

Norwood

Norwood - 60 Carlton Avenue

Inspection report

60 Carlton Avenue
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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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

Norwood – 60 Carlton Avenue is a residential care home providing accommodation and personal care to up to 8 people with a learning disability and autistic people. At the time of our inspection there were 6 people using the service, 1 person who used the service was admitted to hospital at the time of our inspection.

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

Right Support: Staff understood people extremely well and there was a strong focus on promoting people's independence and providing the maximum choice, which was fully embedded in the service. People were supported by an enthusiastic staff and management team who supported people to achieve their dreams and goals, with a focus on people's abilities and skills. There was a strong focus on people to have an integral part in their local and wider community. Rooms and communal areas reflected what was important to people. People's personal space was respected and personalised with pictures, photos and items which were important to them. People were supported to take risks and live a fulfilled life. Support was tailored around people's needs and was adjusted frequently to ensure it was meaningful and what people wanted to do. People's needs were continuously reviewed and updated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: The service considered diverse needs consistently in all aspects; this included care planning, risk assessing and the day to day support people received. The registered manager and provider led by example and guided staff on how to provide extremely individualised person-centred support with detailed care plans which provided clear guidance on people's wishes. Care plans were regularly updated and reviewed to ensure people's individual needs were still reflected. There was a strong focus on working collaboratively with external stakeholders to ensure people's needs were addressed and people and their relatives were heard when decisions about their care were made. The staff team showed a very good understanding of minimising risks and demonstrated their knowledge of safeguarding. The service worked continuously to explore new ways to engage people in communicating their needs. The staff and managers explored and introduced new tools to assist people to communicate their needs and wishes. The service supported people to have a well balanced culturally appropriate diet. Food and meal choices were respected and people were engaged and supported to make healthy culturally appropriate meal and food choices.

Medicines were managed safely. Staff discussed the medicines clearly and explained the reason why the medicines were prescribed.

Right Culture: The service was led by a strong management team who embedded the values of a service led by the people and empowered people to be included in all aspects of the service. Staff felt they were extremely well supported by the management team. Staff supported people who had an in-depth understanding of good practice. Staff promoted people's strengths and only offered support when people needed this to maintain and improve their independence. Care and support was innovative and the service was driven by people to achieve their own goals, dreams and aspirations. The culture within the service was to enhance people's quality of life. There was clear evidence of working together with people to develop and improve the service and the quality of care provided. Concerns and complaints were responded to professionally, open and with transparency to make consistent improvements to the care people received.

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

Rating at last inspection and update - The last rating for this service was good (published 22 December 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding and where the rating was more than 5 years old.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Norwood – 60 Carlton Avenue on our website at www.cqc.org.uk.

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 caring?

Good ●

The service was caring.

Details are in our caring 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.

Norwood – 60 Carlton Avenue

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 carried out by one inspector over 2 days.

Service and service type

Norwood – 60 Carlton Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Norwood – 60 Carlton Avenue 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 4 relatives to get their views about the care provided at Norwood – 60 Carlton Avenue. We spoke with 5 staff including the registered manager, operation manager, deputy manager and 2 care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at 2 care plans, 3 staffing records which included recruitment, training and supervision information. We looked at medicines records and other records required to manage 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

- The service had robust systems and processes to safeguard people from harm and abuse.
- Care staff and the management team demonstrated good understanding of how to respond and report harm and abuse appropriately. A care staff said, "If I would hear or see something of concern, I would document it and inform my manager about it."
- Care workers received safeguarding training during their induction and had regular refresher training session to ensure their knowledge was up to date.
- People who used the service and relatives told us that they were safe at the service. A person said, "I am very safe here, there is always enough staff around to support me and I can talk to [manager] if I had any issues."

Assessing risk, safety monitoring and management

- Risks in relation to people were assessed and plans to manage such risk were developed and put into place.
- The care plans provided information about how to support people to ensure risks were reduced. These included risks arising from medical conditions and environmental hazards. The environment was free from visible hazards.
- Relatives told us that people who used the service were safe at the service. They said they were involved in the development of risk management plans to guide staff to manage and minimise risks. A relative said, "We have been involved in all aspects of [name] care and regularly discuss risks. For example, prior to a recent hospital admission we discussed with the manager and key worker the best plan of action."
- Each person's support plan was personalised to them. Care staff were aware of the triggers when people were in distress, anxious or agitated and the least restrictive way to make sure people were safe.
- The service used positive behaviour support (PBS) as an approach to support people. Positive behaviour support involves both words and actions, which ensured that the well-being and dignity of the individual and those around them were maintained. There were assessments that included clear descriptions of people's behaviours and their suggested functions, from which proactive and reactive strategies were formulated. A relative told us, "Since [name] lived at Carlton Avenue they have become so much quieter and less anxious, this is all down to the excellent work staff have done."

Staffing and recruitment

- Care staff had been recruited safely. Pre-employment checks had been carried out, including at least 2 references, proof of identity and Disclosure and Barring checks (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- There were sufficient numbers of care staff on shift at the time of inspection. We observed people were receiving the support they were assessed as needing. Relatives highlighted the service had always sufficient staff on duty to meet people's needs. A relative said, "One thing which is very good at Carlton Avenue is that they always have enough staff around. My relative can go out and staff are available to help my relative."
- There was a pool of bank care workers who could be used for additional support when needed. An on-call system was also in place to make sure care staff were supported outside the office hours.

Using medicines safely

- People received their medicines safely. There were systems to ensure proper and safe use of medicines. There were policies and procedures in place including the guidance from the National Institute for Clinical Excellence (NICE).
- Some people received medicines to manage behaviours when they become distressed. The staff and the registered manager had clear understanding of 'Stopping over medication of people with a learning disability, autism or both (STOMP). STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the overuse of these medicines. STOMP is about helping people to stay well and have a good quality of life. We saw that regular medicines reviews were arranged with the psychiatrist and PBS plans reflected that the use of psychotropic medicines was only used as the last resort.
- Staff had received the relevant training to understand the safe administration of medicines and their competency was assessed annually to ensure they continued to support people with their medicines safely.
- People's relatives told us their loved ones received medicines on time. We evidenced medicine administration records were completed appropriately and regularly audited.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives told us that there were no restrictions on visiting their loved ones.

Learning lessons when things go wrong

- There were processes to monitor any accidents and incidents. Accidents were documented in line with the service's policy and guidance. These were analysed by the registered manager for any emerging themes and discussed with staff during their supervision and/or team meetings.

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. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed before they moved to the service. The provider met with the person and those who were important to them to help gather their views. They made sure they could meet their needs at the service.
- The staff had developed care plans based on people's assessments. These were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- Care staff had access to regular supervision and appraisal. They responded positively to our questions, indicating they felt valued and had effective line management.
- Care staff and the management team were knowledgeable about people's needs. They had completed essential training and we saw from records they were up to date. New staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment.
- The service provided support for people with a learning disability and/or autistic people. Staff had received specific mandatory training in the management and response to behaviours when people get distressed and training specific to people with a learning disability and autistic people.
- Newly employed care staff also shadowed experienced members of staff until they felt confident to provide care on their own. This ensured they were trained appropriately with the opportunity to practise procedures through practice and feedback.
- Staff received regular individual supervision. Care staff who had been at the service for longer than 12 months also received appraisals, to monitor performance, identify and meet training needs. A care staff told us, "I do have regular supervisions and there is a lot of training I can access. The registered manager and deputy manager are very supportive, and I can talk to them whenever I need to."

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

- People who used the service were provided with sufficient food and drinks and were supported to maintain a healthy and well-balanced diet.
- People who used the service were involved in the planning of the menu, which was homecooked and followed strict Kashrut law. Kashrut is a set of dietary laws dealing with the foods that Jewish people are permitted to eat and how those foods must be prepared according to Jewish law. To ensure people were involved and engaged in planning their menu, staff used pictures, photos and symbols to enable people to make an informed choice of what they wanted to eat.
- People who had specific dietary needs or required assistance to eat were referred to the appropriate

clinician to ensure their needs were appropriately assessed and staff were provided with effective guidance to support people.

- Relatives and people told us that they enjoyed their meals. A person told us, "I like the food here and I tell them what I want to eat." We observed this during our visit and found that staff took great care and interest in what people wanted to eat and how they wanted their meals prepared for them.

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

- Staff and the management team worked closely and meaningful with external health care professionals to ensure people's health and social care needs were met holistically.
- People who used the service were supported to access external health care appointments and staff support was provided during hospital stays if this was required. Relatives and people who used the service were involved in planning hospital stays, to ensure people were comfortable and care was provided consistently, and people were familiar with the staff. This had reduced people's anxieties and ensured their health care needs were met consistently and effectively.

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

- People lived in a well maintained, well designed, and nicely decorated home which met their needs.
- The home was spacious and designed to accommodate people with mobility problems and people who may be visually impaired.
- People who used the service had access to a sensory room and provisions had been made for individuals who found it difficult to share their space with others by creating a personal space which they were familiar with.
- People's rooms contained pictures, objects and items which were important to them and ensured they had a private and personal space in their home.
- Relatives spoke highly about the environment and the home. A relative said, "[Name] has lived their best life since moving to Carlton Avenue, it is like a family and their room as well as communal area is clean, spacious and nicely decorated."

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 service was working within the principles of the MCA. Care records documented whether people had capacity to make decisions about their care. People, or their legal representative, signed care plans to give their consent to the care and support provided. This confirmed that decisions had been made in their best interests and by whom.
- Care staff obtained consent from people before they could proceed with any task at hand. A relative told us, "I am involved in every decision my relative is not able to make for themselves. I also know that staff will always ask [name] to choose what [name] wants to do."
- People who lacked capacity to make certain decisions had appropriate authorisations to ensure their

liberty was not restricted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. A person told us, "I do like the staff, and I really love it here, there is always enough staff. It is much better to the previous place I lived in."
- Relatives told us people were well treated, stating they were kept well informed about any changes to their agreed plan of care and support. A relative said, "The last 10 years since living here has [name] best 10 years in his life." A second relative said, "Staff really care and will go the extra mile."
- The provider's values promoted an inclusive culture across the organisation that respected people's rights, equality and diversity. Norwood is a Jewish charity who embedded the Jewish culture and religion in the services they provide. However, we saw that they were embracing all cultures and provided support to people with a learning disability and autistic people from all cultures and religions. This was highlighted by a of the relatives we spoke with who said, "My relative is not Jewish but [name] is treated like all the other residents at Carlton Avenue."
- Care staff had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. There were relevant policies in place, including, equality and diversity and Equalities Act 2010.
- There were practical provisions for people's differences to be observed. People's care records contained their profiles, which recorded key information about their care. This included people's likes and dislikes, interests, culture and language. This information enabled staff to involve people as they wished to be.

Supporting people to express their views and be involved in making decisions about their care

- People who used the service and relatives were involved and engaged in making decisions about the care, their home and what they want to do.
- All relatives we spoke with agreed that the communication between them and the service was excellent. They told us that they were fully involved in the running of the service and felt that they were listened to and any suggestions they made were actioned. A relative told us, "Things are managed very well. We are in regular contact with the service. We are notified of any changes."
- The service used a number of initiatives to engage people who found it difficult to verbally communicate and enabled them to contribute and communicate their views. This included the use of assistive technology as well as pictures, symbols and photos.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. Their support plans described how people should be supported so that their privacy and dignity were upheld. This was followed by care staff and

observed during this inspection. We observed staff taking time when talking to people and respecting their decisions and choices made.

- Care staff told us that dignity and respect was highly important when supporting people who used the service. A care staff said, "My and the services aim is to be inclusive and support people to be part of their wider community. I treat people with the greatest respect and love to see them grow and come out of their shell."
- Relatives told us about how staff took time to support people to participate in activities as fully as they could. A relative told us, "My relative finds it difficult to communicate and staff take their time, [name] is heard and achieves their full potential."
- The service ensured people's personal information was stored securely. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with the General Data Protection Regulation (GDPR) law. Staff understood why people's confidentiality must be respected.

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 good. At this inspection the rating has changed to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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 service worked extremely hard in ensuring that people were heard, and their communication needs were met.
- The service continuously explored, introduced, and used various digital communication tools to enable people to be more involved and to be more included in making decisions about their care. This Ensured that people live in an inclusive environment and were able to clearly communicate their needs with staff and others. For example, the service purchased an alternative and augmentative (enhancing) communication (AAC) App. This supported people who cannot speak or who have unclear speech to communicate more clearly and tell staff what help they required. The service introduced 'OrCam' which is assistive technology which can be used by people who were visually impaired to identify objects that they had difficulty seeing, reading or recognising. This helped one person in particular and had a big impact on the person becoming less anxious and being more involved in the day to day running of the service.
- The service installed voice commands in bathrooms to remind people who were visually impaired to wash their hands, larger toilet flushing mechanisms and toilet seats. This supported people to gain more confidence, be less anxious when using the facilities and be more independent using these facilities.
- The service provided important guidance and information in larger fonts, pictorial and autism friendly formats.
- Relatives spoke highly of the work the service had done to support people to communicate their needs more clearly. A relative told us, "My relative can do so much more for themselves and is able to tell staff what they want. Their confidence has grown so much."

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

- The service was committed and passionate in supporting people who used the service to form and maintain consensual relationships to avoid isolation and live a normal life.
- For example, a person expressed that they would like to have a relationship. Rather than saying this is not possible or difficult due to the person's complex needs, staff explored ways together with the person to facilitate this safely. Staff supported the person to develop a pictorial guide which gave the person a voice and detailed what good, safe and consensual relationships look like. They worked with the person on what

their ideal partner would look like and be. The service sought support from specialist groups working with people with a learning disability and autistic people on building and forming safe relationships.

- Another person expressed that they wanted to have a relationship. Staff embraced this request and worked together with the person and external professionals to facilitate this.
- Some people had no relatives to support and advocate on their behalf. The service explored various independent advocacy services and found an advocate to give people an independent voice.
- The service recognised that people's increased anxieties, distress and agitation could be due to people not being occupied or bored. As a result of this people were engaged and were offered a wide variety of internal and external activities which were social as well as educational. Activities included colleges and day centres, cinema, bowling, discos, shopping, walks in the park, annual holidays chosen by people, day trips and attending the local synagogue.
- Comments made by relatives included, "[Name] enjoys going to local synagogue", "[Name] enjoys outings especially bowling" and "Staff are highly skilled and experienced and [name] is supported to live their life to the fullest."

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

- People received person centred care. Support plans showed people and their relatives had been involved in the planning process. This ensured staff delivered care in a way that met people's needs. A person receiving care told us, "I feel (I am) being listened to and I am happy with the care."
- People's care files contained meaningful information that identified their strengths and support needs. Staff were knowledgeable about people's individual needs and preferences. Staff could describe to us how people liked to be supported.
- There were arrangements to make sure staff were informed about any changes in people's needs. Care plans were regularly reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage. This ensured people received personalised care.
- The culture within the service was enabling and supported people to achieve their dreams and aspirations by removing obstacles and barriers and worked together with people, their families and health care professionals to achieve this. One member of staff said, "People are treated like everyone else within our society with the understanding that they just required a little bit more help and support to achieve their full potential."
- Some people showed anxieties when attending health care appointments, they and staff worked closely with relatives and healthcare professionals by planning these appointments which had reduced in people to be less anxious. A person said, "They [staff] go with me to see the doctor and explain everything to me and I know well in advance of what to expect, this helps a lot."

Improving care quality in response to complaints or concerns

- People who used the service and relatives were supported and encouraged to raise concerns, which were seen by the service as a positive contribution to make improvements to the quality of care provided.
- None of the people and relatives we spoke with had any complaints or concerns to share with us but told us that they would talk to the registered manager or deputy manager if they had anything to share. A relative said, "I have no concerns or complaints but if there is anything I would go to manager [name] and speak to him."
- The service had developed a pictorial complaints procedure, a complaint poster with pictures and made a suggestion box available for people to share concerns anonymously.

End of life care and support

- The service was not specifically designed to provide end of life care. However, Carlton Avenue was a home for life and people had grown older since living there and some people had sadly passed away due to old age or age-related illnesses. The service supported staff and people to deal with bereavement and loss by

providing professional support if this was needed. Staff had received end of life training and told us that they felt supported by the management team and provider when they had to deal with loss.

- Families spoke positively about the service supporting people at the end stages of the life and during a recent celebration following the death of one of the people. The eulogy by the relative not just celebrated the person's life but also celebrated the support, help and care the person received at Carlton Avenue.

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. At this inspection the rating 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

- The home's culture was exceptionally positive, person centred, open, inclusive, empowering and achieved outstanding outcomes for people.
- We observed people to be relaxed and showed positive body language towards the managers and staff. Staff told us that the leadership at Carlton Avenue was caring, safe, effective, responsive and supporting. There was a strong ethos of meeting people's social as well as their health care needs, which resulted in people being less anxious and more relaxed within their own home and with staff. We observed many positive interactions between staff and people who used the service. One person told us, "I like living here, it's my home, the staff is very nice, [name] is my favourite, I can choose what I want to do and where I want to go." A relative said, "I have only one thing to say [name] has lived the 10 best years of their life since living at Carlton Avenue." Another relative said, "We couldn't be happier it is the best place our relative has ever been, the staff are outstanding." A staff member told us, "It is not work, I love coming here and support people and see them grow, gain more independence, a smile is very rewarding."
- Staff told us that their greatest satisfaction and pleasure was to see people enjoying themselves, achieving their potential and feeling relaxed and comfortable in their own home. One staff member told us, "I have gained so much knowledge and skill supporting people with a learning disability and autistic people in how to use their skills, abilities and talents to help them to achieve their full potential, confidence and satisfaction."
- Relatives and staff were part of the home and engaged in celebrations, activities, and parties, which enabled people to spend time and share experiences with younger people and relatives and older adults.
- The management team and staff viewed behaviours such as self-harm, aggression, anxieties and low moods as an opportunity to explore what people wanted to express and say. This led to a reduction of such behaviours and people being settled, comfortable, calmer, more engaged in activities and building of positive relationships which were important to them. A person told us, "I visit my family and they visit me; this makes me happy."
- Relatives and people said the registered manager, deputy manager, operation manager and staff were very approachable, and the home was excellently run. Staff made every effort to make people's lives as enjoyable, supportive, and positive by encouraging them to try out new things and take positive risks. A relative said, "Since living at Carlton Avenue [name] has grown so much and really came out of their shell." A member of staff said, "[Managers name] is supportive, open, approachable and helped me to learn new skills to support people in the best way I can."

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

characteristics

- The majority of people used limited or no words to communicate their needs and wishes. The service and staff empowered people to give them a voice by exploring and introducing alternative communication methods and tools to give people a voice and enable them to express themselves.
- People's achievements were celebrated by sharing pictures, photographs and videos with relatives and people who were important to them. The service clearly demonstrated the value and importance of working in partnership with relatives to provide holistic care.
- People who used the service had a presence and were a valued part of their local and wider community. The neighbouring community understood people living at Carlton Avenue well and people were fully integrated. Staff told us, "The neighbours know us well and the people have a chat with them, say hello. We are a part of the community."
- The service recognised people as individuals, valued their contributions and made them feel important. Their personalities were celebrated by recognising their skills and strengths. Staff were empowered and their opinions were valued enabling them to share ideas and make suggestions to improve the quality of service. The chief executive visited the service regularly to talk and listen to what staff and people had to say and learn from them to make improvements.
- The service developed close partnerships with external partners such the local authority, independent advocacy projects, healthcare professionals which benefited people to grow and supported staff to create a nurturing and supportive environment for people who used the service.
- Relatives were invited to care plan review meetings to discuss and agree peoples support plans, goals and aspirations.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with others, including the local community with a strong emphasis on building seamless experiences for people by embedding good practice and having people's preferences at its heart.
- People, their relatives and staff said they were provided with the opportunity to give their opinions about the service. A relative said, "I speak regularly to [registered managers name] and we discuss issues around the care [name] receives at Carlton Avenue. I have also completed questionnaires in the past." A member of staff said, "We work very well together as a team, the manager is very easy to talk to and does listen to suggestions I/we make."
- Throughout our visit the registered manager and staff checked with people that they were happy and receiving the care and support they needed. This was provided within a warm family environment.
- The management team and the provider understood that good quality care required continuous learning.
- The provider worked closely with external organisations specialised in supporting people with a learning disability and autistic people to learn and ensure that best practice when supporting people was implemented, embedded and followed to benefit people's growths and enhance people's lives. The registered manager said, "We are always open to learn and listen to help and improve the service."
- Complaints, suggestions, and comments were encouraged and enabled the service to learn from and make improvements. Performance was assessed ongoing to learn from and improve the quality of care and support provided.
- Regular feedback to relatives and people was provided identifying if care and support provided centred around people's needs and wishes.
- Regular staff supervisions, annual appraisals and team meetings took place to give staff a voice, value their contributions and contribute to improvements. A member of staff said, "My opinion matters. I feel I am listened to by the manager and changes are made which benefits people and helps them to develop and grow."

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

regulatory requirements

- The leadership of the service acted as excellent role models who enthusiastically sought and acted on people's, relatives' and staff feedback and views. People's disabilities were viewed as part of their personality and used to enable people to gain greater confidence and independence. This view of the registered manager created an environment allowing staff to grow and develop their skills.
- All staff spoken with valued the communication with the registered manager and the senior leadership across the organisation. They told us that this enabled them to share new ways of working to enhance and improve the quality of service people received. During team meetings the team regularly reflected on the work they did and explored new approaches, technologies, and methods to develop and improve positive outcomes for people who used the service. Staff told us that they felt valued and well supported and spoke highly about the registered manager. A staff member said, "[Managers name] is excellent, he listens and supports development." Another staff said, "Nothing is too much for [name], he is part of the team and is always available to help."
- There was a clear structure of roles and responsibilities within the service and the organisation. Everyone was clear on their responsibility around quality assurance and clear and open channels of communication ensured that shortfalls were shared, and quality improvements were continuously made. The provider's quality assurance system had key performance indicators such as care planning, medicines, accidents, and incidents for the service to recognise shortfalls and work towards improvement. Records viewed demonstrated that the service achieved or exceeded these targets.
- The audits carried out by the service were regularly reviewed by the operation manager to ensure they were up to date. The audits assessed whether specific records and tasks were completed. These included a comprehensive whole home monthly audit, infection control, task monitoring, staff training, staff observations and health and safety and there was also a service development plan. This meant people received an efficient service that was focussed on them.
- The home's records demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly including any hospital admissions. Our records told us that appropriate, timely notifications were made to the Care Quality Commission.

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 provider was aware of their responsibilities regarding duty of candour and was open and honest with people, relatives, and external stakeholders. If things went wrong this was shared with people and their relatives and an apology was made. One relative said, "The communication is excellent, I am always informed of everything which happens at Carlton."