

Voyage 1 Limited

Harefield Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

Harefield Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Harefield Lodge is registered to accommodate up to seven adults, who have a learning disability or an autistic spectrum disorder. At the time of our inspection there were five people there. The home consisted of a main building with bedrooms, offices, a kitchen, a dining area and lounges. There were sensory areas and quieter places for people to spend time in if they wished. To the rear of the property there were self-contained flats where people could live and be supported by staff to live as independently as they could.

The service had 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 our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good overall and had become outstanding in response to the question, "Is the Service Responsive?"

Harefield Lodge 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 2008 and associated Regulations about how the service is run.

The service had an open, supportive and person-centred culture with good relationships amongst people and staff.

Most of the people who lived at Harefield Lodge communicated with nonverbal gestures, sounds and by touch. We spoke to one person who told us they enjoyed living at Harefield Lodge and liked everyone who lived and worked there. We received positive feedback from relatives and health professionals who visited the home regularly.

People were supported by appropriate numbers of trained, experienced, skilled staff who knew the people who lived at Harefield Lodge very well. Staff supported people to ensure they lived their lives the way they chose. Communication styles and methods were tailored to individual people and staff supported people to

understand the choices available to them.

The service had carefully considered people's individual needs through the adaptation, design and decoration of the premises, indoors and outdoors. The garden was in the process of being adapted to reflect people's preferences with plans to include sensory areas, quiet reflective areas and containers and vegetable growing sections where people could take part in growing and tending to their own vegetables and plants.

There were elements of outstanding practice in relation to providing person centred care that met people's individual needs. People received outstanding person-centred care from a staff team that showed innovation and tenacity to ensure people received care and support tailored to their specific needs to enable them to live fulfilled lives. People were encouraged and supported to take part in a wide range of activities, music therapy, sensory sessions and visits to places that gave them enjoyment. Activities were adapted according to people's individual needs to ensure they got the most benefit and enjoyment from the activities. People and staff told us they really enjoyed their activities which promoted their independence and maintained their sense of wellbeing.

Staff understood how to identify and report abuse and were well supported in their roles. Staff received up to date training on all core subjects as well as ad hoc training for subjects that interested them such as autism and specialist medicine training.

People were supported to take their medicines safely by staff who had received the appropriate levels of training.

People were supported by staff to make their own choices about how they spent their day. Staff had a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and promoted people's independence and choice in their day to day living. Where people might lack capacity to make a specific decision staff acted in accordance with the MCA.

People were enabled to have choice and control of their lives and staff supported them in the least restrictive way possible, the systems in the service supported this practice.

People's health care needs were met and staff supported people to see healthcare professionals when appropriate. Staff were proactive in recognising people's changing health needs and acted quickly to ensure people received specialist health care when they needed it.

People were treated with kindness, dignity and respect by a staff team who knew them very well. People's privacy was respected at all times.

There was a clear complaints policy and relatives told us they knew how to make a complaint if the needed to and felt any concerns would be taken seriously and action straight away.

There were quality assurance systems in place to drive continuous improvement and ensure the home offered a safe, effective, caring and responsive service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service has improved to Outstanding.	Outstanding ☆
Is the service well-led? The service remains Good.	Good ●

Harefield Lodge

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 comprehensive inspection took place on 1 and 2 November 2018 the first day of the inspection was unannounced. On each day the inspection team was made up of one CQC Inspector.

Before the inspection we reviewed the information we held about the service including the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met and spoke with most of the people living at Harefield Lodge. We observed and listened to how people interacted with the staff and following the inspection we spoke with three relatives and received written feedback from one health care professional. During the inspection we spoke with the registered manager, the operations manager and four members of care staff which included team leaders and recently recruited staff.

We observed how people were supported and to establish the quality of care people received we looked at people's care, treatment and support records and all of the Medicine Administration Records (MARs). We also looked at records relating to the management of the service including staffing rota's, staff recruitment, supervision and training records, premises maintenance records, quality assurance records, staff and resident/relative meeting minutes and a range of the providers policies and procedures.

Is the service safe?

Our findings

We asked one person if they felt safe living at Harefield Lodge; they told us, "Yes, I'm safe, the staff are good." People interacted with staff in a positive way and freely approached them for help and support. A relative told us, "It's absolutely safe here for everyone."

Staff demonstrated a good understanding about identifying signs of abuse and knew the process to take if they needed to contact the local safeguarding team. There was clear guidance available for staff on the process of reporting potential abuse.

Risks to people and the service were managed so that people were protected and their wishes supported and respected. Risk assessments reflected people's independence and ensured people were able to maintain their independence in a safe way. Assessed risks included, meal times, emergency evacuations such as in the case of a fire, use of the kitchen and associated risks such as knives and hot surfaces, community access, finances and medicines. When people became anxious, agitated or distressed there were risk assessments in place to support them. Clear guidance was included in people's risk assessments which highlighted what circumstances may trigger their behaviours. Staff spoke knowledgeably regarding how to de-escalate situations and keep people and themselves safe.

The provider had a system in place to ensure the premises were maintained safely. Up to date service and maintenance certificates and records relating to fire, electric, gas, water systems, lifts and hoists were available. A full water system check including legionella testing had been completed, which showed the premises were free from legionella. Legionella are water borne bacteria that can be harmful to people's health.

People, staff and relatives told us there were enough appropriately trained staff employed to meet people's needs and support people safely. Throughout the inspection we observed staff were relaxed with people and supported them in an unhurried and friendly way. Most people were supported on a one to one basis and staff rotas correctly reflected the levels of staff on duty during our inspection visit. People's health needs were reviewed daily, for example, if people needed supporting to attend a medical or hospital appointment staff were allocated to ensure safe levels of staff were available on each shift. Annual leave or staff sickness absences were covered in the first instance by existing staff. If this was not possible agency staff were used. Wherever possible the same agency staff would provide cover to ensure consistency for people living at Harefield Lodge.

Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. These checks included the use of application forms, an interview, reference checks and criminal record checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable. For one member of staff their employment history had a large period of time that appeared to be unaccounted for. We discussed this with the registered manager who immediately spoke to the member of staff and obtained a statement covering the gap in employment.

People received their medicines in a safe way. If people had the capacity to administer their own medicines there were secure medicine storage facilities available in their living areas and a specific risk assessment would be completed for this purpose. We checked the stock and storage of medicines. Daily temperatures were recorded for the medicine cupboard which operated within the safe range for storage of medicines. The provider had a contingency plan available should temperatures become too hot. The stock of medicines recorded in the medicine stock book accurately reflected the stock of medicines held at the home. Returned medicines were accounted for accurately. Medicine administration records (MAR) were fully completed with no gaps or omissions in recording. Staff who administered medicines had received up to date medicine training. People had their known allergies recorded and there was a photograph of people on their MARs to help ensure medicines were administered to the correct person.

People received pain relief as required. If people could not verbalise their pain relief requirements, staff spoke knowledgeably about how the person would present and how they would show they were in pain. The provider had clear 'PRN' protocols in place for each person should they require medicines to be given on an as required basis.

Some people had creams administered by care staff. Staff were very knowledgeable about how people liked their creams administered and where and how much cream was to be applied. The service used a system of body maps that clearly guided staff on where to apply creams.

We observed staff wore their personal protective equipment when it was appropriate to do so. Staff had received training in infection control and food safety and spoke knowledgeably about the importance of infection control and how to avoid cross contamination.

There were systems to ensure lessons were learned when things went wrong. Information was shared appropriately with other professionals, people and relatives and advice was sought and shared amongst the staff team. Incidents and accidents were reviewed and monitored to ensure any developing trends were highlighted and preventative action put in place.

Is the service effective?

Our findings

One relative told us, "The current set up works very well. I'm very happy." A health professional told us, "I feel they have always put [person] needs first."

The environment had been adapted and re-designed to meet the people's individual needs. The registered manager and staff explained how the old layout of the building had not provided a calming environment for the people who lived there. The open plan areas had caused high levels of anxiety for people around the food preparation areas, which had triggered negative situations for people. Staff had identified the original development plans had not considered the future support needs of their client group. The staff team put forward an alternative proposal to the provider who accepted the revised plans. The staff team's input led to a redesigned layout of the home to provide accommodation for people that took into account people's particular conditions.

The service was designed around people's needs, supporting them to be as independent as possible. The staff team had identified that some people who lived in the main part of the home needed to move to a more independent living arrangement. However, they were not yet ready for a supported living set up and needed additional support. It was agreed that the self contained flats at the rear of the building would be refurbished to meet their needs before the major redesign of the main part of the home. This enabled people to move into environments that met their individual needs, and supported their independence.

The refurbishment was managed safely and effectively and people moved to their new living environments before the building work took place in the main house. This minimised the impact the building works could have on people and reduced their levels of anxiety as their individual needs could be managed more effectively in an independent living environment.

The registered manager explained the changes in the premises and the positive impact these changes had achieved for people living there. For example, an unused bathroom was removed and a new kitchen installed; this ensured disruption to meal preparation was minimised. One of the proposed designs would have created a location for behaviours that would reduce people's ability to be involved in their meal preparation. Instead changes were made to create a small enclosed walkway between the new kitchen and dining area which offered positive reduced sensory feedback for people. This meant people became calmer in this environment. The old kitchen was removed from the dining area and the room refurbished to become a multi-function room which included a dining area, activity room and sensory equipment.

During the refurbishment the provider took into consideration colours, textures and materials used in each environment so that different areas of the home could accommodate a variation of different sensory needs for people. People were involved and included in the decoration of their bedrooms and flats, which were personalised with things that were important to them. All walkways were wheelchair accessible and hand rails were available throughout the home to help people with reduced mobility.

The garden was also undergoing extensive redesign. People had been actively involved in the re-design of

the garden area and their individual needs had been considered. The new design included a pet corner, areas for people to relax and a vegetable and plant growing area. These differing areas allowed all people to participate, engage and enjoy the garden.

People's needs were fully assessed, and care plans reflected their current needs. Each person was assigned a key worker who spent time with them and ensured all their health and care needs were fully met. Care and support plans were comprehensive and gave staff clear guidance for each person, reflecting what was important to people and how they would prefer their care and support to be given. People's care plans were reviewed each month or earlier if their care needs changed and showed people and their families were included in any reviews.

People were cared for by staff who had been effectively trained and received regular supervision and on-going refresher training. Staff spoke very positively about the training they had received. All staff told us they felt very well supported by the management team. They said there was always someone available to ask for additional support or guidance if they needed it. Relatives and health professionals told us the staff worked really well together as a good team. New staff completed Care Certificate training. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.

Members of staff could volunteer to become champions in a specific field. This allowed staff to share their particular expertise and knowledge to support and guide other staff members. Staff champion roles included, Health and Safety, Infection Control and Dignity and Medication.

We reviewed the training schedule for all staff. All mandatory subjects were covered and included inclusion and equality, Deprivation of Liberty Safeguards, the Mental Capacity Act 2005, health and safety, medicines, safeguarding adults, positive behaviour support and infection control. There was a programme of refresher training that ensured all staff received appropriate update training when required.

Staff received regular supervision sessions with their line manager. Supervisions were positive and supportive and checked staff's understanding around their job role as well as encouraging their on-going development. One member of staff told us, "The support I get is out of this world. We are all really well supported." Another member of staff told us, "I get really good support. I feel listened to. We work really well as a team and listen to each other. If someone has a different idea on how to help a person we always discuss it and it will be taken up if it helps them."

People were supported to maintain a balanced diet and food preparation was effective in maintaining and increasing their independence. People were involved in choosing their menus and meals and staff helped them to prepare their meals when they wished. Pictorial menu boards were used to help people choose which food they liked. Staff spoke knowledgeably about what foods people liked and disliked and how they supported them to eat their meals safely, which was reflected in people's care and support plans. People's care records reflected their daily totals of food and fluid eaten and drunk. This ensured staff were aware of how much people had eaten and could guard against possible risk of malnutrition and dehydration. People were weighed regularly, and an independent screening tool was used to ensure people's health was maintained. Where people were at risk of choking or had swallowing difficulties, appropriate referrals had been made to speech and language therapists.

There were systems in place to monitor people's on-going health needs. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. The service regularly liaised with a range of health professionals such as, opticians, dentists, occupational therapists

and GP's to assess and meet peoples' needs. People had an annual GP health check and medicine review and if specialist advice was needed, for example from the mental health NHS trusts, this was sought in a timely way. Care plans included a hospital passport which clearly summarised people's health and medical requirements, should the person need to go into hospital.

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked how the service was managing their DoLS. DoLS had been applied for appropriately and the service was working within the principles of the MCA.

Staff showed a good understanding of people's capacity to consent to their care and support and the choices they could make each day. Staff told us how people were always offered choice and encouraged to be as independent as possible. One member of staff told us, "Everything we do is for the people. I love that, we are totally here for them."

Is the service caring?

Our findings

There was a calm, friendly and warm atmosphere at the home. People actively sought out care staff to engage and laugh with. Throughout our inspection we observed staff treated people with respect and dignity. People appeared happy and comfortable with the staff who gave people their full attention and knew them very well. One relative told us, "Harefield provides such a safe and calming environment... everyone gets their own space without getting isolated. It's very pro-active and progressive. The staff really care for the people."

There were lots of smiles and laughter between people and staff. Staff spoke warmly of the people they cared for and they said they wanted to be able to provide the best possible support for them.

Staff often went the extra mile to provide consistent, kind care and support. One person had wanted to see the circus but their allocated funding did not cover this. A member of staff offered to stay on shift for free and take them to the circus so they did not miss out. On another occasion a person had become extremely agitated and distressed. A member of staff was supporting them on shift and had been due to finish, however the person they were supporting did not want them to leave. The member of staff made alternative arrangements so that they could stay on shift for additional hours until the person was settled and happy for them to leave.

Staff told us everyone was treated fairly and equally and with respect. The provider had an equality and diversity policy that staff were knowledgeable about. People's care and support plans focussed on their wishes, choices and how they liked support to be given. Care plans ensured people were given as much independence as possible and able to make their own informed choices about how they wished to live their lives. Bathroom signage throughout the home was gender neutral which gave clear guidance for people.

The service ensured people were able to use the services of an independent advocate if they did not have any friends or family available to act as an advocate.

Some people were not always able to express themselves through speech. Staff spoke knowledgeably about how each person communicated in ways that were specific to them. For example, through the use of body language, gestures, differing vocal noises and specific movements and actions. Staff communicated to people in ways they preferred. This enabled people to feel involved with everyone in the home and prevented them feeling isolated.

Relatives told us they were always made to feel welcome and free to visit whenever they wanted. They said they were kept fully involved in the care of their relative. Staff were aware of the importance in respecting people's rights to privacy and dignity. Staff used people's preferred names and staff knocked on people's doors before entering their bedrooms. When people received personal care staff made sure people's bedroom doors were closed. In communal areas staff were discreet when asking people if they needed support.

Is the service responsive?

Our findings

People and their relatives were involved in and kept up to date about important matters that related to people's care and support. One relative told us, "Everyone works so well together. There is a loyal staff team so continuity of staff is good. They are all very supportive and ensure people get everything they need, they always put the people first."

The registered manager and staff team had shown innovation and an excellent understanding of people and their individual needs to ensure they received a high standard of person centred care that enabled people to move forward in their lives and increase their independence and wellbeing.

During the recent premises re design and refurbishment some people were moved from the main house to their own supported flats to the rear of the property. This transition to a different physical environment can be stressful and very challenging for some people with a learning disability, who may be dependent on established routine due to difficulties with communication and comprehension.

One person who made this transition to the new setting had been struggling in the main house environment as their sensory needs conflicted with others in the service. This caused them high levels of anxiety. Staff carefully considered this person's needs when refurbishing their self contained flat. Due to the person's needs, it had been difficult for staff to make the flat homely and inviting for the person. Staff worked together to find items that were low risk, such as wall stickers and fixable furnishings to make the flat safe and interesting for the person, creating an environment that could support their sensory needs and reflected their wishes. Staff introduced the person gradually to their new flat, supporting them in their new environment. Staff told us they had expected the transition period to take several months, however the person indicated within two weeks that they wanted to move permanently into their new flat. Additional staff were organised to support the earlier transition, which went smoothly with a reduction in the person's anxiety and need for behavioural support. Following the successful transition this person has grown in confidence and now trusts staff to support them on public transport, which is a major positive step forward.

Another person who lived in the main house struggled with the environment due to their sensory needs. This resulted in high levels of anxiety and behaviour that could be harmful to themselves or others. Staff recognised the challenges this person was facing and plans were made to ensure all people in the home were given more suitable living environments. The person had been sharing communal living areas such as the kitchen, lounge and dining area with others but this had resulted in conflicts in their sensory needs. The home environment had been very open plan, which the person found difficult, and caused them to be distressed. As suggested by staff, the redevelopment included various spaces for people where the sensory feedback was very different. This allowed the person to access different spaces that reduced or increased their sensory input. This led to staff offering higher levels of person centred care, interaction and support which resulted in the person becoming calmer with less harmful behaviour and enabled them to develop their communication abilities. There has been a further positive impact on this person's life as they are now able to access all areas of the home and can give clear indication to staff regarding their wishes and preferences.

A further person had specific needs regarding food. The original communal kitchen set up had not suited them and had resulted in them becoming upset, displaying behaviour that was challenging to themselves and others, because they thought other people were taking their food from the kitchen. This person, with staff support moved into their own newly refurbished self contained flat attached to the main house which had its own separate living and dining space. The change in environment helped this person understand that the meals being prepared were for them and they did not need to grab or take food. Staff supported the process consistently with a progressive, step-by-step introduction of food preparation in their own kitchen area. Staff moved to supporting the person with their selection and preparation of food which has had a major reduction in the person's behaviour that challenged. Staff are now able to bake cakes and biscuits with this person in their own kitchen. Previously it would not have been possible for staff to prepare any type of meal without the person trying to take the food or eat the ingredients causing potential harm to themselves or others around them. This was because they didn't understand the risks involved in food preparation. By changing the environment and consistent staff support this person was now able to enjoy preparing their own meals with support.

Staff had a detailed knowledge of people's needs, and preferences and used information about what people have enjoyed in the past to provide activities that were suitable for them. During our inspection people were enjoying a music therapy session. Staff told us that originally, they had introduced the music sessions individually on a one to one basis but that had not been successful and people had not engaged with the session. Staff had persevered and asked the music therapist to continue to visit but to carry out the activity in the communal areas so that people could hear the session and staff could encourage them to engage with the session in their own time. Staff had gathered valuable information from people's families and friends about what particular songs, tones and pitches people preferred their music to sound like and shared this information with the music therapist. After several sessions staff continued to work with the music therapist and slowly people began to trust and engage with the music therapy sessions. We observed people really enjoying their music sessions and laughing, smiling and singing along with staff and the music therapist.

Staff told us about people's preferences, for example one person showed a preference for a male voice and engaged with the music therapy better if supporting staff left the room. Another person preferred a male voice but engaged better if the visit was in the afternoon. One person showed a preference for a female voice and engaged better if the music was really low and the therapist sung quietly and sat on the floor with them. This has led to trusting relationships being built between staff and people which allowed them to build a more fulfilled life.

Staff knew people's wishes and worked in a highly person centred way to enable them to achieve these. One person had told staff they wanted a pet. Having a pet was very important to this person so the staff devised a plan where the person could have pets but in a way, that was monitored to ensure the animals were cared for safely. Staff researched appropriate pets and together with the person decided tortoises would be the best match as they hibernated in the winter and needed minimal care at that time. Staff turned an area of garden space into an appropriate enclosure for the tortoises which was easily accessible by people living at the service but near enough to be closely monitored by staff. The person fed and took care of the tortoises daily, which gave them much enjoyment. The person has now started to make plans to start growing food in the garden so that it will be ready for the tortoises when they come out of hibernation in the spring. They were also taking part in the development plans for the garden which had greatly increased their levels of confidence and they really enjoyed being part of a team.

People's needs were fully assessed and care plans reflected their current needs. People's care plans were written in a person-centred way, gave clear direction and guidance for staff and reflected people's individual

preferences whilst allowing them to maintain as much independence as possible. Care plans included what was important to people and how they preferred their care to be delivered, for example, "[Person] can make choices, staff to offer no more than two choices at a time to prevent confusion" and [Person] gives consent by smiling and happy vocal sounds."

Care records gave clear guidance for staff on how people may present if they were becoming anxious or upset, for example, stating people may flick their fingers, start grabbing people or biting objects. Guidance also included how care staff could best support people, for example, to calm a person staff were guided to rub the persons head, play with their hands and move away from them while redirecting them to other activities.

Care plans included people's life histories in a document which gave important information about how people had lived their lives and what was important to them. Staff knew about each person as an individual, what and who was important to them, how they liked to spend their time, what activities they enjoyed and how and when they preferred their personal support to be given.

People were supported to take part in a large range of interesting and innovative activities to maintain their independence, increase their wellbeing and prevent social isolation. Activities were varied and adapted according to people's individual needs and included, baking, sensory bubbles, music therapy, hand massage, music pavilion in the park, hydropool, swimming, drawing, café visits, train journeys, bowling and cinema visits.

People had access to the information they needed in a way they could understand it, in line with the Accessible Information Standard (AIS). The AIS is a framework put in place in August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Some people used Makaton to communicate with staff. Makaton is a sign language programme designed to provide a means of communication for people who cannot always communicate by speaking. There were pictorial communication cards available for people to use. Staff spoke very knowledgeably about how each person communicated in ways that may be specific to them, for example, different use of body language and sounds and gestures that people may make and what it meant for them. People communicated in a wide range of ways using body language, a variety of signs and vocal noises which were unique to them. We observed staff interacting and communicating with people kindly and effectively.

The service used technology to support people and maintain their health and wellbeing. Sensor alarms were installed on bedroom doors to alert staff if the person got up during the night so they could be on hand to support them if necessary. One person had the use of a GPS tracker if they needed it. Other people had their own mobile phones and electronic tablets which they enjoyed using. There were emergency alarms installed in the self contained flats which meant people could summon help straight away when needed.

People and relatives told us they knew how to complain if they needed to. There was guidance available informing people how and who to make a complaint to if required. The provider's complaint policy gave the correct contact details for the local authority should people need to contact them in the event of a complaint or concern. The service had not received any formal complaints since the previous CQC inspection. The service had received several compliments regarding the recent environmental changes to the premises.

People had been sensitively supported to make decisions about their end of life care. Where possible people and their families had been involved in compiling their end of life plans which included their funeral

arrangements, what type of service they would like and who they would like with them.

Is the service well-led?

Our findings

There was a happy, open, calm, supportive culture within the home with a clear management structure. Staff, relatives and people spoke positively about the registered manager and staff team. We received written feedback from a health professional that has regular involvement with the home, they stated, "The manager, in particular has been very caring and responsive in making sure [person] was kept safe...I feel they have always put [person's] needs first and sometimes gone above what most managers would do...her management skills have pulled the team together." A relative told us, "The manager is just brilliant, they really care about the people and have certainly turned the service around. They hit the ground running and are totally for the people living there."

Immediately following the inspection we received additional positive written feedback from relatives, staff and health professionals that wished to provide their views and experiences to the inspector. Comments reflected the supportive, caring, approachable attitude of the Registered Manager who continually encouraged and supported their staff with both practical assistance and professional encouragement and support.

One member of staff wrote, "Julie has supported each and every person that works and lives in Harefield to succeed...Julie is never off-call this has given me the added confidence to be able to face any issues that may arise." And "The manager has only been with us a short while but in the time she has proved to be a committed and conscientious individual who is keen to show her staff her knowledge and experience in a way that helps us all develop well." A relative provided written feedback to the registered manager which stated, "I am very impressed by your leadership and determination to turn things around for my son...I am so impressed with the dedication of all the staff I have come across recently and the sense that this isn't just another job to them but something much more important and rewarding."

There were regular staff meetings and handovers to keep staff fully informed about things at the home. Staff told us communication within the home was effective and they felt listened to and supported in all decisions. Staff had an application on their mobile phones to inform them if extra staff were needed or if people wanted to swap shifts. All staff said this was very useful and worked well. The provider ran a schedule of monthly manager meetings which ensured good practice could be shared between services and enabled managers to network and prevent any risk of isolation.

People, staff, relatives and friends were actively encouraged to give their views on the care and service they received from Harefield Lodge. An annual service review had been completed and positive comments from everyone had been received. The questionnaires covered a range of topics that included: the quality of care and support, what works well, what does not work so well and what changes would you like to see happen. Completed comments included, "The improvement the home has made within the last six months is incredible and everyone involved should be so proud of themselves" and "Staff team work as a team and not individuals...it's a joy to work here".

There were robust quality assurance and audit systems in place that identified and shortfalls and drove

forward improvement. These included weekly, monthly and quarterly checks which included medication, infection control, care and support plans, health and safety and the environment. The provider ran a programme of internal independent checks that included a detailed quality assurance visit that covered all areas of delivery. Harefield Lodge had achieved 100% compliance on their last visit.

The provider had a development plan in place to achieve accreditation with the National Autistic Society (NAS). They had implemented an Autism policy and procedure to reflect best practice requirements as specified through the NAS and The National Institute for Health and Care Excellence.

The registered manager had a good understanding of what notifications they needed to send to CQC. The notifications included what actions the service had taken in response to any incidents and were complete as required by the regulations.

The service's current Good rating was displayed both in the home and on the website as required.

The service was working in partnership with external agencies to support care provision. The service had started the process to achieve accreditation with the National Autistic Society. In order to achieve the accreditation the service supports staff to complete additional, specialised autism training. This increased staff knowledge and understanding has enabled people living at Harefield Lodge to be supported to have an increased independency and sense of well being.

People were supported to maintain links with the local community and enjoyed visits to shops, clubs and day centres which helped them to develop social networks.