

Melvyn & Jan John

# Melvyn & Jan John

## Inspection report

3 Portland Terrace  
Church Lane  
Ripple  
Kent  
CT14 8JJ  
  
Tel: 01304368276

Date of inspection visit:  
30 December 2016  
06 January 2017

Date of publication:  
28 March 2017

### 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

This inspection took place on 30 December 2016 and 6 January 2017.

Melvyn and Jan John provide care and accommodation for people who have Autism and learning disabilities. The home is set in a rural area.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The culture of the home was totally person centred and people were supported to have the lifestyle they chose. The registered manager and staff found out how people wanted to be supported and how they wanted to spend their time. Meetings were held regularly with people and their circle of support, to plan and discuss their goals and aspirations, so that the service was run in the way people wanted.

The home was run as part of a family. It was warm, friendly and people's individuality was respected and nurtured. The registered manager and staff were skilled and competent to support people in their care. A person's friend commented, "The life offered to [person] is one of culture, travel, nature, art, music, food and meaningful relationships with people."

The providers were qualified nurses for people with learning disabilities and had the right skills and competencies to give people outstanding care. They had extensive knowledge and experience in supporting people with Autism and learning disabilities and made sure they kept up to date with current good practice and knowledge based on research in the areas that related to the people in their care.

People were cared for and supported to develop their independence and confidence. People chose what they wanted to do each day. There was a mixture of a familiar routine and different activities offered so that people's daily life was secure and varied. The providers were committed and worked hard to provide a service that increased people's quality of lifestyle.

All eventualities were taken into consideration rationally and systematically, and responded to in a way that if the experience was going to enhance a person's life then it was worth trying.

By learning what was important to people to help them feel secure and finding out innovative ways to assist with this, the registered manager and staff had helped people develop their self confidence. The result of this was that they had overcome situations that had previously limited their experience. There was a familiar routine full of techniques and predictable activities that helped people know where they were in time and place and gave them the self confidence to be able to try new experiences.

As a result people's world had opened up and they had countless new experiences and opportunities to visit places and engage in activities that they had previously not had the opportunity nor confidence to try. For example when one person first moved to the service they had no idea how to walk in the countryside, negotiate stiles and rough ground, run, eat in a socially acceptable manner at home or in a restaurant, ride a horse, bounce on a trampoline, go on an aeroplane or ferry, go upstairs, grate cheese, stir gravy, indicate agreement, attract someone's attention, request something and look at anything more than about 15 feet away. Now the person had flown on holiday three times to the Canary Islands, had been to music concerts and ballets, had climbed to the top of Ben Nevis, had eaten in countless restaurants and been camping, boating and even went canoeing. These were amazing achievements where the person had needed to overcome fears from past experiences, sensory confusion and communication difficulties.

The providers supported people effectively to help them overcome any barriers to relationships with other people and to enrich their lives by developing meaningful friendships. People had as many opportunities as they wanted to go out and about meet people and live an ordinary lifestyle. Time had been spent to enable people to have a circle of support that was meaningful to them and provided advocacy support. People regularly went away with the registered manager and staff to meet and stay with friends. One person had recently been able to attend and enjoy a friend's wedding celebration.

People and their circle of support were involved in any new decisions that needed to be made including recruiting new staff. Potential staff were thoroughly vetted to make sure they were safe to support people. People had the time they needed to get to know potential staff before they were able to offer any support or work in the service.

People were supported to keep well and healthy and if they became unwell the staff responded promptly and made sure that people accessed the appropriate services.

People behaved in a way that expressed that they felt safe in the service and staff had a clear understanding of what could be abuse and how to report it. There was a relaxed and calm atmosphere and people were treated with kindness and compassion.

Consideration had been given to people's safety and potential risks had been assessed. People had the equipment and support needed to prevent unnecessary accidents and incidents. Positive risks were taken to help people develop their independence and try new experiences. Each situation and opportunity was assessed for how it would enhance the person's quality of life.

Mealtimes were organised in the way each person preferred. People were involved in making drinks, snacks and meals as much as wanted and were encouraged to eat a healthy diet.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been carried out to determine people's level of capacity to make decisions in their day to day lives and for more complex decisions when needed. Applications for DoLS authorisations had been made for people who needed constant supervision because of their disabilities. There were no unnecessary restrictions to people's lifestyles.

People were supported to maintain a healthy, active lifestyle. People's days included plenty of exercise and activities.

The registered manager used effective systems to continually monitor the quality of the service and had on-going plans for improving the service people received. There was a clear complaints procedure and process that was designed to enable people to express their views and were responded to in a way they could understand. The registered manager welcomed complaints and used the opportunity to improve the service.

Plans were in place so if an emergency happened, like a fire, everyone knew what to do. Safety checks were carried out regularly throughout the building and the equipment to make sure they were safe to use.

## 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 outstanding in ensuring people were safe.

People were kept safe from harm and abuse. They had confidence in the providers and felt safe when receiving support.

People were supported to take positive risks and to try out different experiences in the least restrictive way possible whilst protecting them from avoidable harm.

Staffing levels were flexible and determined by people's needs.

Safety checks and a thorough recruitment procedure ensured people were only supported by staff that were considered suitable and that they liked and could trust.

People were supported to take their medicines safely and these were kept to the minimum.

### Is the service effective?

Outstanding 

The effectiveness of the service was outstanding.

The providers were skilled in meeting people's needs and kept up to date with good practice to make sure they supported people in the best way.

People were supported to express themselves and were given the help they needed to make day to day decisions and important decisions about their lifestyle, health and wellbeing.

People were supported to have an active and healthy lifestyle.

Mealtimes were social occasions and people were supported to prepare and eat a healthy varied diet of home cooked food and drink.

### Is the service caring?

Outstanding 

The service was outstanding in the way they cared for people.

The providers were committed to a strong person centred culture.

People had positive relationships with staff that were based on respect and shared interests.

People had the support they needed to help them make decisions and have a good quality lifestyle.

The providers promoted people's independence and encouraged them to do as much for themselves as possible.

People were given opportunities to learn new skills and try new experiences.

### **Is the service responsive?**

**Outstanding** ☆

The responsiveness of the service was outstanding.

The service was innovative and flexible and responded quickly to people's changing needs or wishes.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People were able to undertake daily activities that they had chosen and wanted to participate in. People had opportunities to be part of the local community.

The providers instilled confidence and trust in people so they had gone on holiday for the first time and were able to try new experiences and have more freedom.

People were listened to. There were systems in place to enable people to share any concerns with the providers. If people expressed they were unhappy they were responded to straight away.

### **Is the service well-led?**

**Outstanding** ☆

The leadership and management of the service was outstanding.

The registered manager and staff were committed to providing a warm, inclusive family culture in the home based on people's individual needs and preferences.

Continual feedback was encouraged from people and their circle of support and taken into account in the running of the service.

The registered manager and staff continually evaluated the service provided, constantly looking for the next opportunity to increase people's experiences.

The whole focus was on improving people's lifestyle, developing people's potential and celebrating their achievements.

The registered manager and staff said that if people were happy, they were happy. All feedback from people, people's advocates, friends and community professionals involved was considered and acted on.

Audits and checks were carried out to make sure the service was safe and effective.

# Melvyn & Jan John

## **Detailed findings**

### Background to this inspection

This inspection took place on 30 December 2016 and was carried out by one inspector. We gave short notice to give the providers the opportunity to prepare people for our visit, so that it lessened the disruption our presence may have caused. We continued the inspection over the phone on 6 January 2017.

We gathered and reviewed information about the service before the inspection. The registered manager had 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 reviewed the information included in the PIR along with other information we held about the service. We looked at previous reports and checked for any notifications we had received from the provider. This is information about important events that the provider is required to send us by law.

During our inspection we spent some time talking with people and making observations of their interactions with the providers. We looked at some of the records and plans including care plans and risk assessments and some of the audits and reports.

We received feedback from six of people's friends and health and social care professionals who were involved with people's support.

We last inspected the service on 5 December 2013. At this time the service was meeting the requirements of the regulations.

# Is the service safe?

## Our findings

People had anxious and emotional behaviour that could detrimentally affect them and others around them and this could occur frequently without the right support. In the past, people had withdrawn into themselves and created a feeling of safety from experiences that they did not understand. There were many ordinary life experiences that they had never had and places beyond their immediate environment that they had not known existed. Consequently, most new experiences were initially responded to with fear. The registered manager and staff had exceptional skills in recognising when people felt unsafe. There were unknown triggers that could set people off into a spiral of anxiety and distress recounting past experiences that could cause them to be discriminated against and limited their opportunities. For example, when something triggered fear in one person they potentially caused harm to themselves or others and could go back into this withdrawn state. The registered manager and staff had learnt to notice tiny changes that indicated something had triggered fear in the person and when this occurred they were able to divert and calm the person, so that they were able to continue their current routines and activities. Behaviours that challenged and limited people's life experiences that had previously occurred many times a day had significantly reduced to an occasional occurrence that was quickly diffused.

The registered manager and staff respected people's diverse needs and protected people from discrimination by being mindful of people's states of mind at any given time and making sure that they were protected from situations that may make them feel vulnerable. A traffic light system was used to assess people's frame of mind and anxiety level and this determined the order and timing of various activities and the level of staff support needed. There were always enough trained staff on duty to meet people's needs and there was always flexibility to support people effectively. Staffing was planned around people's hobbies, activities and appointments so the staffing levels went up and down depending on what people were doing and what their level of anxiety was. If people needed quiet time with no pressure this was respected. If they wanted to go out and needed the support of more than one member of staff then this was the level of support they received.

Imaginative ways to manage risk and increase people's opportunities were designed by the registered manager and staff. Every opportunity was contemplated in terms of whether it would enhance and enrich the person's life, what the potential risks were and how they would be managed. Plans were agreed and reviewed, so that the person would be supported consistently to minimise incidents and accidents. Extensive planning and consideration of all eventualities and a step by step process of introduction and practice had meant that despite the high level of risk at times people had been able to experience all manner of things and their lifestyle and confidence had transformed. For example, one person was very sensitive to touch. If people accidentally brushed past the person, this touch could cause extreme anxiety that could result in challenging behaviour, and had previously severely limited the person's opportunities of going out to places where there were a lot of other people. The providers had developed a way to anticipate this and prevent it from happening. They also had a strategy in place to minimise the person's distress if it was unavoidable. This had been so successful that the person was confident and able to go out regularly to places that could be crowded like large busy supermarkets.

People were occupied and looked comfortable in the company of the registered manager and staff. The registered manager and staff were knowledgeable about different types of abuse and how to safeguard people. Other people, including those in people's circle of support, were encouraged to raise any concerns and to challenge if they thought people's safety was at risk.

The registered manager had implemented creative and innovative recruitment processes to enable people to get to know potential future supporters. People were involved in the recruitment of potential staff, so that they felt secure and got along well with anyone who was going to support them. This process of preparation took a sustained period of time and the registered manager and staff watched for indications that potential new staff were acceptable to people before anyone was considered. It was essential that people were supported by staff they knew and trusted and making this decision took considerable time. The recruitment procedure also included safety checks and references to make sure that staff were of good character and would be suitable to work with people.

In the past people had received a significant amount of medicines as a way to manage behaviours that challenged. The providers had worked hard to make sure that people's needs were met, so that the use of sedatives and other medicines could be reduced. All these medicines had gradually been withdrawn and were no longer prescribed. For example, one person now only had medicines required for common ailments such as hayfever or occasional headaches.

People were encouraged to have as much control of taking their medicines as possible. For example, people were supported to take hold of their inhaler. The registered manager and staff had clear procedures in place and were trained and competent in managing medicines. Medicines were stored safely and records were kept accurately and appropriately. Regular checks of any medicines stocks and records were carried out. Any unwanted medicines were disposed of safely.

The providers carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included making sure that electrical and gas appliances were safe. Regular checks were carried out on the fire and smoke alarms to make sure they were working properly. Water temperatures were checked to make sure people were not at risk of getting scalded. People had a personal emergency evacuation plan (PEEP) to make sure that there was a clear plan in place that was suited to each individual to make sure they could be safely evacuated from the service in the event of an emergency.

## Is the service effective?

### Our findings

Health and social care professionals and people's circle of support spoke highly of the registered manager and staff. A health care professional described the providers as, "...skilled and highly-informed professionals, they are well aware of the complexity of [people's] psychology and of the need to constantly re-evaluate and adjust their responses to [people].

The registered manager and staff had extensive knowledge and experience in supporting people with Autism and learning disabilities and made sure they kept up to date with current good practice and knowledge based on research in the areas that related to the people in their care. The registered manager and staff had recently attended a conference on Autism and were utilising the knowledge they had gained to drive improvement in the way they supported people. They said that the information had given them new insights into understanding Autism and they had increased their implementation of equipment, technology and colour therapy.

The registered manager and staff had kept up with the latest research and information about Autism and had applied this together with people's unique responses and preferences, to learn the best techniques to help people. For example, they explained that people with Autism could experience pain when touched softly and that when they took this into account with one person and made sure that this was avoided as much as possible, that the person was generally calmer. They had purchased a squeeze vest that could be used to allay anxiety by providing hug type pressure on the body and a lighting system was used throughout the home to change the hue in response to people's moods and needs. One person had suffered a period of distress and was displaying anxious and emotional behaviour. The lighting had been changed until the colour was found that visibly calmed the person and their incidents of distressed behaviour had reduced.

People sometimes had high levels of anxiety that could detrimentally affect them and others around them. Training had been specifically designed around people's individual needs and the registered manager and staff had a clear understanding of how to support people effectively. People had previously needed physical interventions several times a day. People needed constant reassurance because there were so many situations where they became anxious and that led to behaviour that challenged. The registered manager and staff put their learning into developing creative ways and worked closely and consistently with people to help them learn how to manage new situations and this had enabled them to take more control of their life.

The registered manager and staff knew people extremely well and were able to diffuse antagonisms and anxiety so that emotional behaviours were kept to a minimum. If it became necessary to use physical interventions including restraint this had been agreed with other health professionals under what circumstances this may be necessary, and there were clear instructions and records were kept. These interventions were minimal for example, in the form of a hug type hold that was for reassurance rather than restraint and were only ever used as a last resort. Meetings were held between the registered manager and staff about techniques and consistency and to make sure any physical interventions had been carried out correctly and appropriately. There were discussions about what lessons could be learnt from incidents and

plans were reviewed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, assessments had been completed by an Independent Mental Capacity Advocate. (IMCA - an individual who supports a person so that their views are heard and their rights are upheld). Some restrictions had been agreed in people's best interest to protect people from harm. For example, people needed the constant supervision of their familiar support staff and the front door needed to be locked as they were unaware of the dangers of the road nearby. The registered manager kept any restrictions under review.

The registered manager and staff understood the importance of gaining people's consent and enabling people to maintain control over their lifestyle and had a good understanding of the Mental Capacity Act 2005 (MCA). 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.

There was a strong emphasis on supporting people's communication with innovative systems that had been developed specifically for each person and enabling them to experience situations, so that they were able to make informed decisions about their lifestyle as much as possible. For example, one person regularly attended health check-ups and a sequence had been created along with objects of significance, that were used to let the person know what was going to happen, for them to understand and consent to go. If a person refused, this decision was acknowledged and respected.

When people lacked capacity for choices and decisions, the providers followed the principles of the MCA and made sure that any decision was only made in the person's best interest. People had an independent advocate and a circle of support, whom they had got to know very well and who would consider more complex decisions with them and on their behalf. When medical treatments were considered to be in people's best interest, these were considered with relevant professionals as well as people's representatives and advocates. For example, one person needed a wisdom tooth out and another time needed surgery, decisions they did not have capacity for, so these decisions were made on the person's behalf and in their best interest.

The registered manager and staff supported people so that they experienced the best healthcare outcomes possible. People's health needs were recorded in detail in their assessment and care plans. If a health need was identified, options for further investigation and possible treatment were considered with relevant professionals and in light of people's understanding and capacity. People needed total support in any medical situation. For example, one person needed surgery and the registered manager and staff went into the operating theatre with them until they were safely unconscious and were allowed into the recovery room before the person was awake again. This was highly unusual protocol but the registered manager had communicated effectively with the medical staff involved so that they recognised the person's need to be supported by their familiar staff through every waking moment. This had resulted in the surgery and recovery being successful.

People were fearful of some medical appointments and clinical environments so there was a state of heightened anxiety with some medical check-ups. The registered manager and staff made sure that people could access all routine health check-ups that were available to people of their age and gender to uphold their human rights and keep them as healthy as possible. Staff worked with each person to help them replace their experience with more positive ones. People were supported at their own pace and in their own

time, to make sure they were well prepared and had a very clear understanding of what they would be doing if they needed to attend an appointment. For example, one person had been supported effectively so that they were able to have routine smear tests that were an important part of screening for women's health, which was a significant achievement and one that had previously been denied.

People had previously had difficulty managing their oral hygiene and attending the dentist. Over a sustained period of time and with the right support this had become an accepted part of people's routine and they were able to attend an ordinary community dentist. A person's dentist commented, "Mr and Mrs John have taken great care of [person's] teeth, both in regards to their diet and their oral hygiene routine. This has helped [person] tremendously - as any treatment for them would be difficult and would need specialist community care. [Person's] oral hygiene is immaculate and credit is due to both carers, as [person] does not have the motor function or coordination to brush their own teeth."

People were encouraged to be active and take regular exercise including walking to help the feeling of wellbeing. The registered manager and staff went the extra mile to make sure people had the right support and experiences so that this was an enjoyable experience and found ways to overcome any obstacles to this. For example, one person had specially made boots to correct a foot problem. They had previously had very limited experience going out for walks and had not walked on rough ground or negotiated styles. Now they thoroughly enjoyed walks and this was an important part of their day.

People were supported to eat healthily and participate in meal preparation, menu planning and shopping for food. These things they had not previously been able to do due to restrictions placed on them. People had previously had bad experiences related to food that had led them to have poor eating habits and unhealthy weight gain. The registered manager and staff had successfully helped people to overcome the negative effects of this. People had learnt to eat the right amounts so were at a healthy weight and had learnt good table manners. The registered manager and staff knew people's favourite foods and were aware of people's dislikes and any food intolerances. People chose what they wanted to eat from a range of options and helped with the preparation as much as they wanted to. The kitchen was well organised and open so that people could go in and make snacks and drinks with supervision as needed. People enjoyed mealtimes which were a pleasurable and sociable activity. Going out to eat and trying new foods were something that people had previously not been able to do and now were part of their everyday lifestyle, that they took a great deal of pleasure from. People enjoyed this so much that they had become experimental with the foods they were willing to try and this was a great achievement considering their fears of the unknown.

## Is the service caring?

### Our findings

Melvyn and Jan John's whole ethos was to provide a loving family home where people were valued and were supported to live an active and meaningful life. This autonomy and level of individually tailored support had enabled people's personality, confidence, inquisitiveness and interest in the world to blossom. Relatives and people who were involved with the service were consistently positive about the caring attitude of the staff and the impact this had made on people. A person's friend said, "[Person] is truly cared for by the service and the people in [person's] circle of friends." Another person's friend said, "The service is totally person centred. The family tempo is calm and encouraging with a routine which makes [person] feel safe."

The service had a strong, visible person centred culture. People were supported in a way that helped them feel secure and make sense of the world around them. The registered manager and staff had developed really good relationships with people and were exceptional at helping people to express their views, so that they understood things from people's point of view. Strategies were employed at different times to reassure, for example, one person associated certain songs, music and tones with particular situations and when these were sung it meant something to them and helped them understand what to expect. Staff respected people's right to do things for themselves and in this way the person had been able to develop their independence, carrying out many everyday tasks that had become part of a daily routine they enjoyed. People had not been able to go into a kitchen or carry out any of these everyday tasks previously and it took a great deal of encouragement to support them to do so. Now, people were encouraged to participate in meal preparation, carry out housework tasks, go out locally and try new activities.

The registered manager and staff showed real commitment and empathy to the people they were supporting and went the extra mile to behave in a way that was helpful to people to develop their life skills. They had learnt to be mindful of how their behaviour and responses could be interpreted by people. A considerable amount of time and consideration had been spent to determine what effect some experiences had and how best to support people in a way that overcame the obstacles and distress caused from past experiences. For example, staff were careful to look indirectly at one person when communicating with them or when supporting them with a task, like making a cup of tea, because the person found being looked at directly worrying and affected their ability to perform the task. The registered manager and staff made sure that they always behaved in this way and calmly reassured the person. They were also able to extend this reassurance when out of the home. This meant that the person was able to go out into public places and manage situations that they would not have been able to cope with before and had opened up a wealth of different opportunities that had never been experienced before.

The whole service from the home environment to the empowering attitudes of the registered manager and staff, was set up to enable people to communicate their wishes and have the support they needed to have a good life. People's support was consistent, open and positive. This had led to security and growth in their understanding and ways of expression, which had lessened the need to make their needs known and express frustration through behaviour that was harmful to themselves and others. People were listened to and responded to in a way that helped them feel understood. People were helped to develop meaningful communication through signs, gestures, objects, pictures and writing. People had learnt particular

communication systems in their own way and these had been accommodated and made meaningful. The registered manager and staff were open to try different creative approaches, equipment and technology to help develop people's communication further. A variety of different tools were used to increase people's understanding and help them express themselves more fully. Objects were used that signified particular activities and their duration, for example, a particular bag signified a short trip and a different coloured and type of bag meant a holiday. Events were communicated by sequences of routines and cards with pictures and photos of every day activities were used to make choices. The staff had worked out that it was not necessarily the picture that was on the card that conveyed the meaning but the card itself, how it had worn with a bent corner or a stain and so replacing these cards was carried out very carefully and with great attention to detail.

People's individuality and diversity was nurtured and people were treated with respect and warmth. Staff recognised the need for some people to behave in ways that could be considered detrimental to themselves, but were in fact a method the person had learnt to meet their own needs at anxious times. The registered manager and staff enabled people to find ways to work through a system of practices that they found reassuring. People were supported to do things at their own pace in their own way including having time to themselves when they wanted. Some people had routines and rituals that they performed that helped them keep control of their wellbeing. For example, one person liked to store particular favourite things in boxes and liked to check them at regular times. Staff gave people reassurance and allowed them the time and space they needed to carry out these tasks uninterrupted to maintain their sense of security. Other items like noise cancelling head phones were also used when a person needed some down time.

The service focused on people's strengths and celebrated people's achievements. These were used to drive the service forward to build on what people had achieved and what they could do next. People had many walking holidays, especially in Wales and Scotland. One person had been supported to walk to the top of Snowdon in Wales and to the summit of the Munros mountains in Scotland, including Ben Nevis. This was a massive achievement especially as prior to moving to the service the person had no idea how to walk on uneven ground. The person had certificates of their achievements on their bedroom wall.

A health and social care professional commented, "The [providers]...are now experts at providing the 'scaffolding' [person] requires to make sense of the world, which I believe appears to [person] very confusing and fragmented...During my 32 years as a Speech and Language Therapist... I have not met a person with a learning disability who is receiving such consistent and professional support as [person] receives from Melvyn and Jan John. They are providing a uniquely person centred service in an atmosphere of real affection and humanity."

People were valued and their strengths were recognised and built upon. People were supported at a pace that they felt comfortable with, including having time to themselves when they wanted. The registered manager and staff spoke to people in gentle encouraging tones and provided just enough prompts to help people develop their skills and independence. A circle of support had been created from professionals and friends that people had gradually come to know. This group supported people and provided independent advocacy to protect people's rights and help develop the service. Strong relationships had been built with people through this and there were plans to extend the support team to protect people's future as their needs changed through aging.

People's private space was respected and they had collected favourite belongings and furnishings to personalise their space. There were secure places for people to keep things that they treasured safely and always be able to find them when they wanted them.

## Is the service responsive?

### Our findings

People led active, meaningful and interesting lives. A health and social care professional said, "They [the providers] choose holidays which take [person's] needs and interests into consideration and build on these positive events giving [person] an increasingly widening range of life experiences."

The registered manager and staff worked calmly, consistently and enthusiastically to support people to lead the life of their choosing and as a result their quality of life was enriched and optimised to the full. People's care and support had been planned with them and their circle of support, so that they had the support they needed in the way they wanted. Each person's care plan was based on their individual assessment and included their goals and aspirations. There was a system of review to make sure that all the progress and developments were captured and assessments and associated records were updated to make sure they were relevant and useful working documents.

Each person had a diary to record every day activities, appointments, incidents and people's health and wellbeing. Community health and social care professionals were involved including psychologists and speech and language therapists and their advice was followed. Any development of skills and interests, or changes in people's responses and behaviour were noted and used in the care plan review so that care was responsive to people's needs and goals and aspirations could be built on.

The care provided was totally person centred with people taking control of how they were supported to help them feel secure and allay anxieties. People were able to choose who provided their care and the order, pace and sequence of their day to day care routines. The morning routine getting up, washed, dressed and having breakfast had evolved around what aspects people liked. The registered manager and staff had devised creative ways to help the days go smoothly. The order and timing of this whole period of the day was designed so that people got the most out of it; developing skills, taking control and getting sensory satisfaction and pleasure from the different tasks. For example, following some treatment, a person needed to complete leg exercises and massage every day for a period of weeks to aid healing. The registered manager and staff had discovered that using a metronome to help with the timing, had helped the person keep a comfortable pace and increased their awareness and feeling of control. In response to the person's wishes this had developed into a morning routine of yoga with the metronome, that helped them have an enjoyable start to each day.

The registered manager and staff worked enthusiastically and found creative ways to enable people to live as full a life as possible regardless of the complexity of their needs. People had developed trust in the staff and security in their surroundings so that they were more confident and able to live the life of their choosing, attending events that would not have been possible before. People's quality of life was enriched with activities like going to theatres and musical concerts many times, in situations that could be difficult for them to manage with crowds and restricted space, especially with seating arrangements that either required them to push past other people or to stand to let them past them. With skilled support and guidance from the staff they had successfully been able to negotiate these situations and felt at ease enough to enjoy performances of music, ice skating, and ballet. These were opportunities they had never

experienced before. People had the confidence to go into these difficult situations because they had learnt that if it became too much the staff would recognise this and they would be able to go somewhere they felt safer or leave if necessary.

People had experienced a variety of holidays several times a year since moving to the service. These all involved new experiences for people including managing ferry ports and airports which have only been possible due to the strategies employed by the registered manager and staff and the trust that they have cultivated. People had been supported to travel around Europe and had camped in tents and caravans, stayed in bed and breakfast establishments, guest houses, motels and hotels both in the UK and in Europe. People had also been abroad to the Canary Islands, with the new experiences of flying and enjoying a different climate, culture and food. During one holiday, one person went canoeing for the first time and loved it. With the knowledge of that enjoyable experience, their love of water and the awareness that they liked to look at things indirectly, especially enjoying reflections, they have been on two boating holidays. One on the Norfolk Broads and the Llangollen canal, which they absolutely loved and relaxed into a world of peacefulness, beauty and calm which they had not experienced before. Another canal boat holiday was being planned.

The registered manager and staff supported people effectively to help them overcome any barriers to their relationships with other people. People had challenged traditional services and had been isolated in the past. People were given the opportunity to meet other people in a way they could cope with and over a sustained period of time were helped to form friendships that had become a valuable part of their life. A person had been able to attend a friend's wedding. This was an amazing achievement considering people's communication and processing difficulties and the number of ways that their anxieties could be triggered resulting in them shying away from any contact. A member of a person's circle of support said, "They take care to ensure [person] has opportunities to meet their friends, thus ensuring that [person] has the opportunity to interact positively with a number of people."

There was a concerns and complaints process that was meaningful to people. The providers welcomed complaints and used the opportunity to improve the service. People were actively encouraged to express their views about the service and were given clear information about how to make a complaint. Meetings with people's circle of support including their independent advocate that they had good relationships with, were used to give people the opportunity to express themselves and air any concerns so that they could be addressed. Any issues raised were taken seriously, recorded and acted on to make sure people were happy with the service. All complaints were recorded and there were clear records of investigations, resolutions and responses.

## Is the service well-led?

### Our findings

The service was well led, based on the vision and values of person centred support and inter-dependent living. A person's independent advocate commented, the service's "...achievements have been monumental. Their commitment, skill, humanity and sheer perseverance makes them stand out as possibly the most successful...service I have ever been associated with. As such they are a huge cause for admiration and celebration."

People were at the heart of the service. Their needs and wishes determined the direction of how the service was organised and run. The registered manager and staff demonstrated that even in the most extreme circumstances when it had looked like a person would never be able to live an ordinary life in an ordinary home and have the rights of freedom and choice, that it could and was being achieved.

The drive of the service was to increase people's experiences and enjoyment of life and find ways to help people overcome the obstacles that had previously restricted their freedom to do this. The providers were both qualified nurses for people with learning disabilities and had many years' experience of working in services. The service had links with the other organisations and forums to share and promote best practice. These organisations including The Tizard Centre, a leading academic group whose focus is learning disability, the Caldwell Autism Foundation and Skills for Care that provided regular updates of information on training courses and conferences. The registered manager and staff worked in partnership with these organisations, so that they were following best practice and because their service was innovative, they also contributed to the development of best practice through their contacts with the people in these organisations. They had carried out assessments in partnership with the organisations and got to the core of the issues that affected people, so that they could give the right support and kept on evolving as people's needs changed. They showed that by giving people the right support, listening to them and helping them take some control of their life, people no longer needed to display behaviour that challenged and could enjoy a fulfilled life as a valued member of the local community.

There was a positive culture in the service with the providers finding innovative ways to overcome the barriers that had formed around people due to past experiences. There was a focus on people's strengths and achievements, enabling people to communicate what they wanted without the need for behaviours that limited their opportunities. People were experiencing a lifestyle full of new experiences and opportunities that they were thriving on. The providers spoke to people and each other in a calm and respectful way. The registered manager and staff said they got great satisfaction from watching people develop their confidence and experience.

The registered manager and staff were constantly experimenting with new ideas to see if this enhanced people's understanding and enjoyment of the world around them. For example, they knew that colours were significant to one person and that they were attracted to particular types of object. With this in mind they purchased an electric car set but to enable the person to choose the colour, they bought ten sets so that they could make three full sets using just one colour: one each of red, yellow and blue. There were many objects and belongings that the person had, that they spent time examining and seemed to give them

considerable enjoyment. These activities were used as down time in between the active parts of their lifestyle and new experiences.

There was a strong emphasis in striving to improve and to sustain outstanding practice. It took constant evaluation and concentration to pick up any of the signals and maintain the balance so that people were reassured that their life would continue to be fulfilled in this way and not return to previous experiences. A return to past anxieties and distressed behaviour was always potentially moments away. Utilising the systems and technology developed including the ambient lighting, that the registered manager was able to adjust as needed, the rhythmic beat of the metronome, the placing of various important items in the home and the timing and sequence of routines all created an environment that helped to maintain this level continuity.

The providers defined the quality and success of the service from the perspective of the people using it. Each year an assessment and review of the service was carried out and the providers got in touch with people's friends and representatives for their comments and feedback. Views were also sought from other professionals when they were involved. The responses were summarised and any suggestions to improve the service were acted on. There were regular meetings with people and their circle of support that included discussion, sharing information and learning.

Staff got to know what was important to people, so that they felt safe and confident in unfamiliar situations and enabled people to discover new experiences. People were going out more often to places they were interested in that they had never been to before. People had been supported to develop meaningful relationships with other people outside the home and were actively participating in all aspects of the running of the home. There were strong links with the local and wider community and people had friends in the village and knew their neighbours. This had made a significant difference to how they viewed the world around them. For example, one person received positive responses from people that had replaced the isolation and negative interactions they had previously had. Feedback from visiting professionals was that the person was experiencing a lifestyle of safety and variety and their whole quality of life had improved beyond recognition.

Regular checks were carried out to make sure the premises and equipment were safe. People were involved as much as possible in the running of the service. The providers understood relevant legislation and the importance of keeping their skills and knowledge up to date.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The providers understood their legal obligations including the conditions of their registration and when they needed to send us notifications.