

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

This inspection took place on 19 and 22 August 2016.

Wolverton Court is a service for six people who have 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. Wolverton Court is a large home providing accommodation for five people and there is a separate flat for one person. The home is set in a rural area and is surrounded by a large secure field and garden with access onto a terraced area with seating that is covered in tarmac and Astroturf for safety. There is a good sized car park to the side of the property.

A registered manager and deputy manager were based at the service. 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.

What was particularly noticeable about the service provided was the freedom that people had. People were listened to. People had the support they needed to express their needs and wishes. People were able to make decisions and choices. People were trying new experiences, going on holiday for the first time, going for trips to places and doing activities that they had previously not had the confidence to try.

A person's relative described the service as "fantastic", and went on to say, "I can't praise it enough. Since [person] has been at Wolverton [person's] life has changed completely. The difference is unbelievable."

The difference the service was making to people's lives was visible. People who had previously displayed anxious and emotional behaviours that had led to restrictive lifestyles were now being supported in a different way. People needed a significant amount of consistent support to make sure they felt secure and understood; to prevent the need for behaviours to make their needs known or to express dissatisfaction and they were receiving this. The warmth of the relationships with each other and the staff and the opportunities for new experiences that they were given were serving to enable people to blossom.

As a result of consistent support, good teamwork, and good planning and delivery of person centred care, people were experiencing opportunities to attend events and go on holiday that they had never done successfully before. One person was a keen football supporter. Tickets had just been booked for them to attend the England Spain match at Wembley in the autumn. This was a huge achievement considering the person's past struggles. Another person had spent several weeks planning a holiday, going abroad for the first time. Something this person had not been able to consider and cope with before. The person spoke excitedly about their impending holiday and staff talked enthusiastically about the planning and how the person had chosen their destination.

The atmosphere in the service throughout the two days of the inspection visit was calm, bright and active.

People were able to share with us their experiences through us spending time with them, through their photos and with help from staff explaining people's lifestyles in the presence of the person who was smiling and gesturing in agreement.

There was a really positive and inspiring culture in the service. Instead of seeing people as having limitations, the registered manager and staff team found innovative and creative ways to help people overcome perceived limitations and take as much control of their own lives as possible. When talking about the work they did the registered manager commented that he was always looking at "How we can do things better?" and "How can we get people to reach their heights of potential?"

A health and social care professional commented, "I have noticed a huge change. The home appears cleaner and well organised and the staff keen and positive. The clients are engaged more and appear to have an improved quality of life."

People met new staff as part of their recruitment and were given the opportunity to be involved as much as possible, including being present during interviews. There were enough staff to support people to have a varied lifestyle. Staffing levels were reviewed and changed in response to people's needs. The staff were motivated and willing to work flexibly to support people's activities including going on holiday with people.

Staff and the management team had an excellent understanding of managing risks and were supporting people to reach their full potential through the challenges that past experience and their anxieties presented. People said or expressed that they felt safe in the service and staff had a very clear understanding of what could be abuse. Staff spoke up for people if they thought they may be at risk of potential abuse.

The whole service was led by the people living there, who were clearly in control of their own lives. Staff were committed to supporting and being there when needed to reassure people and were very clear about people making their own decisions and choices with the right balance of support to help when needed without taking over.

Staff told us how they always asked people for their consent as they provided the care. They described how they supported people to make their own decisions and choices. Some people chose to be supported by their relatives when making more complex decisions. Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was made, involving people who knew the person well and other professionals, when relevant.

Each person had a key worker and co-key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and promoted continuity of support between the staff team. People were enabled to choose their key workers and all had key workers that they got on well with. Staff were lively and enthusiastic when interacting with people and treated them with respect. People were comfortable and at ease with the staff.

The home environment was set up to help people be as independent as possible and to support people to express themselves. There were posters, noticeboards, photos and pictures all around the home to assist people to say what they wanted when they wanted it and to celebrate their achievements. People had planners for regular activities and were given opportunities to try new things. Every achievement was celebrated and they were encouraged to move to the next goal and the next new experience.

People were encouraged to try new experiences and develop new interests. Staff helped people to express

themselves and supported people so that they felt secure enough to try unfamiliar things. People had access to the internet and social media and used this to follow their interests and keep in touch with family and friends.

Mealtimes were social occasions and were organised around people's preferences and lifestyle. The kitchen was designed so that it was an open space that was practical for people to use. Everything was accessible and only high risk items such as sharp knives were kept securely out of the way when not being used. People were supported to make their own meals. Everyone participated in choosing the menu from photo cards and recipes. The evening meal was generally organised so that everyone sat down together. The rest of the day people were out and about eating at different times including eating out.

People were supported to maintain a healthy active lifestyle. Clear easy read plans were designed to help people manage health conditions that needed monitoring. Health and social care professionals were involved with people's support when needed and their advice was included in the care provided. Staff had worked together with community professionals to prepare people for health care checks, including compiling photo stories and going through the practical steps with any equipment to help people understand and cope with necessary procedures.

When people needed to take medicines these were kept under review and there were safe administration procedures. People were helped to understand their medicines and were supported to take control of them as much as possible.

There were excellent, informative records that were completed at the time, so they were accurate. Tiny changes in a person's responses and developments in their skills and interests were noticed and used to continue helping people increase their opportunities.

People were given the opportunity to contribute and become valued members of the local and wider community. One person had recently participated in a charity walk and other people were supported to work to help others.

The registered manager used effective systems to continually monitor the quality of the service and had ongoing 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.

Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. There were regular fire drills so people knew how to leave the building safely. 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 staff 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 safe to work with them.

People were supported to manage their medicines safely.

Is the service effective?

Outstanding 

The effectiveness of the service was outstanding.

Staff were skilled in meeting people's needs and received ongoing support from the registered manager and deputy manager to make sure they supported people in the best way.

People were supported to express themselves and were given the support 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 registered manager and staff 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.

Staff 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.

Staff 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 staff. If people expressed they were unhappy staff responded.

Is the service well-led?

Outstanding ☆

The leadership and management of the service was outstanding.

The registered manager, deputy manager and staff were committed to providing an open and inclusive culture. Continual feedback was encouraged from everyone.

There were photos everywhere celebrating people's achievements. The whole focus was on improving the service and developing people's potential.

The registered manager and deputy manager continually evaluated the service provided, constantly looking for the next

opportunity to increase people's experiences.

The registered manager recognised the value in the staff team, staff took ownership of their practice, everyone was treated with equal value.

People's views and interests were taken into account in the running of the service. All feedback was considered and acted on. Audits and checks were carried out to make sure the service was safe and effective.

Wolverton Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 22 August and was carried out by two inspectors. We gave short notice to give the staff the opportunity to prepare people for our visit, so that it lessened the disruption our presence may have caused.

The atmosphere in the service throughout the two days of the inspection visit was calm, bright and active. We spent some time with each person with support from staff as needed to give them an opportunity to express their views of the service. Some people were able to talk a little with us but mostly people were unable to verbally communicate with us so we made observations of people's lifestyle and their interactions with staff.

We gathered and reviewed information about the service before the inspection. We did not request a Provider Information Return (PIR) for this inspection. 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. The registered manager had the opportunity to give this feedback during and after the inspection visit. We reviewed all the information we held about the service. We looked at previous inspection 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 spoke and spent time with all six people and seven staff. We looked at and checked the contents of four staff files, parts of all six care plans, parts of four daily log books, samples of records that made up the care planning information, the staff rota, health and safety records including individual emergency evacuation plans, meeting minutes, incident reports, audits and quality monitoring records and feedback forms from relatives and people involved in the service. We looked at and discussed management and staffing records. We spoke with two visiting relatives on one of the days of the inspection.

After the inspection we received feedback from three other professionals who were involved in people's care and support, including therapists from the local community learning disability team and received comments from three people's families.

We last inspected the service on 28 May 2013. At this time the service was meeting the requirements of the regulations.

Is the service safe?

Our findings

People sometimes had anxious and emotional behaviour that could detrimentally affect them and others around them and this could occur frequently without the right support. People were occupied and alert. They looked confident and comfortable in the company of staff. Some people had previously had experiences which had made them feel unsafe and their lifestyles had been restricted. Staff understood this and worked with people supporting them to maintain their feeling of wellbeing so that they felt safe. For example, one person had remained in their room with little or no interaction to feel safe, now they were spending time with people in the service and going out every day.

The registered manager had developed a culture in the service that considered imaginative ways to manage risk and increase people's opportunities. Each situation and opportunity was assessed for how it would enhance the person's quality of life and what the potential risks were. Meetings were held with staff and people. Guidelines were agreed and written in each person's care plan so that the staff would know how to support the person consistently to minimise incidents and accidents. Despite the high level of risk at times, these were all 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 there were no limits. A person who had previously had a very restricted lifestyle had expressed that they would like to go on holiday abroad. This required extensive risk assessments and thorough detailed planning of all eventualities and the right staff support. Following months of preparation the person successfully travelled on a ferry and went on holiday abroad for the first time. In comparison to their previous lifestyle this was an incredible achievement.

The registered manager made sure there were always enough staff who had the right mix of skills to make sure their working practice was safe and that they could respond to unforeseen events. The number of staff required to meet people's needs was kept under constant review. A high level of staff was provided to support people's lifestyle and was flexible so that people had the opportunity to go out when they wanted and try new experiences. There was flexibility built in to support staff, so that they could take sufficient breaks, as the level of support required to individuals was intense. Staff said there was a good on-call system and they felt comfortable calling the management team out of hours when needed.

The registered manager created an open culture where people were protected from abuse and discrimination. If abuse or potential abuse was suspected or witnessed the registered manager took immediate action. A relative said, "The manager will take the unpopular decisions and do the right thing." The registered manager worked closely with other professionals to protect people.

Any incidents and 'near misses' had been dealt with thoroughly and in line with the service and multi-agency policies and procedures to protect people. Following an incident the registered manager had made a referral to the vetting and barring service (this is a service that checks people's background and practice and may exclude people from working in this type of service). This sent a clear message to the team that there was zero tolerance to any form of poor or abusive practice.

Staff said they were actively encouraged and felt confident to challenge when they felt people's safety was

at risk. All staff had attended safeguarding training and there was a clear safeguarding and whistleblowing policy. Staff said there were no recriminations for raising concerns and it was seen as part of their responsibilities towards people. Safeguarding alerts had been raised in the past and had been thoroughly investigated by the local authority safeguarding team and the registered manager. Referring to a past experience of reporting a safeguarding concern, a member of the staff team said, "It was hard but it was for the people we support. They need to be treated as everyone would like to be."

There had been no recent safeguarding alerts. Social care professionals gave positive feedback about the service and one of the safeguarding coordinators commented that the registered manager, "...always contacts our duty care manager or myself to consult about possible safeguarding issues."

There was a culture of learning from mistakes and an open approach to recognising when incidents could have been managed better. Sometimes situations did occur, for example, one person found it very difficult to be supported by female staff. A staff member stated that after a difficult incident they were 'supported to rebuild a relationship with the person involved, by supporting them with meaningful activities and being the second person [staff member], resulting in a good relationship now.' Discussions were held with key staff to learn from situations that did not go so well and consider alternative strategies to manage behaviour that limited people's opportunities.

There was information about how to stay safe that had been produced in an easy to read format. This was a topic in individual meetings to assist people to understand what keeping safe meant.

Staff were recruited safely. Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks had been completed to make sure staff were honest, trustworthy and reliable. This included completing an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person's identity and evidence of their conduct in previous employments. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Prospective staff who were considered suitable met people and got an idea of what the job entailed to give them the opportunity to see if the role was right for them before starting employment. The registered manager and staff were open to encouraging people to participate in the recruitment of new staff as much as they were able to. One person liked to sit in the room when staff were being interviewed and the registered manager checked the person's non-verbal responses for signs of approval or otherwise. Another person liked to walk up to prospective staff and look at them closely and this interaction was used to inform the recruitment decision.

People were involved in taking their own medicines as much as they were able to. Staff had got to know people's preferences in how they liked to take their medicines. One person had regularly refused to take essential medicines until staff discovered a way they were able to take them independently. People were supported to understand what the medicines they were prescribed were for, as much as possible using photos and easy read information.

People's medicines were kept under review with the GP and consultant psychiatrist and were reduced as much as possible. Staff had been trained to administer medicines to people safely. There were clear directions and accurate records kept. Action had been taken to provide staff with additional training where a medication error had occurred.

Regular health and safety checks of the environment were carried out to make sure everything was in good working order and repairs were carried out promptly. There was a policy and guidance for staff to follow in the event of a major incident, such as a fire, flood or a gas leak. Each person had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely moved away from danger in the event of an emergency. Regular fire drills were completed to make sure staff knew what to do to keep people as safe as possible in an emergency.

Is the service effective?

Our findings

People's relatives spoke highly of the staff saying that they were skilled and knowledgeable. A staff member commented, "The staff team are supportive of each other and work great as a team. There is a great sense of community within the staff team and fantastic relationships between them and the service users."

All staff went through a system of training that started with introductory training to make sure they worked safely and progressed to diploma level training in health and social care and positive behaviour support. All staff were on this training pathway at different points and all spoke enthusiastically about their learning. Learning and development included face to face training courses and events, e-learning and workbook assessments to suit different learning styles. Staff learnt about Autism, learning disability and about people's individual conditions and needs. The registered manager said that he wanted the staff to be as skilled as they could possibly be.

The induction training programme for new staff had been designed by the Priory Group and was in line with the new Care Certificate as recommended by Skills for Care, a government agency who provide induction and other training to social care staff. The workbook included competency tests and new staff shadowed established staff. New staff spent the first couple of days reading some of the policies, spending time with the registered manager and reading people's care and support plans to get an initial understanding of how to care for people in the right way. They then had a series of checks through a probation period until they were competent and confident to work on their own. There was a gradual introduction to people depending on each person's needs regarding getting to know new staff.

There was a positive behaviour support team employed by the company. The staff in this team had been trained at the Tizard Centre, a leading learning disability research centre in Kent. The positive behaviour support team provided advice and staff training in supporting people's communication and the techniques necessary to manage people's behaviour that may challenge.

People sometimes had high levels of anxiety that could detrimentally affect them and others around them. Staff training had been specifically designed around people's individual needs so that staff had a clear understanding of how to support people effectively. One person had previously needed physical interventions several times a day because there were so many situations where they became anxious and displayed behaviour that challenged. Staff had worked closely with the person and these occasions had reduced to only twice in the last two years. The team put their learning into developing creative ways to support people to manage their anxieties and emotions. Another person who had also previously had physical interventions every day was now supported to 'let off steam' using cushions to assist the person to calm down safely instead. In this way the person's distress was minimised and potential injuries to themselves or others were prevented.

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. De-brief meetings were held with staff about techniques and consistency and to make

sure restraint had been carried out correctly and appropriately and only as a last resort. There were discussions about what lessons could be learnt from incidents and plans were reviewed.

Staff had one to one supervision meetings with the registered manager and an annual appraisal. The registered manager structured these meetings individually and gave staff time to prepare so that they could direct the discussion. The registered manager provided coaching and support so that staff could evaluate their own behaviour and skills. A member of staff commented, "Working here makes me want to do the best work I can."

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. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in relation to the MCA. Staff put the key principles into practice effectively, and made sure people's human and legal rights were respected. There were assessments and information about people's mental capacity to make day to day decisions in their care plans. There was a strong emphasis on supporting people's communication and enabling them to experience situations so that they were able to make informed decisions about their lifestyle.

Each person was supported to manage their health and had their own health action plan. These were designed in a way they could understand. People were supported to learn and manage routine check-ups like going to the doctors, dentist and optician. A good rapport had been developed with other professionals so that they and the staff team were working together. Some people had previously had home visits for health checks including opticians and dentist checks, mainly because they were not able to cope with attending clinics in the local community. As part of a work in progress to help people use ordinary community health care facilities people had progressed to be driven to the dental practice and the dentist would come to the car to give individuals a check-up.

Some people were fearful of medical situations and health care professionals so there was a state of heightened anxiety if a medical check-up was required. The registered manager and staff team worked with each person to help them replace their experience with more positive ones. People were given plenty of time and a considered plan was made 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. This gave people the opportunity to consent to the treatment if they were able to or they were supported to make the decision and their best interests were considered.

People had photo books to explain some of the regular procedures that they needed to have. They were designed between the community learning disability team and the staff. People could practice experiencing what the health care check would be like. When it was time to go out for the real health check people had a good idea about what they were going to find and this gave them the best chance to manage it. One person was learning about having their blood pressure taken. The community nurse visited the service with the equipment and they went through the role play with the photo book.

If a person was unable to make a decision about medical treatment or any other big decisions then members of people's families, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. Independent Mental Capacity Advocates, (IMCA - an individual who supports a person so that their views are heard and their rights are upheld) had

been involved in supporting people to make decisions in their best interests.

There were regular reviews of people's health and wellbeing with other health professionals and specialists. Multi-disciplinary meetings were held to discuss care, support and any restrictions needed including medicines. People previously needed high doses of medicines to help keep them calmer. The registered manager and staff team worked closely with other professionals to make sure people had the right amount of medicines to help them, but not sedate or restrict them. In the last eighteen months there had been significant reductions in the amount and type of medication people needed.

The registered manager had obtained Deprivation of Liberty Safeguards (DoLS) authorisations for people and had applied for others. (These authorisations were applied for when it was necessary to restrict people for their own safety.) The staff team had a good understanding of DoLS. Any restrictions were only in people's best interests and were kept to the minimum. For example, the kitchen was open but sharp knives and some of the food was locked away and one person needed to have their toiletries put out of the way until they were ready to use them.

A relative commented, "[Person] loves food and drink and if denied it can get distressed and obsessed by it. The kitchen is open and [person] knows they can get what they want when they want it, so [person] doesn't get upset and doesn't get injured."

Mealtimes were a mixture of being relaxed and active with everyone participating in the preparation, serving and clearing away afterwards. Healthy eating was encouraged and there was lots of information to help people understand what that meant. Some people needed special diets or to avoid some foods due to allergies. People had their breakfast when they got up and lunchtime was organised around people's activities and often people ate out.

The main meal was in the evening and chosen by each person in turn. There was a meeting every Sunday with all the photos, recipes and magazines when the menu was agreed. The planned meal photos were stuck on the noticeboard in the kitchen alongside the name of the person who had chosen it and was going to prepare it. People were able to tell us or show us what they were having for dinner. The evening meal was the time when everyone sat together and was a social occasion with staff and people eating and talking about their day.

Is the service caring?

Our findings

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 relative commented, "[Person's] previous placement deteriorated and they became extremely withdrawn. The difference in [person] now is unbelievable."

The whole ethos was that Wolverton Court was each person's home and the staff were there to support people to develop their independence and live their lives to the full. A person came to the door when we arrived and invited us in. People had been well prepared for our visit and welcomed us in. Records showed that previously people would have found this kind of situation intimidating but people were reassured by staff and supported to engage with us during the inspection.

People's individuality and diversity was nurtured and people were treated with equal 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. People were supported to do things at their own pace in their own way. Some people had rituals that they performed that caused no harm and helped them keep control of their wellbeing. For example, one person liked to run water in a particular way as part of their morning routine and this was respected. Staff gave people reassurance and allowed them the time and space they needed to regain their sense of security.

Staff showed empathy and had an enabling attitude that encouraged people to challenge themselves, while recognising and respecting people's lifestyle choices. One person had tried to run away and had a very restricted lifestyle at one of their previous homes and became very anxious at times. Staff explained how the person was gradually learning to recognise their own anxiety and would now go to their room for some quiet time where previously their room was seen as a place of confinement. The person showed us their room and the photos of their recent holiday and activities displayed on their wall. This had made a huge difference to the person's general wellbeing.

The whole service from the home environment to the empowering attitudes of the staff team, was set up to enable people to communicate their wishes and have the support they needed to have a good life. Staff were able to communicate effectively with every person no matter how complex their needs. People had chosen the colours and décor in their rooms, the flat and around the home. Each person having had individual support to make those decisions.

There were lots of noticeboards around the service with photos and vibrant colours that were eye catching for people to look at and featured significant things that had happened and items that people loved. One of the noticeboards was called the 'Highlights' noticeboard and held photos of people's achievements. There were annual highlights featuring trips out and holidays and monthly highlights: getting a smile from one person who needed considerable encouragement to engage with other people, a person's first try in the paddling pool, a person laughing when out bowling, a person playing pool and in the cinema. There were photos of people experiencing and learning new skills, for example, a photo of a person choosing items in a shop and another person pushing a supermarket trolley and picking things from the shelves.

Another noticeboard contained arts and crafts that people had made and things they liked. Some things were people's favourites and these were changed regularly so there was always something different to look at and keep people interested. They were used as talking points and were referred to when deciding what people wanted to do next. People could easily point at something someone else had done that they wanted to try or repeat activities that they had particularly enjoyed. People's achievements and strengths of character were constantly being reinforced and built upon. There were timetables on the wall that were designed in a way each person could understand. For example, one person understood time by staff telling them the number of sleeps until an event they were looking forward to.

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. Three people went on their first holiday last year and were planning their next one. One person showed us the photos of their first holiday, gently smiling and nodding when their key worker was explaining the steps taken and preparation for them to be able to participate in this holiday so successfully. Another person had participated in a sponsored walk to raise money for a major charity. They had met the mayor and had been featured in the local newspaper. There were photos of the person proudly standing next to the mayor with a group of other participants. Birthdays were described as 'enormous celebrations' by the registered manager and staff. One person laughed when we talked about this and showed us their birthday picture plan. The whole service was moving on and vibrant with activity. People were doing so many different things and were trying so many new experiences that the noticeboards were full.

People's relationships with the staff were supported and staffing was organised with regard to people's preference. Some people had favourite staff who they got on particularly well with so they would often be supported by these staff and people had been enabled to choose their key worker. A member of staff said, "People pick their own staff." Some people preferred to be supported by male staff and so they were. At the same time the registered manager and team were mindful that people needed to develop the skills to have good relationships with lots of different people so different members of the team participated in people's care alongside the favourite staff. The team was multi-cultural so with this diverse mix of cultures people were able to broaden their social experiences, becoming familiar with the different appearances and accents.

Families said they felt welcome in the home, were complimentary of the staff and felt well informed and involved with their loved one's care. The staff encouraged and supported relationships that were important to people. Some people were taken to their family's home for the day or for short stays by the staff. Staff supported the families by staying with the person if that was the best way. Families were invited to events and some people regularly went out with their relatives.

The registered manager organised staff so that people's dignity and self-esteem was taken into consideration when being supported including when out and about. People looked like they were out amongst friends rather than being taken out with a 'carer'. One person enjoyed having a laugh and joke with staff and there was a sense of equality between staff and people. This made a difference to how people perceived themselves and with this approach there had been a marked reduction in incidents of upset and emotional behaviour.

Staff took the time to get to know what was important to people and what made them feel comfortable and secure. Staff knew when people felt secure and when they were becoming anxious. A member of staff said, "We've got to know 'little things' about each person. These things are important and make all the difference to how people feel." Staff were able to anticipate if an experience or activity was starting to overwhelm a person and responded to them so that the person was able to feel secure again. During a recent period of

change in the service another person was supported by having a core team of staff who they liked and had built up a good rapport with. This enabled them to settle down and feel more secure and adapt to the changes at their own pace. In this way a mutual trust and respect had developed so that people were becoming more confident and able to try new experiences. People were flourishing in this culture and environment.

There was clear guidance about what to tell visitors to prevent them unwittingly saying or doing something that were know triggers to people getting overexcited, anxious or upset. This was explained in a calm respectful way so that as far as possible people were protected from unnecessary upset.

Staff respected people's privacy. People had lockable places in their room to keep things safe. Their room was considered their own personal space and people asked permission before entering and respected that people needed time by themselves at times. One person liked listening to classical music and particularly enjoyed a bath so a quiet time was organised so that they could have a longer bath without distraction.

Staff were aware of the need for confidentiality and kept records securely. Meetings where people's personal information was discussed were held in private.

Is the service responsive?

Our findings

People led active, meaningful and interesting lives. A relative commented, "I know [person] goes out a lot because my friends tell me countless times they've seen [person] out for a meal or out in town and how happy [person] looks."

Staff worked 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. Some people had experienced breakdowns in their previous homes and had challenged traditional services. The support they received from staff was tailored to their individual needs and staff had worked extremely hard to get to know people and understand what was important to them. People were given opportunities to live fulfilled and meaningful lives regardless of their complex needs. A relative said, "[Person] is the same age as some of the staff. It's great that they have the energy and the good will to do things that are fun. [Person] likes structure and something to look forward to."

Staff were flexible and responsive to how people expressed themselves and if people indicated or initiated activities themselves. Staff had been working to develop skills awareness supporting people to go out more and develop confidence and skills outside the service. One person had previously had a very restrictive lifestyle and limited opportunities to go out in response to their emotional behaviour. Staff had worked with the person to encourage them to go out more as part of their care and support plan. The person had built up to going out for a drive regularly to get treats or to purchase their lunch. They enjoyed it but they always returned immediately to the vehicle and straight back home. Over the last few months a day out to Brighton was planned with the person to extend their experience and develop their confidence further. The day was a success and an achievement for the person. The person saw a fun fair during the drive, pointed and indicated that they would like to go to it. The staff turned the vehicle back and stopped at the fun fair in Hastings. The person pointed at the dodgems and then the next thing everyone was having fun on the dodgems. The person was supported to go on the dodgems and ghost train for an hour and a half before returning to the vehicle. This person had not been out this far away from home and for this length of time in nearly four years.

Staff explained that everyone went out at least once a day irrespective of whether they have had an emotional behaviour incident. People were supported if they became anxious, emotional or upset to minimise the impact and then they all just got on with their day. People were supported to be involved in a range of activities outside their home: including swimming, social clubs, going to the cinema, eating out and drinks at the pub. Some of the activities were to try out new experiences and some were to develop daily living skills. Some people enjoyed household tasks like peeling the potatoes and polishing. Everyone was encouraged to make their own drinks and breakfast and participate in cooking the main meal. Where possible people were given work experience opportunities in a safe environment. Currently one person was doing some gardening at one of the other services owned by the company.

There were lots of changes of activities offered to people throughout the day including going out. Staff knew what people liked to do. Some people liked to go out all of the time and other people wanted quiet calm

time and this was supported. There were several places in the service that people could spend time and do activities depending on what they wanted to do and whether they wanted to be on their own or in company. There was a sensory room downstairs, a lounge, a dining room, all of which were spacious with good light and people's own bedrooms. Outside there was a garden, a large field area, a decked and tarmacked area through from the lounge with seating and a basketball net on the fence. There were various items of equipment and table top games and activities that were visible to people to use and move from place to place.

Staff were innovative and came up with new ideas to help people. One person had started to wear headphones which they had never tried before and really enjoyed listening to music through them. This helped them stay calm and focus on what they were doing for longer periods. Another idea from one of the staff was to use an electric toothbrush to help people clean their teeth more effectively and this had also been very successful for people.

When people first moved in an assessment of their needs and preferences was completed and from this the staff got to know people and found ways to involve them in how they wanted to be supported and cared for. Assessments were ongoing in response to people's changing needs. Each person had a care plan that was designed and based on initial assessments by the registered manager and other professionals.

Everyone had their own key worker and co-keyworker. Staff helped people say what they wanted and gave them enough experience and information in a way they could understand so that they were able to make informed choices. Each person's care plan was specifically designed around their needs, goals and aspirations. There was a system of review to make sure that all the progress and developments were captured and the care plan was constantly updated to make sure it was a useful working document.

A log book was used to record every day activities, health and appointments, incidents and people's wellbeing and gave a diary account of each person's day and night. Staff were observant and recorded all the relevant information about people, including tiny details to make sure any new achievements or responses were captured. This was completed every hour so that it was an accurate record. All incremental improvements were then incorporated into the care plan so that people's goals and aspirations were always building on what they had achieved.

The team worked consistently and paid attention to people to find out what they enjoyed and what they might like. They considered things from each individual's perspective and helped people get interested enough so that they were willing to overcome their fears and their own limitations and get excited about doing something new and different. One person loved a popular large furniture and furnishings store a distance away, so several trips had been made for them to purchase things for their home and there were lots of photos of these excursions.

People were given the right support to succeed. There was a really good balance of going into different environments to have the opportunity to learn new skills and minimising situations that could cause upset. Staff knew people's triggers to unsettled and unhelpful behaviours, so some situations were avoided or minimised if there was nothing to be gained or a different better way to support the person was found. For example, one person enjoyed choosing and buying their food but could easily become over excited if they saw some of their favourite film characters, so the supermarkets that often displayed these were avoided when buying food for them to focus on the task.

The registered manager and staff supported people to develop friendships and relationships and maintain contact with people who mattered to them. Relatives said they always felt welcome when they visited.

People were supported to visit their families and staff regularly took some people to their family's home for days out and to stay. Staff recognised the importance of social contact and companionship. Parents and families were involved in people's support. A relative said they were really happy with the care their loved one received commenting, "Since [person] has been at Wolverton their life has changed completely."

People were actively encouraged to express their views about the service and were given clear information about how to make a complaint. There was a complaints policy with an easy read version. Meetings with key workers were also used to give people the opportunity to express themselves in other ways if they were unable to complain verbally. Staff knew people well and knew how they were feeling by their behaviours. Families said that they were kept well informed about incidents and what was happening to their relative and that the registered manager and staff were all approachable and easy to talk to. A family member said, "I feel comfortable giving feedback and if I had a concern I would raise it." Records showed that complaints were taken seriously, investigated comprehensively and responded to quickly and professionally. The registered manager kept a log so that all complaints made could be tracked and used for learning.

Is the service well-led?

Our findings

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. Relatives praised the leadership in the home saying that the registered manager and deputy manager made a good management team. One relative commented, "[Deputy manager] is really good and really does support the manager well."

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. A relative commented, "There is a terrific difference in the home. The whole ethos has changed since (the registered manager) has gone there and the staff have really bought into it."

There was a strong emphasis on continually striving to improve the service. Enabling people to say what was important to them and what they wanted was fundamental to this. Creative ways were sought to help people express themselves and be actively involved in developing the service. People were able to say what they thought at all times in whatever way they communicated best. The one to one meetings that were held with each person's key worker also included a specially designed questionnaire and ways to give people an opportunity to express their views, suggest ideas and share the things that were important to them. The questionnaire and communication tools had been developed by the registered manager to make them more meaningful and to enable people to participate as much as possible. The meetings had been so effective at enabling people to say what they wanted, that the system had been presented to the managers in the Priory Group and incorporated into the organisation's monitoring systems.

Staff got to know what was important to each person, so that they could feel safe and confident in unfamiliar situations and enable people to discover new experiences. People were going out more often to places they were interested in that they had never been to before, three people had gone on holiday last year for the first time and people were actively participating in all aspects of the running of the home.

There were 'Your Voice' meetings that were part of the wider Priory Group organisation. Homes were grouped up in geographical areas and then outcomes of the meetings were fed up through the organisation. The homes in the group took it in turns to host the meetings and they were usually held every other month. One person was Wolverton Court's representative and attended the meetings with the support of staff. Staff explained that they helped the person put forward people's suggestions to the meeting. They had recently made a suggestion to have lodge or caravan in a local holiday park to give people the experience of being away and develop their skills and confidence to go on holiday further afield. Possibilities for this were being looked into and were going to be considered at the next meeting.

Staff said that they felt valued because the registered manager and deputy involved them in all aspects of the service. They told us what they said mattered; they were listened to and encouraged to suggest new ideas. During the inspection we could see that staff took as much ownership of the service provided as the registered manager. Staff were excited by people's achievements and were proud of their contribution to

enable these to happen. Teamwork and consistency were vital to people's wellbeing. The service provided was often intense and demanded focus and energy from the whole staff team.

Wolverton Court scored 100% overall in an independent staff survey commissioned by the Priory Group. Staff were asked to rate the service for things like, their involvement, enablement and management effectiveness. One of the staff commented in the survey, "The residents at the service are brilliant. A great staff team and good manager. A service that is always improving and ideas are taken on board and we are always getting better and better as a service." Another comment was, "...the management is number one because they listen and respond to staff and take concerns and deal with them... The residents are brilliant and the team have good relationships with residents and enjoy seeing them achieve."

Team meetings were organised across two days so that all staff could attend and take a turn to support people while the other staff were at the meeting. Staff said this worked well and they were able to fully participate in the meeting and have their say which they appreciated. Staff said they could reflect on any difficulties they had experienced and were well supported if things went wrong by the registered manager, deputy manager and other members of the team.

There was a system of checking the quality and effectiveness of the service. The registered manager and deputy manager measured the quality of the service from the perspective of the people. They gathered the information from outcomes of the individual meetings with key workers that were held with people. Alongside the meetings there was analysis of the daily records that mapped people's lifestyles highlighting achievements and monitoring health, wellbeing and any emotional behaviour that were all taken into consideration to evaluate the service. People were supported by their families and could access an advocacy service to assist them in sharing their views.

Records were completed, to monitor people's development and progress, so that staff could see what worked well and what needed to be improved in how they supported people. Incidents of behaviour that had limited people or upset them were recorded into a graph so it was easy to see where incidents had increased or decreased and what may have been the causes. Information was monitored and used to evaluate the effectiveness of the service to each person and all information was kept confidentially. Daily logs were completed for each person and contained information about people's activities and wellbeing. An audit by the registered manager had recognised that daily records could be improved and he discussed this with the staff. The records had improved since this and were proving to be a valuable tool in helping the registered manager and staff team to see patterns and developments in people's skills and wellbeing.

The office areas were very well organised so that staff could quickly and easily complete records and find relevant policies and procedures. Documents were organised so it was easy to get the forms staff needed to complete and put back in the right place. There were shift management forms so that all the staff knew what their responsibilities were for the day. Different members of the staff team were responsible for different aspects of running the service, for example, completing some of the health and safety checks, and everyone took ownership and accountability for the care and support provided to people.

Checks and audits were carried out regularly of the environment, records, staff training and support. The registered manager and other senior managers in the company carried out quarterly and yearly audits and produced reports that had actions allocated to staff to complete to improve the service.

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 registered manager understood their legal obligations including the conditions of their registration.

They had correctly notified us of any significant incidents and errors and had shared their response and plans for improvement to reduce the likelihood or reoccurrence. There was an effective medicines auditing system that had picked up two medication errors. The registered manager responded swiftly and took action which had reduced the risk of further errors.