

L D Care Limited

Grasmere Avenue

Inspection report

13 Grasmere Avenue
Whitton
Hounslow
Middlesex
TW3 2JG

Date of inspection visit:
17 July 2023

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28 September 2023

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service caring?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

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

About the service

Grasmere Avenue is a 'care home' that provides care and support for up to 6 people. All the people who live at Grasmere Avenue have a learning disability or were autistic people. There were 6 people living there at the time of the inspection.

CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture.

Right Support

Staff supported people, to be given maximum choices, control, and independence. Personalised communication strategies were used to support people to understand and make their choices and creative ways found to promote learning and for people to develop their existing and new skills. Staff were focused on people's strengths to enable them to lead fulfilling and meaningful lives.

People were recognised as individuals and care was planned according to their personalities and interests. Staff supported people, to pursue their interests and achieve goals and aspirations by overcoming barriers and finding ways to ensure people participated in a wide range of age appropriate social activities. People were supported to be valued members of the local community. The interactive and stimulating environment provided was adapted to meet their individual needs and people benefitted from this. Staff enabled people to access specialist health and social care support in the community.

People were supported with their medicines in a manner that promoted their independence and achieved the best possible health outcome for them. They received a service that was safe for them to use, live and staff to work in. The provider and registered manager regularly reviewed the quality of the service, and changes were made to improve people's care and support when required. This was in a way that best suited people. There were well-established working partnerships within the home that promoted people's participation, independence, and reduced their danger of social isolation.

Right Care

People were given kind, compassionate care, and staff protected and respected people's privacy and

dignity. They understood and responded to people's individual needs and knew how to protect them from poor care and abuse. The service worked well in tandem with other agencies and staff were trained in how to recognise and report abuse and applied this, as necessary. People were able to communicate with staff and understand information given to them because staff supported them consistently, understood their individual communication needs and had the necessary skills to understand them. People could take part in activities, pursue interests that were tailored to them, were given opportunities to try new activities that enhanced and enriched their lives, and were supported to take positive risks.

Staff were appropriately recruited, and in sufficient numbers to support people to live safely, whilst enjoying their lives. Risks to people using the service and staff were assessed, monitored, and reviewed. Complaints, concerns, accidents, incidents, and safeguarding issues were appropriately reported, investigated, and recorded. Staff who were trained, safely administered people's medicines.

Right culture

The home's culture was open, positive, and honest with a leadership and management that was clearly identifiable and transparent. The provider's vision and values were clearly defined, and staff understood and followed them. Staff knew their responsibilities, accountability and were prepared to take responsibility and report any concerns they may have. The management and staff ethos, philosophy, attitudes, and behaviours meant people could lead inclusive and empowered lives. They received excellent quality care, support, and treatment because trained staff and specialists were able to meet their needs and wishes. Staff understood best practice in relation to the wide range of strengths, impairments, or sensitivities people with a learning disability and/or autistic people may have and supported them accordingly. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive to them, and supported their aspirations to live a quality life of their choice. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well and people's wishes, needs and rights were at the heart of everything staff did. The registered manager and provider enabled people and those important to them to work with staff to develop the service and staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

Rating at last inspection

The last rating for this service was Good (published 24 December 2018).

Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good, rated service to people.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has improved to Outstanding. This is based on the findings at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Grasmere Avenue

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Grasmere Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced. Inspection activity started on 9 July 2023 and ended on 7 August 2023. The inspection visit took place on 17 July 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

Some people could not use words to communicate verbally and did not comment on the service. We spoke in person with the registered manager, 2 people using the service, 3 relatives, 5 staff, and 2 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. They included 3 people's care plans and risk records. We looked at 3 staff files in relation to recruitment, training, and staff supervision. We checked a variety of records relating to the management of the service, including staff rotas, training, and service level audits. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staffing and training information, and provider quality assurance audits. We received the information which was used as part of our inspection.

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.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Some people could not use words to communicate verbally and did not comment on the service. Their body language during our visit was relaxed and very positive indicating that they felt very comfortable with the staff team supporting them. A person said, "I like living here." A relative told us, "Such a safe place, the change in [person using the service] is quite remarkable. [They are] now so calm, relaxed and this is [their] home." A staff member told us, "I feel that the service provided is safe for the residents and staff. All residents rooms are designed based on their own needs. The house is very homely, so we also feel safe."
- Staff were trained to identify signs of possible abuse and the appropriate action to take, if required. They knew how to raise a safeguarding alert. Staff confirmed that the provider's safeguarding procedure was available to them, and they had read it.
- Staff were knowledgeable about the gestures, and sounds people made and what they might mean. This included different pitches indicating their moods and if they were happy or not and things they wished to do. People's areas of individual concern were recorded in their care plans.

Assessing risk, safety monitoring and management

- People were able to take acceptable risks and enjoy their lives safely.
- Staff supported people to take acceptable risks by following their individual risk assessments. All aspects of people's health, daily living, and social activities were included in their risk assessments. Staff kept people safe by regularly reviewing and updating people's risk assessments as needs, interests, and pursuits changed.
- There was a well-established staff team, who were aware of people's routines, and preferences. They identified situations where people may be at risk and acted to minimise those risks. A staff member told us, "We know the people living here well and this is a good, safe environment for them and us."
- General risk assessments were regularly reviewed, updated, and included equipment used to support people. The equipment was also regularly serviced and maintained.
- Staff received training in de-escalation techniques and dealt appropriately with situations where people displayed behaviour that communicated distress. Staff demonstrated this by appropriately dealing with situations patiently, and helping people to calm down when they were anxious.
- The feedback from healthcare professionals was that the service provided a safe environment for people to receive care and live in.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- The provider's staff recruitment process was thorough, and records demonstrated it was followed. The process contained interview questions that were scenario-based to identify prospective staffs' skills and knowledge of learning disabilities. References were taken up, work history checked, and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also 6 months, probationary period with reviews.
- There were appropriate numbers of staff to flexibly and safely meet people's care and support needs, and the numbers matched the rota. A person said, "I like the staff, we do lots of things." A relative said, "Not just plenty of staff, but the right staff to help [person using the service] continue to progress." A staff member said, "The training is good, it gives us the tools to do the job and the [registered] manager is very supportive, so we work as a team."

Using medicines safely

- People received their medicines safely.
- People were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. A relative told us, "When [person using the service] moved there we were told that 1 goal was to minimize the medicines people required as they became more familiar, comfortable and their behaviours stabilised. I was sceptical at 1st as this hadn't worked when [They were] at home, but this is definitely the case."
- People's medicines were safely administered, regularly audited, and appropriately stored and disposed of.
- People's medicines records were fully completed, and up to date. Staff received medicines administration training that was regularly refreshed.

Preventing and controlling infection

- We were assured that the care home was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place.
- Staff received infection control and food hygiene training that people's relatives said was reflected in their work practices. This included frequent washing of hands, using hand gel, and wearing PPE such as gloves, masks, and aprons, if required. A staff member said, "We received all the PPE and instruction we needed."
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid

catching or spreading it.

- There was a written procedure for identifying, managing, and reporting possible and confirmed COVID-19 cases.

Visiting in care homes

- The care home's approach to visiting followed current government guidance and people received visitors safely.

Learning lessons when things go wrong

- Learning from events and incidents was used to reduce safety risks to people.
- Staff told us they were happy to use the provider whistle-blowing procedure.
- Safeguarding concerns, complaints, accidents, incidents, and whistleblowing were reviewed and analysed. This was to ensure emerging themes were identified, necessary action taken and to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers.

Is the service caring?

Our findings

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

At the last inspection, this key question was rated as Outstanding. At this inspection, this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were exceptionally well treated, supported and the service had a strong, visible person-centred culture. People's care exceeded expectations, demonstrated real empathy for them, and their positive, relaxed body language and affection towards staff, including hugs showed they really enjoyed staff's company. A person commented, "Everyone gets on a lot, and I really like it. I've just had a nice foot spa." A relative told us, "I cannot speak highly enough of the staff and their commitment. The support [Person using the service] receives is simply excellent and given in a respectful way." Another relative told us, "[Person using the service] has been in many homes and this is simply the best by a mile. When [they come] to visit, after 3 or 4 hours [they want] to go home and when we get there [they rush] in." A staff member said, "Here we focus on [People using the service] as a family and it is very rewarding to see how they progress, just like a family."
- Throughout our visit people were treated with utmost respect, patience, and everything they did was centred on people as individuals. Two people were at college, and we asked when they would return. The registered manager and staff said it was hard to tell as if they were enjoying themselves they stayed as long as they wanted. Another person was doing a sensory activity with staff that continued until the person decided they wanted to do something different. A person told us, "We have a lot of fun."
- Relatives said people were treated with respect, equally, and their diversity was recognised. Healthcare professionals said that the home's environment was very caring due to the positive approach and attitude of staff. A relative said, "They [staff] look after [Person using the service] as if [they] were their own [family]. I cannot fault them and am very happy."
- One person told us, "I like trains." The home's office was in the garden and painted as a train. There was a mocked up bus stop and red telephone boxes, where another person spent a lot of time with staff and clearly enjoyed themselves. They were painted so people could recognise them as part of everyday life. This demonstrated the provider's thoughtful approach to making the environment reflect people's interests, and preferences.
- People's everyday experience embedded respecting and valuing ethnicity and diversity. Staff and people were from different cultures, backgrounds, and staff used this to expand people's horizons, experience, and knowledge, by holding special events. They celebrated different religions, cultures, and people experienced different foods from around the world.

People felt respected and relatives said staff treated people with kindness, dignity, and respect

- Staff were committed to and passionate about the people they supported, delivering care in an empowering and nurturing way. A relative commented, "You won't find kinder, more committed staff

anywhere." A staff member told us, "In many ways they [People using the service] teach us."

- People's dignity and independence were promoted by staff's exceptional knowledge of them and their wishes and preferences. These were placed at the heart of the service's culture and values. When people were showing distress or frustration, staff calmed situations by providing alternative activities.
- Staff achieved maintaining people's independence by taking every opportunity to encourage them to do things for themselves. They developed their life skills, by staff patiently supporting them to develop positive routines, patterns of behaviour and carry out tasks around the house such as cooking and taking responsibility for their rooms. A relative told us, "Such a change, [Person using the service] is now so calm, compared to the way [they were] before [they] moved in."

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

- For people who had difficulty communicating verbally, staff found innovative ways to support them to express their views. This was by understanding what gestures, behaviours, and non-verbal communication methods meant. Staff improved their knowledge by forging close, positive relationships with people, and nurturing a positive, friendly, and comfortable atmosphere. A relative said, "A different [Person using the service] who now leads a full and fulfilling life, which wasn't the case before moving in." A staff member said, "We always give people as much choice as possible, in everything."
- The positive relationships developed with people enabled staff to understand how people preferred their care and support to be delivered. Staff focused on building and maintaining open and honest relationships with people and their families and were able to tell us how they worked with people based on their knowledge of them, their preferences, and interests. There were creative ways of reflecting people's personal histories and cultural backgrounds, and staff were matched with people's interests and personalities. Staff consistency in approach and knowledge sharing meant the level of staff understanding did not drop if keyworkers were absent.
- People led busy lives with lots of activities each day, and staff recognised that some people needed visual information to help them increase their independence. Choices were enhanced by individual visual timetables, short video clips, and photos of people doing activities so they could decide what they wished to do, remind them of appointments and plan their day. The recorded activities and people's care plans demonstrated that this was the service's everyday culture.
- People's support plans addressed their preferences, goals, and aspirations, how they liked to be supported and addressed what was important to them, their likes, and dislikes, along with what a good day looked like. This was available in pictorial form to make it easier for people using the service to understand and use.

Is the service well-led?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The home's culture was exceptionally positive, person centred, open, inclusive, empowering, and achieved outstanding outcomes for people.
- People's relaxed, positive body language towards the registered manager and staff demonstrated that the service was very well-led and met people's social as well as health needs. Many positive interactions between people and with staff took place. One person told us, "It's nice here. Everyone [staff] is nice, but [staff member] is my favourite and I ask when he is working." A relative said, "Amazing care and support. I would recommend this place to anyone. Everyone is so open, and I have no concerns. I get on well with the [registered] manager and he keeps me informed of what [Person using the service] has been up to and any issues." A staff member told us, "I look forward to coming to work every day. I came from a different field and was lucky to be given the opportunity to work here."
- The culture meant people's disabilities were not considered as problematic to achieving anything with age appropriate activities within the community, regular holidays and trips taking place. People were encouraged and supported to wear clothes they liked which were the same as other young people and this meant they blended in with their peers.
- Staff derived great satisfaction and pleasure in people's achievements, and enjoyment whether this was dancing, singing, relaxing at home, or activities within the community. A staff member explained that they had a young relative with autism, and they had learnt so much from people using the service, about how to utilise people's skills, and talents to help them enjoy the best quality of life. This was described in a humble, knowledgeable, and insightful way. Staff's families visited and joined in activities, enabling people to share the experience of spending time with children and older adults.
- People who previously presented with self-harm, aggression, low moods, and risk of absconding were now calmer, happy, attending college and enjoying activities they had not previously experienced. They were engaged, had very positive relationships with staff, each other, and friends from other care homes and elsewhere. A person told us, "I'm going to visit friends in another house." One person previously found healthcare appointments challenging but now attended confidently with staff support. A staff member told us, "We are very proud of [Person using the service] progress."
- Relatives said the registered manager was very approachable and the home excellently run. People's lives were made enjoyable by staff making an effort to meet their needs in a positive, supportive, and encouraging way. A relative said, "[Person using the service] enjoys himself so much and that makes me happy. You cannot top that." A staff member told us, "The [registered] manager is a mentor who provides excellent support."

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

- Some people had limited or no words to communicate. Staff enabled them to voice their opinions and be empowered by finding creative ways to achieve this. They were patient, took time to make sure they understood what people were telling them, and that people understood them. There were numerous photographs and videos to support the communication process.
- The provider shared photos and videos with families and other stakeholders. There were also individual messaging groups set up for each family with the staff to share information, and updates. This demonstrated how they valued the importance of working in partnership with families to provide holistic care.
- People engaged with the local community, and felt a valued part of it. This enabled the community to see the people living at the service as important and not just being cared for. Activities included litter picking, tree planting and charity walks.
- The staff approach consistently saw people as individuals and made them feel important. People's personalities were celebrated, their skills recognised, and ways looked at for others outside the home, to see and acknowledge them as well. Staff were empowered, supported, and encouraged to share their ideas, make suggestions, and praised for contributions that changed practice at the home and organisation.
- The home had close links with services, such as local authority learning disability teams, social workers, and advocates. Feedback from healthcare professionals was that the service was very well-led, providing clear leadership and staff support, which promoted a nurturing and caring environment for people. The provider also invited families to attend formal review meetings where they discussed people's support plans and goals.

Continuous learning and improving care

- The service improved care through continuous learning.
- The provider had recently undergone a standard level accreditation with the National Autistic Society (NAS). After 1 month of onsite intensive assessments they were awarded the advanced specialist certification. This accreditation is a quality standard awarded to services who demonstrate an understanding of autism and a commitment to continuous development. A staff member said, "We are always encouraged to learn and improve by the [registered manager] and organisation. They listen to and act on our suggestions."
- The complaints system enabled the provider, registered manager, and staff to learn from and improve the service. Performance shortfalls were identified by audits and progress made towards addressing them was recorded.
- People and their relatives provided the home with regular feedback that identified if the care and support given was focussed on their needs and wishes.
- Staff received annual reviews, 3 monthly supervision and staff meetings took place so they could contribute to service improvements. A staff member said, "The management always encourage us to grow, offering health and social care training and qualification opportunities. Leading shifts gives us opportunities to develop our knowledge and skills. They also acknowledge and help with our individual struggles even when it comes to our personal situations. We can always highlight to them matters that might affect our work and they always respond immediately."

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

- The registered manager was an excellent role model, actively seeking and acting upon people's, staff, and relatives' views. They acknowledged people as individuals with distinct personalities and interests rather

than their disabilities and needs. Their philosophy helped people and staff to develop their skills.

- Staff told us, the communication with the registered manager and managers and staff across the organisation was extremely good and enabled them to discuss innovative ways of working to improve the service people received. They frequently reflected on their work and discussed new approaches and methods. They felt well supported and were very positive regarding the registered manager, and organisation's management team. One staff member said, "Our management team lead the organisation by example. They know our residents well and are hands on. They give full support regarding career development." Another told us, "I can reach out to the registered manager anytime. There's always someone there to act as the manager in the time of his absence which very rarely happens."
- The registered manager and staff knew and were clear about their roles, understood the quality assurance (QA) systems and there were clear lines of communication and boundaries in place. The QA systems had indicators that identified how the service was performing, areas requiring improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents.
- Thorough audits were carried out by the provider, registered manager and staff that were regularly reviewed and kept up to date. The internal audits checked specific records and tasks were completed. These included a comprehensive whole home monthly audit, infection control, task monitoring, staff training, staff observations and health and safety and there was also a service development plan. This meant that people received an efficient service that was focussed on them.
- The home's records demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly including any hospital admissions. Our records told us that appropriate, timely notifications were made to the Care Quality Commission.

Working in partnership with others

- The provider worked in partnership with others, including the local community with a strong emphasis on building seamless experiences for people by embedding good practice and having people's preferences at its heart.
- People, their relatives or advocates and staff said they were provided with the opportunity to give their opinions about the service. A relative said, "We are in frequent contact and the [registered] manager and staff really go out of their way to answer any questions we have and to keep us informed." A staff member said, "We [registered manager and staff] all learn from each other and share what we learn."
- Throughout our visit the registered manager and staff checked with people that they were happy and receiving the care and support they needed. This was provided within a warm family environment.

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

- The provider was aware of their responsibilities regarding duty of candour and was open and honest with people. People and their relatives were told if things went wrong with their care and support and provided with an apology. A relative said, "Always open and honest with us."