs and pictured.

The staff demonstrated a good understanding of nutritional needs. They had recently taken part in a group learning session about nutrition and hydration. One member of staff spoke about a person who was at risk of malnutrition and had low appetite. They spoke about how they used ingredients to make meals appetising for this person. They told us that they had found ways to encourage the person to eat, for example allowing the person to refuse food, but making sure they offered small amounts regularly. They told us that the person had increased weight since they had moved to the service.

People were supported to see other healthcare professionals when needed and to maintain good health. Each person had a health care plan which included details of individual health needs and how these were being monitored and met. There was evidence of regular consultation with healthcare professionals. The staff had taken appropriate action when people had become unwell

Good

Is the service caring?

Our findings

The relatives of people who lived at the service told us the staff were kind, caring, polite and helpful. They spoke about the positive relationships between the staff and people living at the service. Some of their comments included, ''[My relative] loves it and [they] are happy'', ''[My relative] feels wanted'', ''[My relative] seems happy'', ''[My relative] loves it'', ''[My relative] gets on so well with the staff'', ''[My relative] has a good relationship with the staff where they share their own jokes with them, I often see them laughing, [they] love it'', ''They treat [my relative] like family, it does not feel like a care home, there is a homely and friendly atmosphere'', ''[My relative] enjoys the structure, familiar staff and also the freedom to make choices and to participate as much as [they] want. [They] can choose to be involved in activities or do their own thing, to be in the communal rooms or spend time alone. There is no pressure'' and ''The carers are polite and all the staff there do try to meet the needs and wants of [my relative] which is quite reassuring.''

The external professionals who worked with people who lived at the service told us they felt the service was very caring. One professional said, ''The staff are friendly, polite and skilled in working with people with complex needs, it is evident that there is a high level of respect and dignity for [people] as they arrive at school every day with their hair nicely done often in different styles and with different accessories.'' Another professional told us, ''There is a family atmosphere at the service and this is really positive.'' Some people living at the service went to school each day. A professional from the school told us that the staff from No 36 ensured the school staff had a holistic view of people by sharing information which the people themselves could not communicate. Their comments included, ''The staff share news of activities [people] did in the evening and at weekends, this is also documented on a daily basis in the school/home communication diary.'' They also told us that people were pleased to see the staff from No 36 at the end of the day when they picked them up from school, telling us, ''At home time [people] show pleasure when they see the staff members who come to take them home by smiling and vocalising excitedly, another service user often accompanies staff as [this person] likes to go for car rides.''

Everyone we spoke with told us about the positive atmosphere at the service, many referring to the service as ''a family'' or having a ''family atmosphere.'' This sentiment was echoed by the staff who spoke with genuine fondness and affection for the people who they supported. The registered manager told us, ''We are aiming to create an organisation that truly believes in all people living with dignity. Our work with other providers, organisations and professionals during transitions, assessments, reviews and care planning has helped us develop this outlook.'' The manager told us, ''We see ourselves as an extension of the residents' family.'' Other staff comments included, ''This feels just like home, we are a family, I want to look after the residents as if they were my brothers and sisters'' and ''We are one big family, all the staff give their heart and love to the residents, I have never seen a place like this.''

We observed that the staff were gentle and supportive when caring for people. They did not rush people to make decisions and were led by what the person wanted to do and how they spent their time. People appeared at ease with the staff, looking comfortable and approaching them when they needed assistance.

People's privacy and dignity were respected. The staff called people by their preferred names, knocked on bedroom doors and carried out care in private.

Outstanding ☆

Is the service responsive?

Our findings

The relatives of people who lived at the service told us they felt people's needs were being met. Some of their comments included, ''I am very happy with the progress [my relative] has made since they moved to the home'', ''[My relative] has achieved new things'', ''There has been improvements in [my relative's] wellbeing'', ''There is always positive activity'' and ''When [my relative] lived in their previous home, they were depressed and never did anything, since moving to No 36 their health has improved, they are active every day, their medicines have reduced and they are happy.''

People who lived at the home experienced personalised care. This met their needs, took account of their preferences, interests, diversity and made a difference to their lives and wellbeing. Relatives, professionals and the staff spoke about different examples of the care provided for individual people and we could see the positive impact this had had. For example, one person had difficulties dealing with their emotions when they moved to the home. They expressed frustrations through being aggressive. The staff worked with the person to support them to feel valued. They introduced techniques for the person to help them feel calm. The staff used a consistent approach and supported the person to take control of the technique which they now used when they were feeling anxious. This had enabled the person to cope in situations they would previously have found stressful. The person had previously been frightened of water and unable to take showers and baths. At the time of the inspection the person had started to be able to do this, making a real difference to their personal hygiene and self-image. Another person had been supported by three members of staff for them alone at their previous home. The person was regularly physically aggressive and was on a large amount of sedative medicines. Since moving to the home the staffing needed to support the person had reduced. Their reliance on medicine had also reduced and the person rarely became aggressive or challenged the service. They managed to cope with situations they had previously found difficult such as noises and large groups of people. As a result they had started to build relationships with others and enjoy new activities which they had previously not been able to take part in.

The staff found creative ways to support people to reach their potential and access things they had previously found challenging. For example, one person had not managed to shave for over two years and had been very resistant to anyone supporting in this area. The staff explained how they had tried different approaches and different members of staff had worked with the person to see if a particular approach worked. The staff wrote down the different approaches they had tried and monitored these. They also liaised with the person's family to try and work out what was making the person scared and resistant. Eventually, they found a particular way of supporting the person which put them at ease and worked and the person continued to be happy allowing the staff to support them in this area. The person's relative told us, ''[My relative] is much more settled and generally happier than [they have] been in years. The staff are very attentive to [the person's] personal care and make sure [the person] is always well dressed and combed. They managed to shave [the person]: something which I hadn't and [their] previous school hadn't for the last two years at least.''

The staff showed empathy and understanding in their approach allowing people to take a lead in

developing their own care. For example, one person who moved to the house would not allow anyone to touch their hair. This meant their hair could not be brushed or washed without causing the person distress. One member of staff described how they had supported the person, showing understanding and appreciation for their fears and worries. The member of staff told us how they sat with the person singing songs which they liked and complimenting the person on their hair and how they looked and smelt after a bath. They explained how slowly the person joined in with this interaction and started to feel relaxed and happy when the staff were helping with personal care. The staff member then asked their permission to touch their hair. They built trust with the person allowing them to do more each time. This approach was successful and the person had a schedule of regular hair washing and brushing where they allowed and enjoyed the experience of this support. The staff member explained how this had resulted in the family expressing their happiness to the person increasing their sense of wellbeing.

Since the last inspection a number of people had moved to the home. Some people found changes difficult and the move to a new environment was particularly challenging for them. However, relatives, professionals and staff spoke about how the transition to No 36 worked well for people. People were settled and happy when they moved to the home and there had been a reduction in their anxiety and incidents of aggression rather than an increase. One relative told us, ''The transition [for my relative] was difficult but they managed it well.''

One external professional who worked with people who lived at the service told us, ''The transition [for the person I work with] went exceptionally well. The manager and staff spent a couple of weeks visiting [the person] where they were previously living, taking part in activities at their home, school and in the community. This helped them to understand [the person]'s needs and for [the person] to become familiar with them.'' Another professional commented, ''The transition period and level of support has been extremely effective, both [people who I work with] have settled in well and appear happy and content in their new home. [The manager] and the staff team worked hard to ensure that there was minimal disruption to [the people's] routines.'' One professional told us that the person they worked with had been told they needed to leave their previous home at short notice. They explained that the staff at LD Care Limited had arranged dedicated time at short notice so the person had the same level of support with the transition as they would have done if this had been planned over a longer period of time.

The staff explained about their roles in supporting people when they moved to the service. They told us how they had spent time supporting the person where they lived before. They explained that they felt this had benefitted people. One member of staff said, ''I spent every day with [the person] for three weeks before they moved to the home, so that they knew me. We have a very close relationship and I think it really helped [the person] because of this time we spent together.'' Another member of staff said that they had also been involved in supporting people when they moved to the service. They spoke about the way in which individual staff were assigned to lead the person's support but that all the staff were involved in getting to know the person and recreating comforting routines and activities when they moved to No 36. They said, ''We spent time at [the person's] school watching and taking part in the things [they] liked to do and we know [them] well, knowing their sensory needs and how they like to be cared for.''

The provider coordinated the move of two people who had been best friends before they moved to the home. They arranged for both people to move in at the same time so they could support each other and be together.

The staff recognised and valued the importance of people's families and involved them in planning people's care. The relatives confirmed this. Their comments included, ''They keep in regular contact if there are any appointments or anything happens'', ''If [our family] is having a special event, we just let the staff know and

they get [my relative] ready'', ''The keyworker stays in touch regularly and we have good contact with all the staff, they tell us what [my relative] does every day'' and ''We speak every day, they pick up the phone or I do, they are very open and transparent, I feel able to speak my mind and they are always accepting of my ideas.'' The staff told us they supported people to take part in live video conversations with family members and had a regular schedule for this type of contact. In addition they sent photographs of activities people had taken part in or other achievements. One member of staff told us, ''We get such good feedback from the families when they see what [their family member] has been doing.'' They went on to say they had felt satisfied when one family member had been exceptionally happy seeing their relative on one occasion commenting, ''Look at the smile on [the person's] face.'' Another member of staff told us, ''We are very open with the families and they are open with us, we are pleased to work with them and we or they can suggest changes and everyone listens.'' We noted that care plans recorded the importance of family involvement. For example, one care plan had a message reminding the staff to, ''Make sure you update [the person's relative].'' Another care plan listed dates and events which were important for that family so that the staff could support the person to celebrate with their family, for example by sending their relatives birthday cards. One person's relative did not speak English as a first language. The manager told us they had employed a member of staff who spoke the person's language and was able to translate for them and keep them updated.

The care records for each person were extremely personalised. Information was clearly recorded and in individual and different ways. For example, some care plans made use of photographs and symbols to help explain a point. Important information was easy to read. The care plans and associated records were very detailed. They referenced information about the person's communication needs and capacity to make different decisions, recording the different situations and environment which might affect a person's ability to understand or make a decision. There was information on how the person expressed how they felt and things they might find difficult. The care records had been well thought out and demonstrated an excellent understanding of each person's needs. The staff recorded the support they had provided each day and we could see that they had used information from care plans and that this had made a positive impact on the support they offered. For example, the staff had recognised when someone had become uneasy with a situation and had changed their approach and the activities being offered in order to comfort and reassure the person.

People were supported to live full and active lives. The way in which the service organised social activities was designed to meet individual needs. Each person had an individualised plan of activities each week. The information on the planners considered specific needs. For example, one person's plan recorded that the staff should assess the person's mood before offering each activity because they may not tolerate activities they normally liked if they were feeling low. One planner also recommended the staff provide five to 10 minutes of relaxation and quiet time between each planned activity because the person benefited from this.

The relatives of people living at the service told us people were involved in the community and took part in a wide range of activities. One relative said, ''When [the service] finds something new for [my relative] to do, for example sailing, they do it very well and really think about the best experience for [the people who live at the service].'' They told us they had suggested sailing because this was an activity their relative had enjoyed as a child. They said that they had been impressed with the lengths the staff had gone to in order to organise this activity. Another relative told us that the staff had worked hard to make sure their family member had regular access to the community. The person found large crowds difficult so the staff had organised events and outings in a way to ensure the person felt at ease whilst still being able to enjoy facilities such as the local public swimming pool. One relative told us that their relative had been reluctant in the past to take part in unfamiliar activities. They told us, ''[The staff] encourage [my relative] to try new things and to go out.''

There was evidence that people were active each day, and there was an emphasis on supporting people to use the community, keep physically fit and have access to fresh air and open spaces. Some of the planned activities included horse riding, cycling, sailing, swimming and regular walks. The manager told us that they had seen a direct link between access to physical activities and a reduction in incidents of aggression and challenges. Some people attended schools and colleges and the staff were organising for others to undertake voluntary work. A professional who worked in a school which two people attended told us that the staff had been proactive in applying for college placements and planning for the future for when people left the school. The garden at the service was well used for activities and relaxing. There was a trampoline and the provider was building a Jacuzzi. The staff told us they had held an impromptu barbeque the day before our visit because of the good weather.

There were pet rabbits and chickens at the service. People were involved in caring for the animals and collecting eggs. The staff told us people benefitted from this involvement and showed genuine affection for the animals.

People were supported to learn and develop skills. Their relatives told us the staff encouraged people to be independent, to learn new skills and to try things for themselves. One relative told us, ''They give [my relative] space, supporting [them] but allowing [them] to make choices and be independent.'' Another relative said, ''They support [my relative] to do things for themselves and just assist when needed.'' A third relative commented, ''The staff take a step back and encourage [my relative] to make their own decisions. I have found this results in [my relative] doing more things as [they] feel in control than they would have done if pushed.'' People were involved in preparing meals and cooking. The staff told us they enjoyed this task. One relative commented,''[My relative] enjoys helping and doing things, for example preparing food.'' People who wanted were assigned administrative tasks to help the staff, such as shredding. People were encouraged to be involved in cleaning their rooms and laundry. The staff were able to tell us examples of how people had been proud of achieving certain objectives. For example, one person who had been at risk of self-neglect when they moved to the service now initiated certain self-care tasks without prompting. This had made a difference for them allowing them to take more control over their own life in a positive way.

Relatives told us about the positive impact of the support people received. For example, one relative described how they had noticed changes in the way their relative interacted with others. For example, they told us about when they had witnessed their relative preparing vegetables in one room and then taking the plate of prepared vegetables to the member of staff in another room. They told us this showed how the person had progressed with socialisation skills, because in the past they would have completed the task and left without any interactions with others.

The staff explained how they had been trained in an approach called, ''Intensive interaction.'' This is a method of supporting people with limited or no verbal communication through practical, sensory and enjoyable interactions. They demonstrated how they used this to help communicate with specific people. They spoke about the difference this had made for some people, allowing them to feel comfortable and understood.

There was an appropriate complaints procedure which included information about the stages of making a complaint and this being investigated. The provider kept a record of complaints and concerns and the action taken in respect of these. There was evidence of a thorough investigation and response to the person raising the complaint. Part of the provider's response to the concerns they had received was to acknowledge the view point of others even when they found the complaint unsubstantiated, this approach was consistent through all their work where they accepted, listened and incorporated other people's opinions when planning care and running the service.

Outstanding ☆

Is the service well-led?

Our findings

There was an open and positive culture at the service which resulted in direct benefits for the people who lived there, because the staff worked in partnership with each other and others to meet individual needs. The relatives of people who lived at the service told us they felt the service was well-led. Some of their comments included, ''I give the home nine point five out of ten'', ''It took us a while to find this service [for our relative] but it is well worth it'', ''Absolutely fantastic'', ''Quality staff and facilities'', ''[My relative] is very happy there'', '' I am very pleased with [the manager] and all the staff'', ''[The manager] and staff are very good'', ''So far everything seems very positive, they are really good at caring'', ''When the service gets it right they are really positive'', ''The service is outstanding, I couldn't ask for better care'', ''I am really pleased, this is the best place for [my relative]'', ''It is their positive, supportive and respectful attitude which really work for[my relative]'', ''[My relative] is comfortable there and the environment is conducive to [their] development and well-being'', ''[My relative has settled in nicely and the quality of service is of a good standard and [my relative] is treated with respect and care'' and ''I do feel the service is well managed and we are involved in planning and care.''

The professionals who we spoke with also gave positive feedback about the service and the way in which it was managed. Some of their comments included, ''If someone would benefit from a particular activity or piece of equipment, the provider does their best to make it happen'', ''They are creative in developing the service'', ''I work with other professionals who also work with the service and their feedback has been very positive'' and ''It is my opinion that 36 The Grove are providing high quality care for [the people who I work with], there is open communication with regular reviews and safeguarding is adhered to. [The manager] manages the provision well, staff are trained, polite and friendly.''

The professionals told us that communication with the service was very good. One professional said, ''We exchange emails regularly and [the manager] is very good at keeping me updated with [the person who I work with]'s progress and what they are doing.'' Another professional told us, '' The communication between The Grove and myself is open and effective, either via the telephone, email, the communication diary and review meetings.''

The provider showed us correspondence they had received from one person's funding authority. This included the comment that the person's transition to the home had been, ''Held up as a beacon of excellence and a golden example of how a transition should be done.'' The professional went on to say that the transition had been used by the local authority as an example in meetings and training for the authority.

The staff who we spoke with enjoyed working for the provider and at the service. One member of staff told us, ''It has been an amazing experience working with [people living at the service], to see how they have changed since they moved here.'' They went on to say, ''[The manager and senior staff] are very friendly and helpful.'' Another member of staff explained, ''I love working here, I have tried new things [with the residents] which I have never done myself before, it is fun and I enjoy it.'' They went on to say, ''I am always excited coming to work, I just love doing things with the residents.'' The staff felt the registered manager and

manager were supportive. One member of staff told us, ''[The manager] is very hands on and very supportive. [They] are only one text away if I have a question or need help when [they] are not here.''

LD Care Limited was a private organisation operating three care homes in the London Borough of Hounslow. The nominated individual was also the registered manager for the three homes. They had set up the company and continued to be closely involved in running the services. They told us that they were keen to develop the staff who worked for the organisation and support them to reach their potential. The registered manager was supported by a manager and house leaders who worked in all three of the provider's homes. The registered manager spoke about their views on leadership within the organisation. They told us, ''We strongly believe that as leaders and managers of our organisation, our role is to look after the people that look after our residents, our ethos is very much creating an atmosphere of safety and wellbeing and trust for our staff as leaders so that this spirit and culture results in our residents feeling safe and cared for.''

The provider was continually reviewing and developing the service based on the results of their own monitoring and feedback from others. The organisation was working towards accreditation with the National Autistic Society (NAS). They had started the process and had met with representatives from the NAS to discuss the criteria for the accreditation and how this should be evidenced. The provider was also working closely with other organisations to look at how to achieve best practice. They were planning to develop the services they offered. The registered manager told us, ''Ultimately what we do is aimed at trying to improve people's lives and we take much joy in seeing real improvements no matter how big or small.'' The manager explained, ''We are always looking for ways to improve how we support the residents, trying new activities.'' They went on to explain that although they had introduced new activities to meet a specific person's needs they had often found others benefited from these. For example, one person's family had mentioned that the person used to enjoy sailing. The staff had found a sailing club which supported people who had learning disabilities to learn to sail. They had offered this activity to a number of people who had started to learn new skills and confidence, as well as enjoying a new experience they had never tried before.

People who used the service could not always express how they felt about the service in a conventional way. The provider found ways to support people to express how they felt. They made good use of photographs, pictures, symbols and objects of reference to support each person with communication. The staff were able to give us examples about how this had made a positive difference in people's lives. For example, some people had physical disabilities which restricted their movement. The staff observed that two people found it difficult to see the television when seated without twisting their bodies in an uncomfortable way. They arranged for the provider's maintenance person to build a bespoke television stand which allowed for the television to be twisted to whatever angle best suited the person once they sat down on the sofa each time. In another example, the provider had considered people's preferences when assigning bedrooms to people when they moved in. People could not verbalise their choices, but the manager told us how they had found one person enjoyed watching others and being in the centre of activity. They had been given a bedroom with a terrace that led into the garden and overlooked the staff office which was always a busy area of the environment.

People were empowered to make changes in their lives. The staff supported people to develop their own personal objectives and work towards these. For example, one person who had enjoyed camping when they were younger had agreed with the staff that they would purchase a tent for themselves once they faced and overcame a number of personal challenges. The staff supported them to plan for these and they had successfully accomplished the changes they wanted in their life. As a personal reward they had purchased their tent, which had been erected in the garden for them to use for relaxation and whenever they wanted. In another example, a person who had moved to the home had low motivation. In their previous home they

had not left their bedroom until the afternoon each day, they had refused to eat or spend time with others and had less than an hour's activity each day. The staff had worked with the person to find out how they could be motivated and what they wanted to achieve in their lives. They had empowered the person to take control of their own life and work towards personal goals. By the time of the inspection the person was getting out of bed early in the morning, joining in meals and activities with others and had a full and active life each day. As a result they were sleeping better and their health had improved. The staff and relative of this person told us how much happier and more positive the person was.

The staff continuously reflected on their own practice and worked together to make a difference in people's lives. They told us this and we saw evidence that they had regular individual and group meetings where they reflected on specific aspects of their work or the support of a particular individual. The provider encouraged the staff to take a lead in this area, so that they took ownership of the way the service ran. The staff told us that they were all invited to share their views and that they always felt able to contribute ideas, that these would be listened to and that their opinion was as valuable as the managers in planning people's care. The staff were involved in assessing people's needs and supporting them before they moved to the home so that they had an in-depth knowledge of each person. As a result people moving to the home had felt comfortable and they had been happy even though they had experienced a major change.

The provider invited stakeholders to complete surveys about their experiences. They had not received a large response to these. The manager explained that they had daily contact with the majority of families and regular contact with key professionals and therefore they had not felt it necessary to complete formal surveys. One returned survey included the comment, ''Overall a good care home which has good facilities and staff are very welcoming and friendly. Customers are happy. Also credit to [the manager] who has been exceptional and very professional.'' Another source of feedback from a relative stated, ''I cannot tell you how much it means to me that [person] seems to be settling in well and is generally happy.''

The provider and staff carried out regular audits and checks on all aspects of the service. These were recorded and we saw evidence of action when problems were identified. There was a range of information for staff about the service and different aspects of their roles and this was clearly presented. There were regular staff meetings where the service and individual's care needs were discussed. Records were appropriately maintained, up to date and accurate. Care plans and associated records were particularly well designed and gave a detailed picture of each individual's holistic needs.