Norwood

Norwood - 30 Old Church Lane

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

This unannounced inspection took place on 19 November 2015. The service met all of the regulations we inspected against at our last inspection on 4 and 15 July 2014.

30 Old Church Lane (30 OCL) is a service for eight people with learning disabilities. Some of the people have autism and behaviour which challenges the service. All people who use the service are from the Jewish faith. The service is spacious and provides accommodation on the ground and first floor. There is also a small two bedroom flat, which was used for people to become more independent. 30 OCL is located close to Stanmore town centre, which provides good transport links and shopping facilities.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

An outstanding feature of 30 OCL was the work the service did in providing, supporting and safeguarding people to maintain and have consensual, loving, caring and safe relationships in-house or with people in the community. Another outstanding feature was the time spent in developing the service, using innovative strategies to help people with gaining independence skills and supporting people to achieve their full potential.

We found that 30 OCL provided a highly personalised, person-centred and autism specific service. People were in control of their support and participated in decision-making for the service and organisation as a whole. People were encouraged and enabled to learn new skills and become more independent. Support that staff provided to people was outcome-focused and systems were in place to document this. There was evidence that the service looked for and used innovative strategies to help people gain greater independence. For example using face time to communicate with relatives or using specific applications of the computer to support people's communication.

People consented to their support and staff and the registered manager of the service worked together with people's parents and relatives to ensure all involved were aware of the legal limits of their role in decision-making. Feedback about the service was encouraged and there were a range of mechanisms to support this. For example people who used the service produced a wish list of what they expect from staff and used this during recruitment of new staff.

Staff were aware of the requirements of their role and were vetted appropriately before starting work. Staff supported people safely and knew what to do to protect people from the risk of abuse.

Recruitment procedures ensured staff had the appropriate values when they were employed and gained skills and qualifications shortly after they started work. Ongoing training was provided and staff were

encouraged to pass on their expertise to their colleagues through workshops and team meetings in various aspects of service delivery.

The service put in the time and effort to find a safe and secure medicines administration system to support people who were able to self-administer their medicines. People received their medicines in a safe manner and staff recorded and completed Medicine Administration Record (MAR) charts correctly.
People had excellent access to healthcare services and received on-going healthcare support for example through their GP, hospital doctors and specialists. Referrals were made to other professionals such as speech and language therapists and dieticians if the need arose. People met with their psychiatrist and behaviour specialists to ensure that their behaviours were managed appropriately by staff.

Risk assessments and care plans for people using the service were effective, individual and autism specific in capturing the required information. People's individual care needs were recorded daily in great detail; this demonstrated that their needs had been met. There was a strong focus on supporting people in becoming more independent by working together with the family, the person and the day service to achieve the best possible outcome. This included sourcing additional funding to access and obtain assistive and information technology to support and gain skills for people to communicate their needs, wishes and decisions more independently.

No complaints had been received within the last year, but people had the opportunity to comment on the service at regular meetings. The service had received a number of compliments in regards to the newsletter provided and designed by people who used the service with the support of staff.

Quality assurance systems were in place to assess and monitor the service people received. The service worked well in partnership with other organisations to ensure current practice was followed and a high quality service was provided to people. The service strived to make continuous improvements through regular consultation, research and reflective practice. This ensured that the service continued to provide an outstanding service to people with autism and behaviour that challenges the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding ☆

The service was safe. They had successfully implemented, and trained Staff to use an innovative structured approach to positively support people who behaviour challenges the service and minimise the use of physical intervention and medicines. Behaviour intervention plans were based on triggers and causes of the behaviours instead of the actual behaviours. There was evidence of a reduction of reactive approaches such as physical restraint and the use of medicines to manage such behaviours.

Risks associated with people's support were assessed and managed with clear and effective guidelines for staff. The service demonstrated a high level of protecting people from abuse and encouraged people to be open when raising concerns.

There were sufficient staff deployed to meet people's needs safely and in a timely manner. Recruitment procedures ensured staff were suitable to work with people in need of support.

Medicines were managed safely and people were encouraged and supported to take their own medicines with assistance provided by staff. The service explored and introduced new innovative practices for the administration and safe keeping of medicines.

Is the service effective?

Good ●

The service was effective. Staff had the knowledge and skills necessary to support people with autism properly. Staff were well trained and skilled. Training was based on best practice and guidance, which ensured that staff were provided with the most current information to support staff in their work. There was a strong focus on supporting staff through various mechanisms, which included supervisions, appraisals and staff meetings.

The service used a number of innovative ways to obtain people's views and wishes in relation to their care.

Staff understood the principles of the Mental Capacity Act 2005 and told us they would always presume a person could make their own decisions about their care and treatment.

Staff supported people to maintain good health and eat a balanced, healthy and nutritious diet. People received appropriate assistance to eat when needed.

Is the service caring?

Outstanding ☆

The service was very caring. Relatives told us that staff were enthusiastic and well-motivated. They treated people with compassion and kindness.

The service accessed external sources to support people and staff team in working with people to maintain loving, consensual and safe relationships in house and externally.

We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued.

People were encouraged to be as independent as possible, with the support from staff by focusing on learning a wide range of new independent living skills.

Staff demonstrated a good understanding of people's likes and dislikes and their life history.

Is the service responsive?

Good

The service was responsive and relatives told us that the registered manager and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns they had with the staff and management of the home.

We saw that people were engaged in in-house and community based activities throughout the day of the inspection. We saw that these activities had a positive effect on people's well-being.

Is the service well-led?

Good

The service was well-led and relatives we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve and there was a person centred culture in the service.

The service put strong emphasis on reflecting on practice and promoting and sustaining improvements already made in the service.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Norwood - 30 Old Church Lane

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 was planned to check 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 inspection took place on 19 November 2015 and was unannounced. The inspection was conducted by one inspector.

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 used a number of different methods to help us understand the experiences of people using the service. Most of the people using the service had complex needs and limited or no conversational communication which meant that not everyone was able to tell us their views. We gathered evidence of people's experiences of the service by observing interactions with care staff and by reviewing communication that staff had with these people's families, advocates and other care professionals. We also received feedback from five relatives, as well as speaking with the registered manager, assistant manager and three other members of the staff team.

As part of this inspection we reviewed four people's care plans. We looked at the medicines management, training, appraisal and supervision records for the staff team. We reviewed other records such as complaints information, quality monitoring and audit information, maintenance, safety and fire records.

Outstanding ☆

Is the service safe?

Our findings

People told us "I am safe here; they [staff] look after me very well, I am happy here." Relatives made similar comments "They [staff] are wonderful, they know my relative well and he is in a very safe place. His behaviour has improved a lot since he lives here."

Overall, very good arrangements had been made to keep people safe. We found that the service managed behaviours that challenge them in an outstanding way.
Staff had received training in innovative ways to support people with a behaviour that can challenge the service. The training was designed around the use of a structured approach to positively support people and minimise the use of physical intervention and medicines. As a result behaviour intervention plans were based on triggers and causes of the challenging behaviours instead of the actual behaviour. The plans were formulated collectively involving the person, their families, caseworkers and external challenging behaviour experts. The aim was to put the person at the centre of the approach and tailor primarily a pro-active behaviour intervention plan and secondly a reactive plan around the person's needs.

The records kept by the home about incidents where people had behaviours that challenged the service showed improved outcomes for people. There had been a reduction of reactive approaches such as physical restraint and the use of medicines to manage such behaviours. Instead we saw that behaviours were managed positively by staff being pro-active and managing the triggers that can lead to a person having a behaviour that challenged. For example we observed that care workers took the time to understand people who had communication difficulties, by observing their behaviours and listening to non-verbal cues. On one occasion a person who at times had a behaviour that challenged staff, required to have the music changed in their room and we saw staff taking the time to listen to the person and the person taking staff by the hand to their room and pointing at the music system. On another occasion we saw that a care worker taking the time to explain to one person during dinner preparation to use utensils in a certain way, which ensured the person's safety. On both occasions people were calm and interacted appropriately with staff.

The care records of two people and the registered manager confirmed that for the past two years a positive approach to supporting the two people with a behaviour that challenged, has led to them not taking any medicines to manage their behaviour. The registered manager added that he was liaising with the psychiatrist to stop these medicines. He told us that this had a very positive impact on people's lives as they became less withdrawn, more responsive and participated more in activities.
The behaviour intervention plans were reviewed regularly and if behaviour deteriorated, referrals to behaviour specialists had been made to review the management plan and to identify possible triggers to the behaviour so other pro-active approaches could be introduced.

Staff had received training in innovative ways to support people with a behaviour that can challenge the service. These included specific communication systems widely used to support people within an autistic spectrum who have difficulties in communicating independently. One of the features of the training was to put the person who displays behaviours that challenge the service at the centre of the approach and tailor a

pro-active and reactive behaviour intervention plan around the person's needs. We saw in records that the service did not use any reactive strategies such as physical restraint for the management of behaviours that challenge the service. Instead we saw that behaviours were managed positively by responding with the use of pro-active strategies as outlined in people's positive behaviour intervention plans. For example we observed that care workers took sufficient time to understand people who had communication difficulties, by observing their behaviours and listen to non-verbal cues such as letting the person guide the member of staff to the area were they required support. We saw a number of examples of this. On another occasion we observed during a keep fit session that one person did not want to take part and staff supported the person and offered the person an alternative which the person happily accepted.

We viewed two behaviour intervention plans. In both plans we saw one of the agreed reactive strategies used to manage behaviours was the use of medicines, we discussed this with the registered manager. The registered manager told us that for the past two years the medicines had not been used to manage behaviours and he was currently liaising with the psychiatrist to stop prescribing these medicines. While we found that reactive strategies to manage behaviours were still in place, the registered manager and records confirmed that reactive strategies were not used for the past two years. The registered manager told us that this had a very positive impact on people as they became less withdrawn and participated more in activities since medicines to control behaviours that challenge were not used. This showed that the service had appropriate strategies in place to respond to behaviours that challenge the service pro-actively and consistently with the least restrictive impact to people who used the service

The provider had a robust medicines administration procedure. Support workers told us, and records confirmed that they had received training for the administration of medicines. The training included common side effects of medicines administered and how to respond to these to ensure people were safe. We observed that two staff administered medicines together, one to witness that the medicines had been given and the other to administer the medicines. After medicines had been successfully administered to one person both members of staff signed the Medicines Administration Record Sheet (MARS). We observed that the MARS were checked and stock levels were counted during each handover. This ensured that any mistakes could be resolved as soon as possible.

Where people had been prescribed medicines to be taken as needed (known as PRN medicines), staff had 'PRN protocol' guidelines for each medicine detailing the circumstances in which it was to be administered and how. These were correctly included and completed in each person's MAR sheets.
The service has recently changed the Monitored Dosage System (MDS) for the administration of medicines to a newer and better coordinated administration system. The new administration system allowed the dispensing pharmacist to pre-measure liquid and solid in one personalised monitored dosage system. This system reduced the risk of incorrect administration of liquid medicines, which were previously measured by staff and were now dispensed by the pharmacist. This ensured that people could be confident that they received their medicines as prescribed by their clinician. It also provided clearer medicines administrations sheets (MARS), which included the picture of the medicines and separate MARS for topical medicines. This resulted in less confusion due to medicines being recorded on one MARS. Staff were extremely positive about this new system and told us that they had training to ensure they used this system appropriately. We discussed the new medicines administration system with the registered manager who advised us that the system had been introduced to reduce the risk of over medicating due to human error when administering liquid medicines. It also allowed people who were supported to self-administer to b have greater independence when using liquid medicines. Care workers told us that they found the new system more secure and meant that errors in the medicines administration were less likely.

Most of the people required support for the administration of medicines; however one person was assessed

as being able to administer medicines independently with the appropriate training and support. We saw that an assessment had been carried out and a plan had been put into place with the aim for the person to administer their medicines on their own. The training plan was based on a specific intensive training programme called Training Systematic Instruction (TSI). TSI is an approach, which aims to provide organisations with the skills and knowledge required to provide one-on-one support for people with disabilities who require assistance to learn the skills, associated with work and independent living. TSI is a positive and empowering value based approach to support people who used the service in learning new skills and gain greater independence. TSI was based on splitting one task into individual steps and teaching people the individual steps to learn the whole task. One person had been included in the TSI programme and staff told us that they worked with this person regularly for the person to gain the skills to be able to administer medicines independently. The registered manager told us that while the person still required some minimal assistance the person administers the medicines required almost independently.

Relatives told us that the service provided to people was very good. One relative told us, "The staff is excellent, they know what they are doing and make always sure that my relative is safe. Staff are always available and whenever we visit there have been enough of them around." Care workers also told us that people were safe and that there were systems in place to ensure people were protected. One care worker told us, "We have risk assessments. In the kitchen we make sure all the knives are put away and make sure the cooker is safe. We make sure the temperature of the food is okay for clients. If I were to see a hazard for clients I would report it immediately to the manager."

Staff confirmed that they had been trained in safeguarding adult's procedures and knew the procedure to follow if they had concerns about a person. Care workers told us that they would immediately raise any safeguarding concerns with the registered manager and were confident that he would deal with them appropriately. We saw that the provider actively encouraged people to speak up, by providing safeguarding procedures in formats suitable to the people who used the service. The provider had a safeguarding and whistle-blowing procedure which provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Care workers knew about these policies and gave us practice examples of when they would use the guidance in these policies. For example, one support worker told us, "I would immediately contact the manager or one of the seniors if I would notice anything unusual with one of the residents." Another care worker told us, "I can call the police or the CQC if I think that nothing would be done." We found the service to be very forward thinking in regards to protecting vulnerable adults from abuse. For example all people had an individual safeguarding risk assessment, which addressed the most common forms of abuse such as neglect, financial abuse, physical abuse and sexual abuse. The risk assessments provided clear guidance for staff and anybody involved in the person's care to ensure that it could be recognised in the likelihood of abuse and support the person to express their needs around abuse clearly.

People's personal care and support records showed that risks associated with people's support were assessed with guidelines in place for staff to reduce those risks. Each person's records contained a number of individual risk assessments including managing money, preparing meals, personal care and moving and handling. There was also an environmental risk assessment available which provided information for people who used the service and staff on safety in the home such as the location of gas stopcocks and emergency evacuation procedures. We saw these were up-to-date and reviewed regularly. People who used the service were supported by care worker to undertake the weekly health and safety checks. This included checking the water temperature, fire safety checks and checking the internal and external environment. Staff had been trained in health and safety and other topics relevant to supporting people such as moving and handling. One aspect which stood out was while people were encouraged and supported to achieve these skills their safety was paramount. For example one person who went out independently had been provided

with a mobile phone, which allowed the person to contact the home in case of an emergency. A number of people who used the service accessed the community independently we saw that the service had done work with individuals to ensure they were protected from abuse. For example all people had a community risk assessment which was discussed with the individual and safeguards put into place was that people have a mobile phone, identification card and were able to call a specific cab company were they can book cab journeys on an account if they felt unsafe in the community. We also saw that 'stranger danger' and possible hate crime had been discussed with people during residents meetings to constantly raise awareness with people who used the service.

Staff told us that there were sufficient care workers available to meet people's needs. One support worker told us, "Our staffing levels are pretty good considering we have eight clients. We have four staff on shift in the morning and three staff on shift in the afternoon when things are a little quieter. We have enough staff to spend quality time with residents." The registered manager told us, "We are fortunate really. Because of the range of people we have here we are quite well resourced. "During the day of our inspection we saw that there was sufficient staff on duty as some people went to the day centre, one person went to work and two people stayed at home. We saw that this was facilitated appropriately and people were given sufficient time to take part in their chosen activities. We also saw in the rota that additional staff were brought in to support people to attend hospital or doctors' appointments.

The provider followed safe recruitment practices and ensured staff were appropriately vetted before working with people. The staff files we looked at included criminal record checks, two written references which were verified by the provider, interview records and an application form detailing the staff member's employment history. Each staff member's right to work in the United Kingdom was also checked and verified and included supporting documentation, such as legal name changes, where necessary. The provider had inclusive recruitment practices. These encouraged and supported people to be involved in the recruitment of new care staff. The process of involving people who used the service started during the initial stage when a vacancy will be advertised. People who used the service had produced a wish list of what they want the new prospective member of staff should be like and what support they expected. With this in mind the registered manager was shortlisting staff. During the interview process people who used the service will be part of the interview panel and will have an equal say for the recruitment of new care workers.

Good

Is the service effective?

Our findings

People spoke very positive of the support provided by staff. Relatives told us, "All the care staff are brilliantly trained", "They have a really good team there" and "[My relative] is well looked after; has a very good diet and has several activities which [my relative] attends."

Training records showed that staff had received induction training prior to commencing work. The training was tailored to the specific needs of people using the service and included training with regards to people's health, and social needs and people's behaviours and how to manage their behaviour best. Staff also attended mandatory training and training on other relevant topics including learning disability, mental health, mental capacity, sex and sexuality, epilepsy, and diabetes. Staff were very positive about the standard of training provided by the provider and confirmed that they received annual refresher training. They displayed a good understanding of how to support people in line with best practice particularly in promoting independence. Staff highlighted in particular the training they received in pro-active physical intervention training and TSI. They told us that this training helped them to better understand and support people who used the service. Staff told us that they "feel supported" and confirmed that they had "regular, planned supervisions". Staff also told us that they were able to discuss with the registered manager if they required additional training to meet people's needs. For example, training in regards to special medical conditions for one of the people who used the service.

Staff team meetings were held on a monthly basis, covering a range of topics relevant to the service, to ensure that staff worked consistently with people. Staff members received individual monthly supervision sessions with their line manager and regular annual performance reviews. Staff told us that prior to the appraisal meeting all staff were issued with a pre-appraisal self-reflection form. One staff member said, "This allows me to comment on my performance and discuss it with the manager during my appraisal." The induction provided detailed information on how to work with people with autism, learning disabilities, and people with communication difficulties and behaviour that challenge the service. We saw positive and creative ways of working with people, such as the use of various communication methods and detailed information on how to deal pro-actively with behaviour that challenges. These included a wide range of individual communication methods such as Makaton. Object of reference and Picture Exchange Communication System (PECS). In addition to this we saw that the registered manager also found more creative ways to support people in making independent decisions. This training ensured that all staff had consistent understanding of autism and service to people delivered was of high quality.

People were in control of their support and made their own decisions where possible. For example, we saw one person getting their own breakfast with staff support, while another person was involved in preparing lunch for all people who used the service with the support of staff. We observed one person using a caffetiere and making his own coffee for breakfast. We spoke with the person during breakfast and the person told us that he does not like Nescafé and prefers fresh coffee in the morning. We observed staff asking people for permission when they provided care and support. For example, we observed staff discussing with one person if they wanted to go to the shop in the afternoon.
We were particularly impressed with how all people were on individual TSI programmes; these were relating

to people's skills and abilities and included for one person to get dressed independently, for one person to switch of their TV and for another person to self-administer medicines as described earlier. The registered manager told us that people had made considerable improvements in gaining greater independence. For example one person was almost able to get dressed independently with minimum support form staff. We saw a pictorial activity plan for one person and saw that the person removed the pictures once the task was completed. This demonstrated that care staff used various forms of communicating with people and ensured that a consistent structure prevented people from becoming challenging and restless.

We viewed the standard authorisation of Deprivation of Liberty Safeguards (DoLS) and found that appropriate processes had been followed and the authorisation was time limited. DoLS are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had been trained in the requirements of the Mental Capacity Act 2005 and understood what that meant for the people they supported. The service had good links with social workers from the local authorities who undertook assessments of people's capacity to understand and agree to their support when staff thought this was in people's best interest. For example three people who had been assessed by the local authority in regards to the person's capacity had a standard a deprivation of liberty safeguard authorisation in place.

The registered manager was aware of recent changes to case law relating to depriving people of their liberty for their own safety and had identified some people for whom this would be explored further. Staff supported people to shop for and prepare meals of their choice. The menu was discussed every weekend during the meeting for people using the service. Staff told us that they showed people different pictures and people chose what they wanted by saying or pointing at these. The pictorial menu was displayed on a notice board in the hallway. People's dietary needs had been recorded in their care plan as well as information about the support they required to eat independently. We observed breakfast and lunch time and saw that people were provided with the support they required and were able to choose what they wanted to eat. We saw in the menu that people were able to order take away meals and culturally appropriate meals. 30 OCL is a Jewish home and as such only provides kosher food following the Bin Kashrut law. However if people chose to eat non-Kosher food, this was recorded in their care plan and one person told us that he liked to go to Mc Donald's and have a burger from time to time.

Staff supported people to maintain good health and access health services when required and when this was part of their support. Records documented appointments people had with health professionals and outcomes and actions for staff. Staff sought support from health professionals quickly when they were concerned about a person's health and we saw evidence of this. People and their relatives said they had good access to other healthcare professionals such as dentists, chiropodists and opticians. People were able to choose their own health care professional and specialist health care conditions were explored and the most beneficial treatment plan was sought and provided. For example, one person had a rare heart condition and we saw that the person was under the care of a specialist consultant and information with regards to this condition was recorded in the person's care plan and staff told us that they had received training to understand the heart condition better and provided a more person centred care to the person. All people had a hospital care plan in place, which could be used if people were admitted in hospital for treatment and provided hospital staff with the required information to support people. This was an excellent

example of joint working and ensured that links with health and social care professionals were to the benefit of people who used the service.

Outstanding ☆

Is the service caring?

Our findings

Relatives told us, "The staff are kind, friendly and very caring and their number one priority at all times are the residents of the home." Another relative told us, "We are very lucky to have such a place for my relative to live where I know he is being cared for and is safe, and I cannot even imagine what his life would be like without it."
We observed staff respecting people's privacy and dignity when supporting them. We saw that staff closed the door when people used the bathroom and staff discussed personal issues with people in private.

One outstanding feature we saw was that staff knew people well and built positive, caring relationships with the people they supported. Each person's care and support records included their background and history as well as information relating to their current support needs. Staff told us these records helped them to get to know the person. However, they said that this was not a replacement for getting to know the person individually. One support worker told us, "You have to tailor the support to the person – each person has different needs and their own life and history and what makes them who they are. They get to know you too." The same care worker also told us that staff were matched to people with common interests to facilitate a positive working relationship. For example one person's wish list was that the person wanted a staff member who was interested in football and movies. The person told us that his key worker talked with him about football and they go regularly to the cinema.
Another outstanding feature was that the service supported people to take part in major fundraising events which included bike rides to India, South Africa and Kenya, walks along the Italian Amalfi coast, local golf days, the London Bridges walk and many other UK based charity events. This helped the home to get funding for IPads and external Speech and Language support. As well as opening up wider social networks, were people made lifelong friendships. For example people met regularly with other fundraisers for afternoon tea. Staff told us that one person found paid employment, which helped the person to gain greater self-confidence and self-esteem. The registered manager told us "Since [person's name] started the employment, the person became more independent and very proud of working like everybody else."

The service made excellent use of various communication systems to facilitate people who used the service to make decisions and choices in their day to day life. These were all individually approved communications systems which can be used in conjunction with other forms of communication to support people with autism, challenging behaviours and communication difficulties to express their needs. These were all autism specific systems to facilitate better communication and support people with autism to gain better skills and abilities to make their own decisions. For example we saw a timetable with various symbols was in place to communicate with people the specific household task to be carried out on each specific day. Staff told us and we observed staff to point at the timetable when one person as unclear of what their tasks were during the day of our inspection. It was evident that this helped the persons to clarify what was to be done, but also provided the person with a clear structure and reduced the anxiety of change.

Another innovative and creative communication tool used at the home was an IPad. The registered manager had sourced additional funding for one person to purchase an IPad. This tool was used to develop the person's skills together, with the help of a Speech and Language Therapist (SaLT), to use as a

communication tool. By using pictures and the use of a specific communication application the person was taught to use the electronic device to communicate with staff, relatives and outside professionals. Staff told us that the communication application (App) worked well, but the process was very slow and it was very important that all staff used the App regularly and consistently with the person. One of the major achievements since using the App was that the person showed greater involvement and participation in activities. Staff told us that this was a great achievement and gave examples form the past where the person would have never initiated activities. For example since using the new communication tool the person was now able to get dressed independently, which staff told us was a major achievement. One care worker told us [person's name] would not respond or take part in any activities, but since we use the I Pad he gets dressed independently."

The provider had taken creative and positive actions to enable and support people who use the service to build positive relationships. For example, the service involved 'Consent' and organisation specialised in supporting people, their relatives and staff to form positive consensual relationships between people. The sessions covered forming and maintaining appropriate relationships, this included safe sexual practices and how to consent to relationships. The registered manager had told us that work had been done with the people's families. "Families initially did not agree with them having a relationship, I arranged to meet with the parents and explained that this had an emotional impact on the people. Since talking to the parents they understood that their relatives were safe and supported their relationship. This is very important to the people and helped them to become more relaxed and comfortable as a couple." We saw that appropriate risk assessments and safeguards were put into place for people to have consensual relationships with each other if they choose to have them. These safeguards ensured that the relationships were consensual and people were aware to use appropriate protection. In addition to this the provider had also designed a visual timetable, which was used to tell people when one of the partners was away on holidays, this system was used to reduce anxieties and provide better understanding for how long the person was away. This ensured that people can have a safe, consensual and loving relationship, while living in a residential home.

We found that people directed their own support and that support was delivered according to their preferences. For example we observed staff demonstrating a sound understanding of the way people communicated. One person was seen to use basic Makaton signs, which was clearly understood by care staff. We observed people were in control of their support, for example we saw staff asking one person to put on his coat, but the person decided to wait before he was ready to do this. We saw staff respecting the person's decision and giving the person additional time to get ready in their own time.

Staff told us they enjoyed supporting people and we observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued. They gave us examples of how they respected people's diverse needs. For example, by making sure people's cultural and religious preferences were still maintained when they moved into the home even though the person may not remember this due to their cognitive impairment. 30 Old Church Lane (OCL) was a Kosher home which meant that food prepared was according to the Jewish Kashrut law. A rabbi visited the home regularly to assess that food preparation areas were used according to Kashrut law. We also saw that some people go regularly to the synagogue, while others celebrated Sabbath and any other Jewish festivals with their family or people they lived with. However while 30 OCL was a home for a particular religious faith. The registered manager told us that the home would admit people from a different religious faith; however they would need to agree to adhere to Kashrut law. Some people told us and we saw in peoples persons centred plan, that they enjoyed going to local fast food restaurants and one person in particular told us that he also liked to eat non-kosher food.

Staff demonstrated that they knew what providing a caring environment meant. One support worker told us,

"You need to understand the people you are caring for. You need to discuss with them what they want because it is their home. We come and go, but this is their home. If people are not happy we will know. If they are happy it is a good environment." Another support worker told us, "Clients need to be involved and their needs must be met."

Staff were able to give us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Care workers told us, "People are given the same dignity and respect I expect for me"; "If I provide personal care the door must be shut. I treat clients as an individual, giving choice and provide ways of working that reflects that" and "I always knock on the door and don't go in unless I am granted entry, I call clients by their name and treat them as adults". Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Good

Is the service responsive?

Our findings

Relatives told us that they were fully involved in the care of their relative. One relative told us, "The home contacts the family regularly and keeps us updated of any changes. We are invited to attend meetings where we discuss the care plan and feel that our opinion counts." Another relative told us, "They call me if anything changes and keep us informed." Care workers told us, "All residents have a person centred plan, which were created by involving the resident as much as possible. Where residents find it difficult to communicate we seek information and ideas from their relatives, care professionals and other people involved in the resident's life as well as the knowledge and experience the whole staff team has about the resident." Relatives told us that they were listened to by staff. One relative told us, "If there is anything I want to change I will talk to the manager or one of the staff and I am 100% sure that they will deal with it."

All four care plans we viewed confirmed that a detailed assessment of needs had been undertaken by the registered manager, the person, their relatives and care staff working at the service. The assessment formed the basis of the care plan. Care plans were well structured and addressed a wide range of needs, actions and goals. All care plans started with a detailed pen picture which provided personal information, likes and dislikes as well as people and things which were important to the person. The pen picture was followed by various risk assessments and a risk management plan which looked at in-house as well as community based activities and risks to the individual. The risk assessments included information about communication skills and communication needs of the person. All risk assessments linked into care plan goals. For example if one of the goals was to find employment, a risk assessment was put into place to look at the risk this goal may present to the person and how this risk would be managed best. This ensured that the person had the best and safest opportunity to achieve their goals and aspirations.

Care plans emphasised people's abilities and skills as opposed to looking at things people had difficulties with. People were supported with their concerns and difficulties. For example we viewed guidelines in how to support a person going to the doctor, or travel independently, or what help they required in their personal care. This was done in a very positive way; by looking at the skills the person had in manage this independently. Each person had various ongoing individual TSI programmes in place; these were regularly reviewed and updated to ensure that the person was able to gain a wider range of independence skills. The TSI programmes included road travel training, putting on socks independently, changing a music channel on the radio or going to work in a charity shop.

Care plans were written in a language which was not necessarily understood by people who used the service. However, it was clearly documented that care staff sat down with people and discussed their care plans on a regular basis. In addition to this the provider devised a person centred plan together with the person which included pictures and symbols and it was clearly evident that the person was involved in the process. We discussed with the registered manager ways of exploring other person centred care plan formats, which included visual and audio formats. The registered manager told us that this had formed recently an agenda item during a manager meeting and had been discussed on a more senior level.

All people living at the home had a set routine, for example attending a day centre, cleaning the home,

setting the table, clearing the table, helping with cooking or going for walks in the local area. The routines were well structured and communicated to people with the use of various communication aids. For example objects of reference, PECS and SPELL. We saw that the majority of these routines happened naturally and was something people did as part of their day and thoroughly enjoyed.

People who used the service were actively involved in the local community. People accessed community facilities such as local leisure centres, cinemas and restaurants. One person found employment in a local charity shop. This showed that the service had close links with the local community and people who used the service were not excluded due to their disability. The provider also had links with a local sports centre. We saw that every Thursday an activity co-ordinator from the sports centre visited and engaged people in physical activities. We saw that people enjoyed taking part in this activity.

We observed that people's independence was promoted at every possible opportunity, for example as simple as making a cup of tea, making informed choices about activities or engaging people in house meetings and involving them in the running of their home. We saw creative examples of teaching people to become more independent and gain life skills. For example, one person had been supported by staff to go to work and use public transport independently.

The home was near public transport links and local shopping facilities and records showed that people accessed these regularly to do their personal shopping, go to the cinema or just for a stroll around the local shopping centre. On the day of the inspection we observed one person return in the afternoon from purchasing new clothes which she happily and proudly showed us on request. We asked the person if the person chose the clothes and were told by the person that the person's favourite colours were green and yellow, which reflected the purchased items.

Records showed no complaints had been made about the service in the past 12 months. Staff told us that complaints and concerns were taken seriously, investigated and resolved in good time. Relatives commented the registered manager was quick to respond if concerns were raised. One comment made, "The manager always listens to what we have to say, we have no complaints everything is fantastic. However I am confident if there were any issues they would be dealt with swiftly and appropriately." The provider's complaints procedure and policy contained a complaints flow chart, contact details of relevant outside agencies and the time frames in how complaints were dealt with.

Staff told us that they were aware of the complaints procedure and said they would talk to a senior member of staff or the registered manager if they had any concerns or any complaints were raised with them.

We viewed the compliments the service had received over the past twelve months. People were extremely positive about the 30 OCL newsletters which started in March 2015 and so far three issues had been published by the people who used the service. Relative said that the "Newsletter is a good way to see what is happening."

Good

Is the service well-led?

Our findings

Relatives spoke very positively about the registered manager and care staff. They told us that the registered manager "listens to everything I have to say and deals with our issues" and "We live a considerable distance away, but the service always keeps us informed, the manager is very good." Care workers made similar positive comments about the support they received from the registered manager and senior care workers. One support worker told us, "If I had a difficult shift, the manager will always take the time to sit down with me and look at what we could do in the future to make the shifts less challenging." Another care worker told us, "I feel very well supported; the registered manager is very good and very approachable. If I have any issues, I will get a response and we look for solutions together."

Staff demonstrated a good understanding of the whistleblowing procedure and told us that they would make use of it if they felt that issues of concerns were not been dealt with appropriately by the home.

The service promoted clear strategic aims and visions. These included providing appropriate support to people, providing appropriate educational support to people, building a skilled workforce and becoming the leading service provider for people with learning disabilities. It was evident talking to staff and providing examples during our conversations, that staff were clear about the organisational strategies and visions. For example staff told us that, "Residents can achieve anything they want and we will help them as well as we can." This was evident by the examples we saw of people having gained new skills in independent travelling, gaining voluntary employment and being members of clubs not specifically for people with disabilities. One aspect which stood out was while people were encouraged and supported to achieve these skills their safety was paramount. For example one person who went out independently had been provided with a mobile phone, which allowed the person to contact the home in case of an emergency.

People who used the service and care staff had regular opportunities to make their voice heard. Meetings were arranged weekly and staff meetings were held monthly. We saw minutes of these meetings which showed that people were able to contribute and care plans and daily records confirmed that suggestions made by people who used the service and staff were listened to and implemented.

Team meeting minutes showed that there was a strong focus on learning from incidents in relation to behaviour that challenges. These were discussed during staff meetings and the team looked to find ways to reduce similar incidents from happening again by finding positive approaches in how to pro-actively respond to challenging behaviour before it escalates. We saw that if the team did not have the appropriate skills in doing this, the registered manager sought advice from behaviour specialists to discuss the behaviours with the team and work together with the team to find agreed responses in reducing the challenging behaviour.

The registered manager continually sought feedback through surveys, formal meetings and service reviews with relatives and professionals. The registered manager undertook a quality assurance survey for 2014/15 during which questionnaires were sent to people who used the service, relatives, health and social care professionals and advocates. Feedback provided by relatives and professionals was very positive. Some

relatives made suggestions for people to get electronic devices which allowed them to stay in touch. We saw that the registered addressed this and some people had their own IPad. One person explained to us and showed us how the person would contact their parents. The person was clearly proud and happy of having this opportunity allowing the person to communicate with their relatives whenever the person chose to do so. People who used the service stated in the surveys that they would like to go to the Isle of Wight and Butlin's on holiday, we saw in the lounge pictures of recent holidays to the chosen destinations. Another outstanding feature was how people had the opportunity to produce a quarterly newsletter. Care workers and people told us that they sat down together and produced the newsletter. The newsletter included interviews of people who used the service with staff, pictures and reports of outings, religious celebrations and activities. Relatives spoke extremely positive about the newsletter. Comments included, "I like the newsletter it's a good way to find out what people are doing."

There were clear systems in place to monitor and improve the quality of care provided. This included checks which had been carried out by the registered manager and quarterly quality monitoring audits, which produced a quality monitoring action plan. The action plan includes detailed outcomes of findings and any further actions that needed to be taken. Extensive checks covered the home holistically and covered areas such as the premises, medicines, health and safety, risk assessments, care plans, staffing and finances. During the day of the inspection the registered manager was in the process of finalising the budget forecast for 2016/17, which looked at increased finances for information technologies to be used in the care planning process.

The service effectively identified, assessed and managed risks to safety, health and welfare of people who used the service, relatives and outside professionals. There was a clear system for the maintenance of the building and equipment in use which ensured the service was safe. These included regular Portable Appliances Tests (PAT), annual legionella assessments and regular maintenance checks. There were robust systems to record accidents and incidents in place and we saw that these were discussed during supervisors or staff meetings to ensure that the service learnt from these and minimised the risk of such incidences in the future reoccurring. Fire drills were carried out, people had individual fire evacuation plans on file and the fire risk assessments were up-to-date and had been reviewed.

The home benefitted from an experienced registered manager who had been in post for a number of years. He had built a good rapport with relatives and outside professionals for the benefit of people who used the service.