

# High Quality Lifestyles Limited

## Wolverton Court

### Inspection report







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### Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Outstanding 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

About the service:

Wolverton Court is a residential care home that provides personal care for up to six people with autism and learning disabilities. It is a specialist service for people that have anxious or emotional behaviour that has limited their quality of life and experiences. At the time of our inspection there were six people living there.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

- Since the last inspection staff and the registered manager have continued to drive improvements in the service, promoting and achieving exceptionally positive outcomes for people.
- During the inspection, we observed interactions between staff and people, it was clear to see engaging, empowering relationships between staff and people.
- People and staff told us, of their achievements. These included positive risk taking in the form of people being supported to achieve things which were previously unattainable for example people with extreme levels of anxiety in crowds being supported to attend major events in London.
- People had been supported to have their first home visit as an adult and take part in activities of their choosing that previously would have caused them anxieties.
- People had goals and aspirations that they worked towards and achieved. These were person centred, for example one person had progressed to gaining voluntary employment, whilst another person was supported to go on holiday for the first time.
- People had been supported to live the least restrictive lives possible, with restrictions that had been in place for many years being lifted for the first time.
- People had been supported so effectively by staff, that they had successfully reduced the amount of medicines people were taking without any adverse effects on people.
- Staff worked closely with healthcare professionals to enhance people's communication, which resulted in a reduction in previously high levels of behaviour that could be challenging.
- Staff and the registered manager embraced a culture of placing people at the heart of everything at Wolverton Court. Every aspect of the service was person-centred, and staff were passionate about people they supported living the fullest most fulfilled life.

The home has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieved the best possible outcomes. The principles reflect the need for people with learning disabilities and autism to live meaningful lives that include control, choice, and independence. The people living at the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

Rating at last inspection:

At the last inspection the service was rated Outstanding. (27 October 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was exceptionally safe

Outstanding 

### Is the service effective?

The service was exceptionally effective

Outstanding 

### Is the service caring?

The service was exceptionally caring

Outstanding 

### Is the service responsive?

The service was exceptionally responsive

Outstanding 

### Is the service well-led?

The service was exceptionally well-led

Outstanding 

# Wolverton Court

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector.

#### Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit to give staff the opportunity to prepare people for our visit, so that it lessened the disruption our presence may have caused.

#### What we did:

- Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the funding authorities.
- We assessed the information we require providers to send us to give key information about the service, what the service does well and the improvements they plan to make. We used this information to plan our inspection.
- We spoke with three people and three relatives, and spent time observing staff with people in communal areas during the inspection.

- We spoke with the registered manager, deputy manager, and two staff.
- We reviewed a range of records. This included two people's care records and medicine records.
- We looked at staff rotas and training records for staff.
- We reviewed records relating to the quality and management of the service.

# Is the service safe?

## Our findings

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

Outstanding: People were involved in developing a comprehensive and innovative approach to safeguarding, including positive risk-taking to maximise their control over their lives

Assessing risk, safety monitoring and management

- There continued to be an open and transparent culture, which focussed on positive risk taking for people living at the service.
- All staff were involved in the creating and updating of risk assessments. Staff continuously shared their ideas for learning and improvement with the management team, which led to restrictions on people being reviewed and reduced.
- Since the last inspection, people had been supported to continue to achieve goals and activities that were previously considered unattainable. For example, one person who displayed exceptional levels of anxiety and who historically found crowds and busy places extremely stressful indicated they wanted to visit Winter Wonderland in London. Staff worked with the person over a period of time to support them in busy environments, and to access public transport, adapting risk assessments and guidance at each step. We reviewed photographs of the person at the event, smiling and visibly enjoying the experience. Staff told us, "It was a risk worth taking because they really enjoyed it."
- There were significant risks of incidents between people living at the service. However, risks and triggers were incredibly well managed by people and staff, so that there were very few incidents. People were supported to share the environment in a positive way, engaging in cooking, cleaning of the service, and eating as a family when they wanted to. Staff were always aware and vigilant of triggers, the registered manager told us, "It might sound simple, but it is so simple to get it wrong."
- People who had previously needed 3:1 or 4:1 support in the community to support them to manage their anxieties, were now accessing the community on a daily basis with support from one staff member in line with 'registering the right support'.
- One person arrived at the service in crisis, displaying numerous incredibly challenging behaviours. Staff implemented a positive behaviour support plan, which encouraged positive proactive strategies, and supported the person with their communication. Through this support the person was now sociable, smiling and achieving outstanding outcomes including securing a voluntary job.
- Staff told us, "(Person) has come a long way, this is absolutely fantastic. It's down to the way they are supported. They need routine, for example they know when we are going to do things. They now take themselves to their bedroom when they are upset or angry, now they don't lash out."
- When new risks to people were identified, staff acted quickly. One person attempted to climb a fence in the garden up to seven times a day, placing them at significant risk of injury and harm. Staff were responsive to the risk, and the registered manager made a successful application to the funding authority for the person's care to be reviewed and support to be increased. The person was now being supported by two people, the person no longer attempted to climb the fence.
- A relative told us, "Staff find opportunities for engagement. It's about what's meaningful for (person) and not just about containing risk, it's about what people can do positively. They are proactive not reactive."

- People regularly took part in fire alarm testing, and staff checked fire equipment to ensure it was in date and in good condition.

#### Learning lessons when things go wrong

- Accidents and incidents were used as an opportunity to learn, develop and improve. Documentation confirmed that when incidents occurred, robust processes were put in place that's successfully ensured the incident did not re-occur.
- Following every incident, staff completed a de-brief with the registered manager and deputy manager. If there had been a particularly challenging event, staff were changed to support different individuals to ensure they had a break from distressing situations. Learning from each incident would be discussed in team meetings, during which any changes to risk assessments and care plans would be discussed.
- For example, following an incident between two people, the registered manager completed thorough and detailed analysis of the incident. Advice was sought from external healthcare professionals, and risk assessments for both people were updated with the input of staff. Staff showed an excellent understanding of the newly identified risks, and there had been no further incidents between the two people involved.
- One person was known to become anxious when leaving the car and would display high levels of behaviour that could challenge. Staff suggested when they arrive at a destination, letting the person sit in the car for 20 minutes to understand the journey had come to an end. The person then successfully left the car without any incidents of anxiety or behaviour that could challenge. The person's risk assessment was updated to reflect the changes, and staff told us the person was visibly more relaxed leaving the car in their own time.
- People's ability to live with and tolerate others, was a sign that they were happy living at Wolverton Court.
- Staff and the registered manager understood the need to record and document accidents incidents and near misses. All incidents were reviewed by the registered manager, and in all cases, we reviewed the incidents had not occurred a second time.

#### Staffing and recruitment

- Staffing was based around people's needs and preferences. Rotas were created in advance and designed around people's relationships with staff to ensure the most positive outcomes for people.
- People and staff were matched based on their relationships, personalities and interests. One staff member told us, "The best thing about working here is the guys. I have supported (person), we are a similar age, so we like the same things, doing active things."
- The registered manager told us they were always proactive in relation to reducing risks to people. For example, rotas were planned to ensure there was always sufficient numbers of staff who could drive, as staff understood the importance of people living fulfilled active lifestyles, which included accessing the community on a daily basis, and reduced the likelihood of people displaying behaviours that could be challenging.
- Staff were introduced to people slowly, and during activities or times the person was less likely to be anxious to reduce the impact on the person. The registered manager told us, "It's a gradual process we alleviate the impact as much as possible for people as we bring new staff into the service. For one person we organise activities for them to be out the house whilst we induct new staff."
- People were at the heart of the assessment of potential new staff members. The registered manager observed how people reacted to potential new staff, looking for signs that people were relaxed in their company, or smiled to indicate they were comfortable. They also assessed how potential staff responded and interacted with people throughout the interview process, and when they were being shown around the service.

#### Using medicines safely



- People's medicines were ordered, administered and disposed of safely.
- People's medicines were regularly reviewed, and people had been supported to reduce the use of unnecessary medicines and had sought advice and guidance from an NHS England project called STOMP. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines.
- The proactive support offered by dedicated staff had led to a reduction of all medicines being used on a PRN (as and when medicines) to manage people's behaviours.
- One person had been successfully supported to eliminate their mood calming medicine. The person was previously prescribed 4mg of the medicine a day, and at the time of our inspection, they did not need to take any. The person had shown no signs of increased behaviours since the reduction of this medicine with support from staff in developing coping strategies.
- Staff had sourced easy read documentation relating to medicines to support people's understanding of which medicines they were taking, and what they were for.

#### Systems and processes to safeguard people from the risk of abuse

- Staff supported people to try and increase their knowledge about safeguarding. People had keyworkers who had supported them for years, and staff were confident they would recognise any warning signs including the person acting differently or if they were concerned or anxious about something.
- When a safeguarding concern was raised the registered manager took a proactive approach to demonstrating learning from the concern, and improvements implemented as a result.
- A healthcare professional told us, "In the rare event that I receive any safeguarding concerns the service are open and honest about any possible failings and are happy to take on board any advice and guidance that is offered."
- Staff were aware of safeguarding concerns, and were confident to raise concerns internally, or whistle blow externally if needed.
- A relative told us they knew their family member was safe at Wolverton Court because staff, "Manage all attempts to harm themselves or others exceptionally well."

#### Preventing and controlling infection

- People were involved in the management of controlling infection within the service. People took part in household tasks to keep the service clean, tidy and free from odour.
- People were supported with improving their independence skills, by doing their laundry for example.
- When people and staff were involved in the preparation of food, we observed they were using protective personal equipment including gloves and aprons.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Outstanding: People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- Staff training, and induction were delivered around the needs of people. For example, when strong relationships were formed staff coached other staff on how to build similar relationships with the person. The registered manager had a unique relationship with one person. They supported the person to go on holiday, accompanied by another staff member. The staff member told us this enabled them to observe the relationship between the registered manager and the person, learn the proactive support techniques used, and be confident to lead the holiday without the registered manager on the next occasion.
- Staff had received specific training to enable them to support the people living at Wolverton Court. For example, each staff member had completed PROACT-SCIP. PROACT-SCIP training is a range of options to avoid crisis and use therapy in a person-centred approach to support. All the staff we spoke with told us they were confident in the training they had received and felt able to support people in the least restrictive way.
- Staff told us there was a proactive support system for them created by the registered manager and deputy manager and implemented by staff. The registered manager and deputy manager completed regular supervisions to ensure staff were not getting overwhelmed and ensuring where possible staff were rotated. The registered manager told us, "During supervision we are coaching, we want staff to leave feeling valued and inspired. As leaders we have to be passionate, we are about inspiring outstanding outcomes for people."
- Staff were supportive of each other and took the initiative to provide support. For example, one staff member told us they had a particularly challenging shift the previous day, with one individual displaying exceptional behaviours. Another staff member recognised this was the case and started their shift an hour earlier to allow the staff member some well needed respite.
- The provider's induction was used in collaboration with an intense in-house induction created by staff, for new staff. New staff adopted the culture and worked to the standards set by existing staff members. This was evident in the case of one staff member, who had only worked at the service for four months, on the day of our inspection they were supporting someone who was displaying exceptionally high levels of behaviour that challenges. The staff member described to us how they supported the person when they were displaying such behaviours in a comprehensive way, demonstrating their confidence and capability in the situation.
- Relatives told us staff had a great understanding of people's conditions, how it can affect them, and most importantly, the most effective way to support them. They told us, "Staff recognise the autistic trigger points. They know when to distract, how to respond. There is no substitute for experienced staff. When you see the improvements they have made, you really realise."
- A relative told us, "I can't speak more highly of this staff group now. It's absolutely golden to have people that are experienced. (Person) keyworker has been with them 10 years. They know them so well and that's

so important."

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were.
- Staff had excellent knowledge of the MCA and how to apply it with the people they supported. When people lacked capacity to make complex health decisions they were supported by an advocate, within multi professional best interest meetings. An advocate is someone who supports people to express their views and wishes and stands up for their rights.
- Staff reviewed restrictive practices regularly, and supported people to reduce these where possible. One person told us proudly that they now had access to their television, electronic tablet and music system without protective covers to stop them damaging the equipment. Staff told us this was 'unthinkable' a few months ago, however the person had been supported to express themselves and supported with proactive strategies and therefore no longer needed the protective covers in place.
- People had significant behaviours that may challenge others. This had meant people were previously being physically restrained by multiple staff members. However, the registered managers and staff had increased their understanding of people's behaviours, learning and making improvements when incidents were recorded, and understood people's communication better. In consultation with healthcare professionals, staff had been able to remove the need for physical restraint by multiple staff members and reduced this to one staff member escort, which was the least restrictive option. Physical restraint puts people at risk of injury and can cause distress and lasting trauma to people. By reducing physical restraint staff had improved the quality of people's lives and reduced their risk of injury.
- The use of restraint was regularly reviewed by the positive behaviour support therapist, who implemented guidance for staff to follow.
- People were involved in every aspect of decision making. For example, one person was shown photographs of a potential work placement, so they could understand what would be involved. The person was able to see other people doing the job, and then made the decision they wanted to do the role.

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

- People's needs were continuously holistically assessed and reviewed by the staff team and registered manager. When people's needs changed the registered manager had successfully advocated for increased support for people not only to keep them safe, but to enhance their outcomes.
- When assessing people to live at the service, the registered manager considered all aspects of the people living at the service. This ensured any potential new admissions would be consistent with those already living at Wolverton Court, and support the transition for all involved.
- Best practice guidance was embedded within people's care plans and risk assessments and was well known by staff.
- The registered manager shared best practice and any changes in the law within staff meetings.
- Staff were incredibly proud of their work in reducing restrictive practices for people, and increasing

outstanding outcomes for them, and shared this learning with the wider provider group, and within local forums with other providers.

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

- People were fully involved in planning, purchasing and preparing their food.
- During our inspection, we observed people being actively involved in the making of dinner. People told us what they were cooking and were excited about the meal.
- People chose where they wanted to enjoy their meals, most people chose to eat at the table with staff, which created a feeling of family.
- People were encouraged to be actively involved in preparing their drinks. Staff told us one person was independent with making drinks, whilst another completed some aspects of making of their drink. Staff understood what people were able to do for themselves, and supported people to be as independent as possible.

Staff working with other agencies to provide consistent, effective, timely care

- There were thorough processes in place for planning and coordinating people's care. One person was in the process of being assessed to transfer to another service.
- The registered manager and staff were working collaboratively with a number of healthcare professionals to ensure that when the person transferred they would be supported by their core staff team for a handover period, and that any documentation including care plans and risk assessments would be shared to ensure continuity of care for the person.

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

- All people living at the service had been involved in the decoration and design of the service. As a result, the environment reflected people's individual preferences and personalities.
- People who did not communicate verbally were shown catalogues and brochures of furniture and designs for their bedroom and the service and supported to go to large home stores to pick schemes for themselves.
- Since our last inspection, people had been involved in a significant garden redevelopment project. This included the design and painting of the outside area, as well as choosing and planting flower beds to improve the service. People had built a pond and told us the next step was to go to the garden centre to choose and purchase fish.
- People were supported to use different parts of the service, for de-escalation or to calm them when they may be experiencing anxieties or displaying behaviours others could find challenging. For example, there was a large back garden which the provider had improved the fencing to stop the risk of people climbing or injuring themselves. Staff told us some people responded well to fresh air when they were displaying such behaviours and supported to de-escalate safely within the garden.

Supporting people to live healthier lives, access healthcare services and support

- Staff advocated for people to ensure they received timely access to healthcare professionals and services. For example, staff noticed a change in the muscle mass of a person and were relentless in insisting they be seen by a dietician. Supplements were implemented to support the person's nutritional intake and as a result there was a visible improvement in the person.
- One person was obese when they arrived at the service. Staff sought advice from a dietician and supported the person to live a healthier life; making nutritious health choices, whilst increasing activity levels. Staff were proud of the visible difference in the person who was now a healthy weight and found participating in activities easier.
- Staff sought support from the Speech and Language Therapist for one person, who only used a few words to communicate. Guidance was implemented for staff to support the person's communication, which led to

an increase in staff understanding of what the person was trying to communicate. Staff told us "We have seen a reduction in behaviours, because we know if they're hungry, or need the toilet."

- Staff and managers had built excellent relationships with healthcare professionals, including commissioners, mental health nurses, community learning disability nurses and dieticians.

# 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

Outstanding: 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

- Every staff member we spoke with showed a passion for providing outstanding outcomes for the people they supported. Staff demonstrated the values of the provider throughout the inspection, as well as understanding, and being proud of the difference they made to people's lives.
- A healthcare professional told us, "The service users who live there are very complex some with behaviours that can challenge, the staff meet those challenges in a professional caring manner."
- Staff showed exceptional standards of kindness towards the people they supported, and this view was shared by the people they supported. It was clear to see there were strong relationships with people and staff.
- For example, one person displayed exceptionally high levels of behaviours others could find challenging. Although the behaviours could last for most of the day, staff told us that they took every opportunity to support the person when calm to leave the service to have a drive, or walk in the woods, or support the person with cooking even for a short period. Staff told us it was also incredibly important to share these moments with the person's family to support them during a challenging time.
- When people showed signs of anxiety staff acted quickly to de-escalate or reduce the anxiety. We observed this in practice when one person was anxious; staff would show them several different pictures which visibly relaxed the individual. These techniques helped to continuously reduce the number of incidents where the person showed behaviour that challenged.
- Staff described the people they supported as 'excellent communicator' and 'remarkably intelligent.'
- A relative told us their family members quality of life had improved in every way since being at Wolverton Court.
- Each person had an equality and diversity profile to ensure staff were upholding people's human rights.

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

- Staff were knowledgeable to people's communication needs and had enhanced these since our last inspection. Communication diaries were in place for all people, along with communication passports to help people develop their communication. These helped staff to use and understand people's preferred communication styles in a person-centred way. People's behaviour that could challenge decreased because of the improved communication, with people being supported to express themselves in different ways.
- Each person was supported to express their views and make decisions about their care. People had monthly keyworker meetings which were designed in an accessible way so that people could be as involved in making and understanding decisions as possible.
- Every aspect of the person's needs were discussed within the keyworker meetings, including any healthcare appointments due or that the person had attended, how they were feeling health wise, and what

they wanted to achieve in the month.

- One staff member told us "The team are the best thing about working here. I like the way our service users needs are listed to."
- Each person had a visual achievement board to empower, recognise and celebrate achievements. People proudly pointed to the boards, and their photographs during our inspection.

Respecting and promoting people's privacy, dignity and independence

- People were supported to promote their independence at every opportunity. For example, people went shopping and choose the items themselves. This was remarkable for one person, who suffered with high levels of anxiety, and previously struggled to leave the house. Following structured proactive support from staff, the person was now visiting the shops twice a week. This had drastically improved the person's quality of life.
- Staff told us, "You can see everyone is progressing. People have a lot more independence even in the last four months I can see that. For example, one person used to be incontinent at night, now they are using the toilet. It's a big thing for them."
- Staff were supporting people's understanding of money, by encouraging the person to hand over the money to the cashier and be involved in every stage of the purchasing of shopping goods. Staff told us whilst some people were not able to grasp the concept of money, it was important to empower them to be a part of the whole process.
- People were supported to spend time with their friends outside of the service. One person was regularly supported to spend time with a friend, which was really important to them. Staff told us, "They love making friends and meeting new people, it can make them anxious, but the benefits far outweigh the negatives."
- People were supported to maintain, and improve relationships with those most important to them, protecting them from the risk of social isolation and supporting them to achieve things that were previously considered unachievable. Staff had worked with one person and their loved one to provide consistent proactive support, which over time enabled the person to have their first ever home visit. Staff told us this was 'life changing' and 'remarkable' for the individual and incredibly important to their loved one.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Since our last inspection, staff and the registered manager had continued to demonstrate and improve the person-centred culture and ethos within the service.
- People continued to have detailed person-centred support plans which had clear and thorough guidance for staff to follow on how best to support people.
- Staff showed an excellent understanding of people's individual needs, and how best to meet them. This was confirmed in the feedback we received from family members, who could not praise the skill, commitment and understanding that staff had of their loved ones more highly.
- One person had been supported over time to achieve a goal of having a job. The person was supported to do gardening at some of the provider's other services on a voluntary basis to build up confidence. Since this, they had progressed to finding a voluntary role outside of the provider. We saw photographs which showed the person at their job, smiling and visibly proud of their achievement.
- Another person previously displayed such high levels of behaviour that challenges that impacted their daily life. Following a positive reduction in behaviours the person was supported to go on their first holiday for eight years. We reviewed photographs of the holiday, where the person was smiling visibly happy. Staff told us, "The holiday was a big achievement, the planning that went into it, the small trips on the train getting longer. It's a big deal to them. We are proud to work here."
- One person with very complex needs was supported to travel abroad on public transport for the first time. Staff told us, "His rapport with his staff is so good that we know we can meet his needs on the long journey."
- One person had been supported over time to take part in activities more frequently. Staff told us the person would not go into public spaces previously, and is now regularly going out shopping, or for drives in the car.
- People lived fulfilled active lives, which impacted on reducing their previously high levels of behaviour that could challenge. People took part in a range of activities within the community which included going to local discos, house riding, and swimming. One staff told us, "I'm most proud of the guys and how much I have seen them progress since I have been here. It's nice that they go out all the time."
- From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Staff at Wolverton Court consistently ensured information was available to people in an accessible way.
- People used pictures of reference to identify the activities or holidays they wanted to do. Staff used knowledge about people's likes and dislikes to give people choices about where to go and what to do. For example, one person was known to love the funfair, so staff sought a location which was close to a funfair and the seaside, which was the person's two favourite things.



- Another person had a favourite well known character from a film. When staff saw there was a show with this character, they created story boards so show the person the show, and the person indicated they were excited to go, despite previous reservations about attending busy shows in London. Staff told us, the person had an amazing time, and we saw photographs of the person which confirmed this.
- People had been supported to overcome fears. For example, one person was scared of dogs. By visiting some riding stables frequently where there were dogs, and with the support and guidance from staff the person now strokes dogs that approach.
- Technology was used to enhance people's care. For example, one person was supported to purchase an electronic tablet, following a significant reduction in behaviour that could be challenging. Staff told us that previously this would have been too much for the person and would have caused behaviours for this person. Staff told us the person had learnt how to use the electronic device, and we observed them turning it on, and playing their favourite music on it which they clearly enjoyed.
- Another person had purchased an electronic tablet and was using it to enhance their life skills. They had been supported to download applications which were educational, for example to improve maths skills. Staff told us this was important to the person, as they were supporting their understanding and of money.

#### Improving care quality in response to complaints or concerns

- There had been no complaints since our last inspection.
- There remained a comprehensive complaints policy in place, which visible within the service, alongside an easy read version for those who needed it.
- Relatives told us they knew how to raise concerns but had not needed to.
- People were asked during their keyworker meetings if they had any concerns or complaints to raise. People who did not communicate verbally were shown pictures to support their understanding of the question. Staff also considered how the person appeared, if they were relaxed, or showing signs of being unhappy as indicators to look for further signs and share concerns with the team.

#### End of life care and support

- At the time of our inspection, no one was in receipt of end of life care.
- People and their relatives had been asked to complete an end of life care plan, so staff could ensure people's wishes were met when the time came.

## 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

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a visible distinctive culture within the service, introduced by exceptional leadership and implemented by a staff team who were equally passionate about achieving the best outcomes for people. This was clear to see throughout our inspection.
- A healthcare professional told us, "The registered manager is a very proactive and progressive manager, the service is well run with a consistent staffing team."
- A relative told us, "The attention to detail they have is amazing. I work in the industry myself and some managers are just golden. Their attention to detail is great, nothing is too much bother."
- Staff were so passionate about the person-centred care they provided, and exceptional leadership displayed by the registered manager that they nominated the registered manager, who became a finalist in the National Learning Disabilities and Autism Awards.
- Staff told us, "The management are absolutely fantastic. They will always listen to you. If you come to the registered manager with a problem, they are so passionate they will always fix it. They will keep you updated, they always improve things for the guys." Another staff told us, "I've never had management quite like it. They hear you out and always do something about it."
- Staff and the registered manager had continued to drive improvements for the people living at the service since the last inspection. The life changing experiences and outcomes people had achieved was clear to see throughout the service through visual displays, but also through meeting the people living at Wolverton Court.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There continued to be a culture of involving people in the running of the service. This ranged from being involved in interviews of potential new staff members, to deciding on how they wanted the service to be decorated. People were at the heart of every decision made within the service, including how they wanted to spend their time, and which staff they wanted to support them to gain life skills or work towards goals.
- Relatives told us that staff were excellent at keeping them involved and involving them in their loved one's care and support. One relative commented, "Staff have consistently sought and considered the views and wishes of family, despite the distance."
- All feedback reviewed from healthcare professionals was exceptionally positive. One commented, 'The thing that always impresses me and is outstanding at Wolverton Court is the relaxed and very person-centred atmosphere within the house, the people that live at the service and the staff team.'
- Relative feedback on the annual survey included what they most liked about the service; 'The care they

show towards my (loved one).' 'always a positive attitude' and 'lovely caring home'.

- Staff were incredibly engaged and involved in the service. The service consistently achieved 100% compliance in the employment engagement survey, because they were passionate about being involved in improving the service.
- Staff told us when they made suggestions for improvement they were implemented. For example, staff had suggested the garden could improve. People were at the heart of these improvements, making choices about what they wanted to do, what plants they wanted and supported to paint bright eye-catching colours they chose outside.
- The registered manager told us their success to maintaining staff was, "Effective communication. It's about inspiring staff to be outstanding. We allow our staff the space and time to be creative and empowering them. We lead by example."
- Staff and the registered manager were able to demonstrate the successful outcomes achieved for people as a result of partnership working with healthcare professionals. This included improving people's communication with support from the speech and language therapist (SaLT) and significantly reducing people's incidents of behaviour that could challenge with the input of positive behavioural support (PBS) specialists.
- Staff had strong relationships with the GP and were able to drive reductions in people's medicines helping to prevent the over medication of people.
- The exceptional relationship and partnership working was evident to see in relation to one individual who was in crisis. Staff and the registered manager had sought support from every healthcare professional, including learning disability community team, psychiatrist, local authority, occupational therapist psychologist and PBS specialist to create a safe environment for the person, and others living at Wolverton Court.
- Staff had sought opportunities for people to develop life skills and increase unpaid relationships in their lives through volunteering.

#### Continuous learning and improving care

- The registered manager was an active part of co-production events and was passionate about sharing improvements and best practice with staff with a focus to improve the outcomes for people.
- For example, equality and diversity profiles had been implemented for each person following an event attended by the registered manager where the human rights of people in care homes were discussed. Staff discussed the profiles in team meetings and understood the importance of upholding people's human rights.
- Within the provider's managers meetings, the importance of end of life planning for people the provider was supporting were discussed. This promoted conversations with people and their relatives about their final wishes. The registered manager understood the importance of implementing a person-centred approach to end of life planning.
- The registered manager implemented progressive guidelines for risk management and support, which were understood by staff.

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

- The exceptional leadership of the service was inspiring staff to achieve more. For example, one staff member who had only worked at the service for four months, as their first job in care, told us passionately how they wanted to progress and work their way up at Wolverton Court. The registered manager had supported this aspiration by booking the staff member on additional courses. Staff inspired and supported each other; the staff member told us that when senior staff administered medicines, they encouraged the staff member to shadow them to learn.

- The registered manager told us, "I have a job that is rewarding and special. You can see the impact of your leadership."
- Governance and quality improvement was embedded throughout the service. The registered manager empowered staff to take responsibility for different areas, for example one staff member was the medicines champion and was responsible for auditing medicines. The audits were then checked by the registered manager to ensure the process was robust and effective.
- Staff and the registered manager received support from the provider's wider management team and healthcare professionals. This included support from the provider's internal inspector who completed unannounced inspections to assess the quality of the service and drive improvements. The provider also employed a quality improvement lead and a positive behaviour support lead who visited the service frequently to provide support and guidance to staff.