London Care Partnership Limited

London Care Partnership Limited - 21b Upper Brighton Road

Inspection report

21b Upper Brighton Road
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Date of inspection visit:
11 December 2018
12 December 2018
13 December 2018

Date of publication:
15 February 2019

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

This was an unannounced inspection that took place on 11, 12 and 13 December 2018.

21b Upper Brighton Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides care for up to seven young people including people with learning disabilities or autistic spectrum disorder. It is located in the Surbiton area of Surrey.

The service had a registered manager. 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection in June 2016, the home was rated overall good with safe, effective, caring and well-led being rated as good and responsive as outstanding.

Younger adults with learning disabilities or an autistic spectrum disorder received a service from the home. They had moved from residential schools, other care home placements or parental homes where their support needs could no longer be fully met. The move had massively impacted on their lives in a positive way that was reflected in their progress, personal achievements and opportunities to try new experiences.

There were numerous, varied activities that the young people benefited from, in the community, at home and elsewhere. Staff took great pains to support and help the young people to make their activity choices, based on the interests they had and things they liked to do. Whilst people did not verbally comment about the activities they pursued, their body language showed us they enjoyed them with lots of smiling, laughter and enthusiasm. This had an impact of people thoroughly enjoying their activities and developing bonds and friendships, through them, with staff, each other and others, outside the home.

The home's positive impact on the young people was further demonstrated by a significant reduction in incidents and situations where people may display behaviour that others could interpret as challenging. Where people displayed anxiety or anger through aggressive behaviour, staff were available and understood how to defuse situations. They understood that this behaviour was a way of expressing people's needs, emotions, feelings and communicating them. Staff were skilled at turning people's negative behaviour and frustrations into positives by calming situations, finding out what was wrong or what people wanted and

addressing their needs. This was achieved by having a thorough knowledge of each person and their likes and dislikes based on trial and error and growing positive relationships and bonds with them.

Due to people's limited verbal communication, relatives mainly spoke on their behalf. Relatives told us the home had a warm, welcoming and friendly atmosphere. They said staff treated the young people's safety as a priority. This was whilst still acknowledging that people must be enabled and supported to try new experiences and pursue opportunities by taking acceptable risks. Staff weighed up the benefits of activities with the young people in relation to the risks involved. This was demonstrated by the number of new experiences and activities people safely had whilst continuing with those that they previously enjoyed. This meant people received a service that was individual to them. The service and activities were flexible and changed with people as their needs changed and skills and confidence developed, resulting in more fulfilling and enjoyable lives. Staff said the home provided a safe place for people to live and them to work.

Relatives told us people were extremely happy and enjoyed living at the home. We saw how much people enjoyed the care and support provided by staff, which was reflected in their positive body language and interactions with staff and each other. Staff enabled people to make progress by adopting a very person-centred approach. They recognised people's achievements, highlighted them and supported the young people to also recognise and celebrate them. This was achieved by staff having a thorough knowledge of people's individual communication and sensory needs and meeting them in a patient and measured way.

People had support plans that were comprehensive and individualised to them. The plans encompassed all aspects of people's lives that included their social, leisure, educational and life skill development needs. These were reflected in and met by the structured and spontaneous activities that people chose enabling them to live their lives the way they wanted to. Staff paid great attention to people's health, emotional needs and people were encouraged by staff to discuss and meet any health and appropriate sexual needs they may have. The depth of planning and cooperation and its impact was demonstrated in the support plans and files we looked at. People's support plans were regularly reviewed and updated. This enabled staff to support people in an efficient and professional way. The records kept were up to date and covered all aspects of the care and support people received. The home worked in co-operation with health care professionals in the community.

People were protected from nutrition and hydration associated risks by staff encouraging and supporting them to have balanced diets that also met their likes, dislikes and preferences. Staff also used meal selection to develop people's life style and decision-making skills in an effective way.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) required the provider to submit applications to a 'Supervisory body' for authority. Appropriate applications had been submitted by the provider and applications under DoLS been authorised, and the provider was complying with the conditions applied to the authorisation.

The home was very well-maintained, furnished, clean and adapted to meet people's individual requirements, to a high standard.

Staff received excellent structured training that was organisation, service and person-specific. The quality of the training was demonstrated by the high-quality care practices staff demonstrated and followed throughout our visit. They were very knowledgeable about the field they worked in, had appropriate skills, knew people and their relatives well and understood people's needs in great detail. Their knowledge was used to provide care and support in a professional, friendly and supportive manner, focussed on the needs and wishes of the individual. Our observations showed people knew and trusted the staff that supported

them.

Relatives told us that the registered manager and staff were accessible to them, very communicative, worked well as a team and provided them with updated information as needed. The registered manager was responsive, encouraged feedback and consistently monitored and assessed the quality of the service.

Staff told us that the organisation was an excellent place to work and they really enjoyed working at the service. They received top quality support and there were opportunities for career advancement. They felt enabled and supported to develop their skills and progress their careers. Individual skills were acknowledged, harnessed to further practice development and incorporated within the way the service ran. The service and organisation enabled staff to contribute effectively in developing people's individual support as well as developing new ways of working and procedures. Staff also felt their ideas were listened to and implemented.

The organisation's quality assurance and monitoring systems were geared for continuous improvement and required staff to constantly monitor individual care and support and feedback from people. They also supported staff to reflect on how their actions impacted on people and how people's lives could be made better and more enjoyable. The records system was well thought through, clear and usable. Staff also recognised the importance of these records as a source of quality improvement and whilst they were very detailed this was not allowed to detract from the care and support people received.

The culture of the service, staff and organisation was open, progressive and transparent. There was a commitment to continuous improvement with care and support being person centred. Relatives felt people and themselves were valued as did staff who considered themselves integral members of the organisation. The National Autistic Society had accredited the organisation and recognised the high quality of the person-centred care and individualised support provided. The organisation worked well with other stakeholders, seeking their opinions and checking if they were satisfied with the service provided.

The healthcare professionals that responded were very positive in their comments about the support the home provides for people.

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.

Relatives said that they were relieved that people were living in such a safe environment and people's body language indicated they felt very safe and relaxed.

The risks to people were managed in a safe and person-centred way with people supported to feel safe and there were effective safeguarding procedures that staff were trained to use and understood.

The registered manager and staff continuously improved the service by positively learning from incidents that required practice improvement.

People's medicines were safely administered and records were completed and up to date. Medicines were regularly audited, safely stored and disposed of.

There were plenty of staff to meet people's needs in an appropriate, flexible and timely way.

The home was safe, clean and hygienic with well-maintained equipment that was regularly serviced. This meant people were not put at unnecessary risk.

Is the service effective?

Good

The service was effective.

People's support needs were assessed in-depth and agreed with them and their families.

Staff's high skills and knowledge were matched to people's identified needs and preferences.

Specialist input required from community based health services was identified, liaised with and provided.

People's care plans monitored food and fluid intake and balanced diets were provided to maintain health, that also met

their likes and preferences.

The home's layout and décor was geared to meet people's needs and preferences.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interest' meetings were arranged as required.

Is the service caring?

Good

The service was caring.

Relatives said that people using the service were very valued, respected and they were involved in planning and decision making about the care and support provided. The care practices observed reflected relatives' views that staff provided support and care, far in excess of meeting people's basic needs and went beyond their job description requirements. Staff were patient, compassionate and gave continuous encouragement when supporting people.

People were frequently asked what they wanted to do, their preferences, and enabled to make choices.

People were supported to interact positively with each other, as well as staff and inclusively involved in activities at every opportunity.

People's preferences for the way in which they wished to be supported were clearly recorded.

People's privacy and dignity were respected and promoted by staff throughout our visit.

Is the service responsive?

Outstanding

The service was exceptionally responsive.

People received excellent person-centred care from staff who promoted each person's health, well-being and independence. They were kept engaged, encouraged to socialise and supported to pursue their interests and try new things.

People chose and joined in with a range of recreational and educational activities at home and within the local community during our visit. People's care plans were detailed and identified

how they were enabled to be involved in their chosen activities and daily notes confirmed they had taken part.

Relatives told us that any concerns raised with the home or organisation were discussed and addressed as a matter of urgency.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

There was a vibrant, energetic and positive culture that was focussed on people as individuals. This was at all levels of seniority within the home and organisation.

People were familiar with who the registered manager, staff and organisation senior managers were.

We saw the management team enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

Staff were well supported by the registered manager, management team and organisation in general. There was an approachable management style within the organisation. The training provided was of high quality and advancement opportunities were very good.

The quality assurance, feedback and recording systems covered all aspects of the service, constantly monitoring standards and driving improvement.

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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 an unannounced inspection and took place on 11, 12 and 13 December 2018 and was carried out by one inspector.

During the inspection, we spoke with seven people, seven care staff and the registered manager. We also contacted seven relatives and six healthcare professionals. There were seven people living at the home.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the home and checked records, policies and procedures and quality assurance systems. We also looked at the personal care and support plans for two people and two staff files.

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.

Good

Is the service safe?

Our findings

People felt and were safe at the home. This was reflected in their positive body language towards staff and happy countenance. Relatives also told us the home provided a safe environment for people to live. A relative said, "Very happy that he is so settled." Another relative told us, "From what I can see, when I visit, very safe."

Staff understood what abuse was and the action to take, should they encounter it. They were provided with policies and procedures regarding abuse and had received induction and refresher training that enabled them to protect people safely. Their responses to our questions followed the provider's policies, procedures and philosophy. There was a whistle-blowing procedure that staff said they would be comfortable using.

People had risk assessments in place that enabled them to take acceptable risks and enjoy their lives in a safe way. The risk assessments contained people's health, daily living and social activities and were regularly reviewed and updated as people's needs and interests changed. Information regarding risks to individuals was shared internally by staff, including any behavioural issues during shift handovers and at monthly staff meetings. Staff said they were very familiar with people's routines, preferences and were able to identify situations where people may be at risk and acted to minimise those risks. They also shared appropriate information with external staff providing activities, such as those where people were attending college.

Staff had received training in and were familiar with de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging. The techniques were focussed on people as individuals and staff had appropriate knowledge to do this successfully. Many people at 21b Upper Brighton Road had previously displayed severe challenging behaviour that put themselves and others at risk, before moving to the home. Staff worked intensely with them, to build up a working rapport during transition to the home. They developed a consistent approach and knew how to recognise when people were becoming anxious and prevented this from escalating by redirection. The outcome was that people had presented with less extreme behaviours than they had done previously. Staff actions were recorded in people's care plans and impact cards. The impact cards celebrated people's achievements and progress since their arrival.

Staff were aware of how to raise safeguarding alerts, when this should happen and were appropriately trained. Safeguarding alerts were reported, investigated and recorded. There were safeguarding contact numbers available to staff. There was no current safeguarding activity.

The staff recruitment process was thorough and staff records demonstrated that it was followed. The process included scenario based interview questions to identify prospective staff's skills and knowledge of autism and learning disabilities. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to starting in post. DBS is a criminal record check that employers undertake to make safer recruitment decisions. There was also a six-month probationary period with a review. If there were gaps in the knowledge of prospective staff, the organisation decided if they could provide this knowledge,

within the induction training and the person was employed.

Staff said and the rotas reflected that staffing levels were able to meet people's needs and enable them to pursue their chosen activities safely. This was confirmed by relatives.

The service kept accident and incident records and there was a whistle-blowing procedure that staff said they would be comfortable in using, if necessary. There were general risk assessments for the home and equipment used that were reviewed and updated. Staff had also received infection control and food hygiene training and their working practices reflected this. Equipment used to support people was regularly serviced and maintained.

Medicine was safely administered, regularly audited and appropriately stored and disposed of, when required. We checked people's medicine records and found that they were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated.

Good

Is the service effective?

Our findings

Relatives said they and people using the service were fully involved in deciding the type of care and support people received and how and when it was delivered. They told us that the care and support staff provided was delivered in a way that people thoroughly enjoyed. A relative said, "If anything happens, it is dealt with straight away and not swept under the carpet." Another relative told us, "It is a difficult job that staff do very well."

One young person had a history of difficult transitions, that led to instability in their personal circumstances. They experienced a failed placement that required an emergency permanent placement. They presented with verbal aggression, property damage, physical aggression and unpredictable epilepsy. A year after moving to another home in the organisation, following an incident with another person, it was decided by all the health care professionals involved in their care, that 21b Upper Brighton Road would be more conducive for them. Staff worked with a neurologist to understand their epilepsy, and their medication was changed to one more suitable. The Positive Behaviour Support team (PBS) supported staff to focus their approach on providing a calm and relaxed environment and providing personal space for them. Following this they were able to access the community and enjoyed going on trips into London. They were able to help out with tasks around the house and liked to keep their bedroom clean and tidy. Their negative behaviour had reduced significantly and they no longer required regular PRN medicine to manage their moods and behaviours. They also enjoyed a holiday by the sea in Devon, travelling by car. Recently they had to spend a night in hospital for observation as there had been a change in the way their epilepsy was presenting and staff kept in close contact with the neurologist team, to get updates.

The registered manager explained the procedure followed if a new person was considering moving in. The home requested information from any previous placements and carried out its own pre-admission needs assessments with the person and their relatives. The pre-admission assessment and transition took place at a pace suited to the individual, their needs and that they felt comfortable with. This was to ensure that the placement was the right one for the person, what they wanted and decisions were made on placement appropriateness rather than financial constraints. Staff also visited people as part of the familiarisation process and this meant familiar faces made people less anxious when they moved in. Staff took the lead on assessments and an external consultancy supported them, by enhancing their skills of working with people with complex behaviours and needs. This enhanced the ability of staff to accurately assess and record the needs of and risks to people. One person displayed high levels of anxiety through vocalization, hand biting, hand flapping and by invading staff's personal space. The home had a well-established staff team that worked consistently in their approach to him. The PBS team developed a written list with staff that established choices for him in the form of a weekly timetable. This helped him to understand his daily routines and to reduce the high levels of anxiety he experienced from not knowing his routine. He has built a good relationship with his peers and staff and helped with house chores. His timetable also introduced him to new activities such as wakeboarding. He went on holiday to Romania in July and enjoyed a week away, travelling on a plane and trying new cultures and food.

People, their relatives and other representatives were fully consulted and involved in the decision-making

process prior to moving in. People and their relatives could visit as many times as they wished before deciding if they wanted to live at the home. The visits were increased, as people became more familiar and comfortable with their surroundings and new people. They could stay overnight and have meals if they wished to help them make a decision. The overnight stays and visits were gradually increased as people became more at home. Staff were aware of the importance of considering people's views as well as those of relatives so that they could focus the care provided on the individual. During these visits the assessment information was added to.

Staff received thorough induction and mandatory refresher training. Training was a combination of on-line and class room based, depending on its nature. New staff were able to shadow more experienced ones as part of the induction and this increased their knowledge of people living at the home. They also completed an induction programme that was signed off. The training provided was based on the Skills for Care 'Common induction standards'. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health.

There was a training matrix that identified when mandatory training was required. The core classroom based training included key working, adults at risk, safe guarding and quality assurance, functional assessment and intervention, communication, first aid awareness and epilepsy awareness and administration of buccal midazolam. Buccal midazolam is a medication used for calming epileptic seizures and to reduce agitation. E-learning covered aspects such as fire safety awareness, equality and diversity and food safety in catering. There was also access to specialist person and service specific training such as Intensive Interaction provided by a speech and language therapist, Makaton, needs of people individually regarding their autism, learning disability and mental health support needs and pro-active SCIP. This was person specific training to minimise the use of physical interventions, by staff and to emphasise behaviour support strategies based upon a person's needs, characteristics and preferences. Staff meetings and two-monthly supervisions were partly used to further identify any individual or group training needs. Staff had training and development plans on file. Staff said the training they had received was good and enabled them to do their job. One staff told us, "The training worked well for me and enabled me to work in an area I had no previous experience in."

People's care plans included health, nutrition, diet information and health action plans. These included nutritional assessments that were completed, regularly updated and fluid charts. People's weight was monitored by staff, if required and staff observed, checked and recorded the type of meals people consumed. This was to encourage a healthy diet and make sure people were eating properly. Staff had concerns regarding the repetitive, unhealthy diet of one person and focussed on his diet to support him to establish and maintain a healthier lifestyle. He progressed to trying new food and a healthy diet to maintain his weight.

Staff said that any health concerns were discussed with the person, their relatives and their GP as appropriate. Nutritional advice and guidance was provided by staff and there was regular communication with the local authority health care teams who reviewed nutrition and hydration. Other community based health care professionals, such as district nurses and speech and language therapists were available to people. People had annual health checks and records showed that referrals were made to relevant health services when required.

People decided what meals they wanted and went shopping regularly, having first identified with staff support any ingredients needed and other food items they were running low on. Staff prompted and

supported people to identify what was needed for themselves, by using open ended questions. People were also encouraged to contribute to meal related tasks such as preparing food and washing up that was incorporated into their normal routines. One young person took time to explain to us what they were doing and the reason why whilst washing up unprompted. They explained the importance of washing up to prevent germs. They also made their own lunch. One person was helping a staff member to prepare a lasagne. This was a team effort with the person contributing at each step and sharing information about why each part of the preparation was important to achieve the desired result. Meals were timed to coincide with people's activities, their preferences and they chose if they wished to eat with each other or on their own. They also chose takeaways and had meals out.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked that the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authorisation. Applications had been submitted by the provider and applications under DoLS had been authorised. The provider was complying with the conditions applied to the authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in people's care plans. Staff received mandatory training in the MCA and DoLS. Staff we spoke with understood their responsibilities regarding the MCA and DoLS. During our visit staff frequently checked that people were happy with what they were doing and the activities they had chosen.

Good

Is the service caring?

Our findings

The home's atmosphere was relaxed and comfortable, which was reflected in people's positive body language and the way they did what they wished, in their own time. Although people could not directly comment if staff cared about them, there was a lot of smiling, laughter and positive interaction between people, the staff and each other that people clearly enjoyed. This was enabled by staff taking a genuine interest in people, what they liked to do and due to a great degree to the calm and friendly approach staff took to meeting people's needs. This was carried out in a skilful, patient and empathetic way. Staff were warm, encouraging and approachable. A relative said, "Staff absolutely love [person] and this is reflected in the positive relationships they have." Another relative told us, "Very caring people [staff] especially the [registered] manager." A further relative commented, "So nice and friendly." A staff member told us, "My boys [people using the service] always bring a smile to my face."

Staff were trained to respect people's rights to be treated with dignity and respect and they provided support that was delivered in an inclusive and enjoyable way. People were actively encouraged and facilitated to have positive interactions with each other, cultivate friendships and relationships and frequently consulted about what they wanted to do and if they needed anything. The home's 'Quality of Life' lead received training to enable them to create positive in-house relationship and sex education support plans suited to people's individual needs. These recorded 'about me' information, preventing issues, supporting sexuality and intimate relationships and responding to sexualised behaviours.

Relatives said staff treated people with kindness, dignity and respect. They also said staff were very passionate and compassionate regarding the care they provided and this was delivered in an empowering way. This mirrored the staff care practices we observed. One young person had previously received constant 2-to-one staffing due to displaying self-injurious behaviour by slapping their face, teased their peers, displayed physical and verbal aggression and absconded. Staff introduced proactive redirect strategies when they became anxious or upset or started to antagonise their peers. As a result, they coped better with changes in their activities, and was less rigid in their routines. They had built strong and trusting relationships with staff, and developed more confidence in themselves. They took part in more activities including dancing, where they would previously have just watched. they had a varied timetable, that introduced them to new activities, some of which included team building with others, at the home. They also gained more independence, changed their own bed and took their laundry to the laundry room.

Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. This was reflected in staffs' positive care practices and confirmed by our observations and people's relatives. Staff did not talk down to people and they were treated respectfully, equally and as equals.

There was a visitor's policy which stated that visitors were welcome at any time with the people's agreement.

The home had a confidentiality policy and procedure that staff said they understood, were made aware of

and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.

Outstanding ☆

Is the service responsive?

Our findings

People and their relatives were enabled by staff, to make decisions about the care, support and activities they wanted. Staff ensured people understood what was being said to them, their choices and also what people were telling them. They asked people what they wanted to do, where they wanted to go and who with. Staff also discussed activities with people during keyworker sessions and house meetings.

People's needs and wishes were very promptly met, by staff, in a way that they enjoyed and were comfortable with. Staff were always available for people and their relatives to discuss any wishes or concerns they might have and people's positive responses reflected the appropriateness of the support they received. One relative said, "[My relative] has made such huge strides in terms of communication and understanding and has really come on since being in the house." Another relative said, "No issues whatsoever, [My relative] comes home for weekends and they provide transport so [My relative] can spend time with me. They really go the extra mile." Another relative told us, "They always handle what is going on with [My relative] very well and keep me informed."

The home operated impact cards for each young person that recorded their achievements since moving to 21b Upper Brighton Road. These detailed presenting issues that the young person had when moving in, inputs from the staff and organisation and outcomes in terms of a better life. Due to their anxiety, one person had not visited the home prior to moving in. They were enabled to successfully transition by staff providing support when visiting them and showing them pictures of the house and their new bedroom. The person had extremely complex issues and behaviour that included verbal and physical aggression towards others, particularly younger females and property damage. Prior to moving in perceived negative behaviours were managed, at the previous placement, by restrictive interventions including a high number of supine restraints in the year proceeding their transition. Supine restraint means that the person was laid in the face-up position. The home does not practice supine restraint. The person has now been living at the home for a period of years and built up trust in the staff and a behaviour specialist who has got to know them well. They have been carefully monitored, a positive behaviour approach consistently used and been supported to build relationships with the staff team and establish clear acceptable behaviour and relationship boundaries. Since moving into 21b Upper Brighton Road they can now access the community more regularly and was able to socialise with a wider range of people and better understand relationship boundaries. This meant they could work more with female staff and visitors. They were able to successfully visit their dad and other family members and try new activities with other people using the service including team building exercises.

At their previous placement, another person displayed negative behaviour similar to other people using that service which caused distress to them and others and resulted in a failed placement, despite a 2-to-1 staffing ratio. They had physically assaulted people and staff, caused harm to themselves by banging their head on walls and experienced long periods of agitation and distress that resulted in property damage. They were also diagnosed with chronic constipation that it was thought may contribute to their behaviour issues. On moving in, staff focus was on planning how they would enable them to once more successfully live with other people. Staff employed a positive behaviour approach with them to reduce agitation levels and

negative behaviour, using redirection strategies such as having showers and relaxing in their bedroom. A mobility car was also obtained to support them to access the community more quickly and easily. Their medication was carefully monitored to ensure that it was right for them and staff continued to work with their psychiatrist reviewing their medication. They had successfully transitioned to living with other people in a safe, positive environment for them and others and was able to access the community with greatly reduced agitation levels or aggressive behaviour. Their medication has gradually reduced and this had included constipation to a more acceptable level, for them.

Although people chose the same activities on a regular basis, they were provided with further location options. One person liked trips on trains, tubes and buses. During our visit they were accompanied by a member of staff from Surbiton to High Barnet. Unfortunately, they experienced a seizure during the trip that the accompanying staff member addressed in a professional and knowledgeable way which minimised the distress and anxiety to the person and general public. People also had access to computers and tablet computers and a person was studying at Woodlands College. They had a road safety plan in place to enable them to get there. People were encouraged to do tasks at home to develop their life skills, that were built into their weekly schedules. These included laundry, tidying their rooms, vacuuming, cleaning their bathroom, washing up and putting the rubbish out.

Three people went on holiday to Romania, a destination they had chosen and where a staff member came from. This gave them the opportunity to experience Romanian culture and hospitality first hand. The home had provided hardback books of pictures taken for people to share with each other and their friends and relatives. The pictures showed what a wonderful time they had especially regarding Dracula and dinosaurs. Another person went to Liverpool with the highlight of the trip being a visit to Liverpool football club, that the inspector discovered they were very passionate about, during conversation. The home was in the process of organising a trip for them, to a live game. They had also redecorated the person's room in Liverpool red that they really liked with a wall size mural of a pod of dolphins which was another big favourite. This was a feature of the house in general with another wall size mural of people doing their activities in one of the lounge areas, that they changed as they wished.

Most people had regular visits to and from their relatives, whilst others had limited or no contact. Over the Christmas period people were staying with relatives, apart from one person who had been invited to spend Christmas with a member of staff and their family. The person had met the family many times before and was looking forward to the visit, including the member of staff's dogs who they also liked. The visit was subject to the permission of the local authority.

People and their relatives were given easy to understand information about the service and organisation that included ground rules, what they could expect and the expectations of them. Placements were regularly reviewed to check that the care people received was what they needed, wanted and they were happy with it. The registered manager said that if the support was not what was required, alternatives would be discussed and information provided to prospective services where needs might be better met.

People had individualised care plans that were person focused. The care plans recorded people's interests, hobbies, health and life skill needs and the support required for them to be met. They were focussed on the individual, contained people's 'social and life histories' and were live documents that were added to when new information became available. People's needs were regularly reviewed, re-assessed with them and their relatives and re-configured to meet their changing needs. People were encouraged to take ownership of the care plans and contribute to them as much or as little as they wished. Where possible they agreed goals with lead keyworker staff that were underpinned by risk assessments and daily notes confirmed that identified activities had taken place. There were also positive behavioural support plans for people that required

them. The care provided was focussed on people as individuals and we saw staff put their person-centred training into good practice.

People had weekly activity planners that added structure to their lives, helped them make decisions and look forward to activities as a result of their behavioural and physical achievements. Many of the activities people chose made use of the local community, whilst others ventured further afield or took place at home. People also decided if they wanted to do activities individually or as a group. One relative said, "He always has plenty to do." Activities included walks in the park, ice skating, archery, swimming, wakeboarding, shopping, massage and in-house cinema.

Whilst people did not comment on the complaints procedure, we observed that staff made it accessible to them, if required, although concerns raised tended to be immediate and were responded to there and then. Their relatives said they knew about the complaints procedure and how to use it. It was provided in pictorial form for people to make it easier to understand. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were aware of their duty to support people to make complaints or raise concerns.

The service met the requirements of the Accessible Information Standard by providing people with tailored, individual communication strategies that met their needs. Staff used a variety of methods to communicate with people, appropriate to them, such as Makaton. At the end of each activity, feedback was provided by staff who had been involved in or organised the activity, particularly when a new activity was being tried with someone. This enabled staff to monitor how much people enjoyed the activity and if it met their needs and expectations. It demonstrated that people were enabled to make their own decisions, mistakes and learn from them. Annual questionnaires were sent to people, their relatives and staff and people and their relatives were invited to annual care reviews.

One person had problems with weak gums and a tooth brushing session plan was put in place. This included video clips of the young person brushing their teeth, explaining what they were doing and reason why it was so important. They were clearly enjoying the video experience and being the centre of attention which they carried off confidently and with aplomb.

Although the service did not provide end of life care, people were supported to stay in their own home for as long as their needs could be met with assistance from community based services, if needed. The organisation was introducing to incorporate end of life care preferred priorities into people's emergency health care plans.

Outstanding ☆

Is the service well-led?

Our findings

People's relatives said the registered manager and staff made them and the people using the service feel comfortable and welcome to approach them if they had any concerns. One relative said, "I frequently turn up unannounced and it is never a problem." A staff member commented, "I can't say a bad thing about the company." A relative told us, "The [registered] manager is really good, excellent and so passionate about [people]." Another relative said, "Staff listen to me and take my comments on board." During our visit, the home's culture was open, compassionate and supportive with the registered manager and staff listening to people's views and acting upon them.

The organisation had a clearly set out vision and values that staff understood. They said that the vision and values were explained during induction training and regularly revisited during staff meetings. One staff member said, "The [registered] manager is very understanding and amenable. If they are good to you, you go the extra mile for them. That's the way it should be." Another staff member told us, "He [registered manager] really cares about the residents and that's what counts." The management and staff practices reflected the organisation's stated vision and values as they went about their duties. There was a culture of supportive, clear, honest, transparent and enabling leadership. The organisation had achieved accreditation from the National Autistic Society, for ensuring and sustaining effective and person-centred practice. The organisation had also achieved a Silver 'Investors in People' rating. London Care Partnership had developed a relationship with Shepperton Studios, who provided a regular slot at their studio cinema to run an autistic friendly screening that was tailored to people's needs. People took turns to choose movies which they found exciting. The organisation put on London Care Partnership has talent and bake-off competitions that people entered, with one person, who lived at 21b Upper Brighton Road winning the talent contest for their Micheal Jackson dance routine.

The home had its localised vision that complimented that of the organisation. In the hallway, by the front door was a montage with a caption stating, 'When we embrace our differences our team becomes stronger.' This encapsulated people using the service and staff with pictures of people and the flags of the countries they came from, in lights.

People at the home and the staff had enthusiastically embarked on a garden and allotment project that was termed their 'garden vision'. It began in a small way with people choosing different herbs and bushes they wished to grow at the front of the garden, once they had cleared the area. This also incorporated a water and a Christmas decoration feature that one person in particular went out to check each day. The project then grew to include an area in the back garden for fruit and vegetables that everyone was very proud of. The produce included; tomatoes, runner beans, strawberries, sage, tarragon and rosemary. A lemon tree, blueberry bush and a couple of South African palm trees were also planted and everyone was fully involved in their upkeep and maintenance, which they found a positive, calming, learning and therapeutic experience.

People were encouraged by staff to build relationships with people in the community and with each other to minimise social isolation. There were regular social clubs organised by one of the other homes, in the

organisation, where people were encouraged to socialise and bond with others with similar interests. The home rented an allotment close by, that people had cleared ready to plant in the spring. People had made many friends with other people using the allotments during the clearance who lent tools and gave advice and tips. The aim of this project was three-fold, to create produce to sell at market, make and improve relationships within the local community and highlight the home as a productive and involved part of the local community. To enhance structure in people's lives, the home had produced a planning calendar that detailed tasks that had to be carried out and when. There were also pictures of the tools required to carry out the various tasks such as wheelbarrows and garden spades. Great interest had been displayed by people living in other homes within the organisation and the aim was to expand the project to everyone.

The service worked closely with other organisations. One young person was excluded from school due to significant challenging behaviour linked with their mental health. They displayed self-injurious behaviour, physical aggression, property damage, indecent exposure, shouting at members of the public and paranoia that led to this behaviour. Their unpredictable behaviour meant they could not stay at the family home. The home worked in partnership with Tolworth Hospital for the first 6 months, following their transition with the staff and the Positive Behaviour Support Team working alongside a psychiatrist. They introduced a structured timetable, that had built in flexibility which supported them proactively rather than reacting to their behaviour. Subsequently they were able to spend nights at the family home as their incidents of challenging behaviours had dramatically decreased. They had become much more tolerant of others being in close physical proximity to them, as was displayed during our visit. Consequently, they were able to participate in sports such as tennis and basketball and had a holiday in Scotland this year where they had a lovely time. They also tended the vegetable patch in the front of the house and allotment along with other people.

The home and organisation used different methods to provide information and listen and respond to people and their relatives. Due to the varied communication methods that young people used, a group residents' meeting was not practicable for everyone. These meetings took place with people it was beneficial for and further feedback gathered from them and others, by noting down feedback through behaviour and body language. There were also keyworker meetings where people could express their views and make choices. The young people's monthly support feedback recorded activities they enjoyed, things that didn't work for them and activities they would like arranged. This was in individual sections for each person. The organisation produced a quarterly in-house magazine that kept people up to date with what was happening in the organisation and celebrating people's achievements.

The organisation and home had clear lines of communication and staff were designated with specific areas of responsibility, that they understood. Staff thought the support they received from the registered manager and organisation was very good. They said when they made suggestions to improve the service they were listened to. One staff member said, "There is so much input and investment in staff to make things better." Another staff member told us, "I love it, it's like a big family. It's a complete change to what I used to do" Staff told us they really enjoyed working at the service. There were regular minuted people's and staff meetings that enabled everyone to voice their opinion.

Staff said there were good opportunities for internal promotion and this was reflected by the management structure of the service and organisation with most registered managers and other senior posts, within the organisation, occupied by people who were promoted internally.

The organisation encouraged homes within the group to cultivate close links with services, such as speech and language therapists, physiotherapists and district nurses. This was underpinned by a policy of relevant information being shared with services within the community or elsewhere, as required. This has meant that

people recognised the faces of these professionals and were not daunted and less agitated when they visited. The records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

The home and organisation's quality assurance systems were robust and contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. This enabled any required improvements to be made and achievements recognised. Quality assessments were split into two areas, a 'Quality of life audit', that took place twice per year and quarterly quality assessments. The quality audit and assessments covered all organisational and operational areas of the home. The registered manager and staff also conducted various checks and completed records daily, weekly, monthly and annually depending on their nature to ensure the health and safety of people, staff and the premises and equipment used. Rotas were completed in advance which allowed activities to be planned alongside day to day routines, supervisions, team meetings and appraisals. The registered manager also completed a monthly quality assurance health check report.

Shift handovers included information about each person that enabled staff coming on duty to be aware of anything they needed to know. There were also local authority contract monitoring visits.