

Style Acre

Style Acre

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

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

Style Acre is a supported living service that supports people with learning disabilities and Autism to live as independently as possible in their own homes. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People had a range of disabilities and included people with learning and physical disabilities. At the time of the inspection there were 82 people being supported with personal care.

At our last inspection of the service on 29 September 2015 the service was rated good overall. At this inspection on 7 November 2017 we found the service was now Outstanding in Effective, Caring, Responsive and Well-led. It is now rated Outstanding overall.

The same registered manager remained in post; 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.

Style Acre was a charitable organisation that was exceptionally well-led by a management team who were highly committed to ensuring people lived fulfilling lives. The service was outstanding at empowering people to have as much control over their lives as possible and to achieve their maximum potential. The registered manager promoted a 'can do' attitude that was replicated by staff at all levels.

The nominated individual was passionate about the person-centred approach of the service and it was clear the service was run with and for people. The service had developed innovative ways to ensure people were involved at all levels in influencing the development and improvement of the service.

Without exception people spoke positively about their experience of the service and the successes they had been supported to achieve. It was clear the culture within the service valued the uniqueness of all individuals. People had access to a wide range of activities which took account of their personal preferences and were tailored to their individual needs. Staff went to exceptional lengths to encourage people to identify an activity that would enhance their health and well-being. There were many examples of people's lives being transformed through accessing activities.

There was an extremely caring culture that ensured people's privacy was protected and respected. Everyone spoke of the openness of the service and without exception, people and staff felt valued and listened to.

The service were exceptional at looking for adaptive and creative methods of communicating for people. Staff used individualised methods of communication to enable people to have input into their support needs and maintain as much control as possible over their lives. People were encouraged and supported to

express themselves in the most effective way to ensure their well-being was maintained.

People were active members of their local community. The service worked in partnership with other organisations in creative and innovative ways to improve people's independence. This included working with a variety of organisations to gain opportunities for people to find work placements.

The service had been nominated and won three awards at the Oxfordshire Association of Care Providers Care Awards in 2016. This included 'The Care Employer Award'.

Staff were highly motivated and committed to ensure people's individual needs were met. Staff worked with people to ensure they achieved their dreams and goals. The service created an innovative approach to caring by focusing on what people wanted to achieve and overcoming obstacles using an Active Support approach.

People benefitted from a service that was committed to continuous learning and improvement. Staff were supported to ensure they were skilled and knowledgeable in order to be able to meet people's needs. The staff we spoke with were confident that the support they received enabled them to do their jobs effectively. Staff were supported to continually develop and the service ran a successful leadership and management programme. This resulted in people benefitting from a motivated and skilled management team.

The service went to outstanding lengths to support people to access health services. Staff looked for innovative ways to reassure and manage people's anxiety when they required input from health professionals. This ensured people's health and well-being was maintained.

The manager and staff understood the requirements of the MCA, and people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service also supported this practice. Staff consistently obtained people's consent before providing support and, if people were assessed as lacking capacity to make a decision, staff ensured they acted in the person's best interests to protect their human rights. Best interest decisions were recorded.

The service ensured people were supported to understand risks and where risks were identified people were supported to manage the risks. The service promoted positive risk taking and found creative ways to ensure people had the skills to manage the risks whilst promoting their independence.

Medicines were managed safely and where possible people were encouraged to manage their own medicines.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe

Where risks were identified there were management plans in place to support people to manage the risks.

Medicines were managed safely. People were supported to administer their own medicines where possible.

Staff had a clear understanding of their responsibilities to identify and report any safeguarding concerns.

Is the service effective?

Outstanding 

The service was extremely effective.

People's rights were protected in line with the principles of the MCA. The service was excellent at ensuring people were supported in the least restrictive way.

Detailed assessments were completed prior to using the service to ensure people were supported in a way they chose.

The service took exceptional steps to support people to access health services in order to ensure people maintained and improved their health and well-being.

Is the service caring?

Outstanding 

The service was exceptionally caring

Everyone without exception praised the caring approach of staff at every level.

The service went to exceptional lengths to ensure people's communication needs were met in order to give them maximum control over their lives.

People were supported with kindness and compassion and staff went the extra mile to ensure people were supported through difficult periods of their lives.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

The service was exceptional at ensuring people were supported to achieve their full potential and live full, rewarding lives.

Everyone we spoke with was extremely complimentary about the successes people had achieved. This included the support the service gave to people to ensure they reached their goals.

The service was responsive to people's changing needs and were proactive in identifying ways to improve people's well-being.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

The provider ensured that the service was run with and for people. People were involved in the service at all levels.

The management team were highly committed and passionate about ensuring a person-centred approach to the support people received. All staff were committed to ensuring people were valued as unique individuals.

The service maintained close partnerships with other organisations to ensure people remained at the centre of all the service did.

Style Acre

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 service provides care and support to people living in supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service live as ordinary a life as any citizen.

We gave the service 3 days' notice of the inspection site visits to enable the service to arrange visits from an inspector and an Expert by Experience to people living in their own homes.

Inspection site visit activity started on 2 November 2017 and ended on 7 November 2017. We visited the office location on 2 and 7 November 2017 to see the manager and office staff; and to review care records and policies and procedures.

During the inspection we spoke with 11 people and 11 relatives to obtain their feedback about the service.

The inspection was carried out by two inspectors and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection was informed by feedback from questionnaires completed by a number of people using services, staff and health and social care professionals. This complimented the management of the service and the significant support people received to ensure they lived their lives as independently as possible.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the nominated individual, the registered manager, the deputy manager, the speech and language therapist, three support managers and seven support workers. We looked at five people's care records, five staff files and other records looking at the management of the service.

Is the service safe?

Our findings

People were confident they were safe and told us that staff supported them to stay safe. People's comments included: "I feel safe here. We have staff here 24 hours so I am always safe"; "Yes, I feel very safe. I feel safe because it's in the middle of nowhere and it's a nice community. The staff make me feel safe. There's always enough staff and there's always enough people" and "Where I was before it wasn't safe and here it is safe".

Relatives told us they felt people were safe. Relatives comments included: "It's safe because of the way they go about things. They manage the unit properly with a regular team and focus on Oxfordshire particularly which gives them a much stronger base"; "(Person) is very happy and very safe. All the weak spots are taken over and sorted out straightaway"; "He is definitely safe. I've had (person) living somewhere where it was a worry. I have experience and honestly the last few years have been very stable, the handover is professional".

The registered manager had a clear understanding of their responsibilities in relation to safeguarding. Safeguarding concerns were responded to in a timely manner that ensured people were safe. Safeguarding records showed that all concerns were investigated and involved people and their representatives where appropriate. Health and social care professionals were also consulted to ensure the best outcome for people was achieved. For example, one person had raised concerns about the way they had been treated by a member of staff. The registered manager had taken appropriate action and had involved the person's psychologist to ensure they were supported in relation to the allegations.

The registered manager ensured staff completed safeguarding training and had strong knowledge of the provider's policies and procedures to identify and report safeguarding concerns. One member of staff told us, "Yes I've had safeguarding training. I'd report concerns to the manager, the police or the local authority".

The provider's policies and procedures guided staff to ensure that risks to people were assessed and that people were supported to manage any identified risks. Risk assessments identified people's rights to take risks. People were encouraged to maintain and improve their independence through positive risk taking and were supported to understand how to keep themselves safe. Examples included: Bus training for people to enable them to go out independently, role play to understand how to check someone's identification when a visitor arrived at a person's home, people being supported to check their epilepsy monitoring equipment and support for people to self-administer their medicines. An example was that photographs were taken of inspectors prior to them visiting people in their own homes. The photograph was then sent to people with an explanation of our visit to ensure they were happy for inspectors to visit them. When inspectors arrived at the premises people asked to see our identification and checked it against the photograph to reassure themselves we were safe to enter their home.

People's care records included risk assessments and detailed plans to ensure risks were managed. For example, where people experienced seizures their support plan gave clear guidance to staff on the indicators the person may display prior to a seizure. One person had an alarm they activated when they felt they were about to experience a seizure. The support plan gave clear guidance to staff in the response

needed, which included administering emergency medicine. The risk assessment and support plan were regularly reviewed and updated. The person's records showed the person was experiencing significantly less seizures due to the effective management of their health condition and associated risks.

People's care records were kept in their homes and staff were able to access them to ensure they had up to date information to support people in the way they chose to remain safe.

The provider had effective systems to investigate, monitor and learn from accidents, incidents and safeguarding. All accidents and incidents were reported to the registered manager and records included all actions taken as a result of the incident and to prevent further concerns.

There was a health and safety committee that included people who used the service. Meeting records showed that all incidents and accidents were reviewed to ensure there was learning across the organisation. For example, there had been several incidents relating to medicine administration. Several actions had been implemented to improve the situation. This included increased frequency of staff training and competency assessments and introducing activities at staff meetings to improve knowledge. The meeting records showed the incidence of medicine errors had reduced.

The health and safety committee also looked at ways to improve safety across the organisation. For example, records showed the committee members had discussed how people and staff could be encouraged to prepare for winter. It was decided that a 'preparing for winter' poster competition would be held. This enabled staff and people to discuss the risks associated with the winter months and how these might be reduced.

The provider took action to ensure there was learning from incidents that occurred outside of the organisation. For example, a notification was received by the provider following an incident relating to staff knowledge of first aid. The provider had reviewed their policy on first aid and ensured all staff received updated first aid training.

People and their relatives were confident there were sufficient staff to meet people's needs. Comments included: "There's always enough staff and there's always enough people"; "At the moment she has one to one and she always has someone at night" and "There is enough staff".

Staff told us there were enough staff. Staff comments included; "Yes, we definitely have enough, we are fully staffed" and "Oh yes we have plenty of staff so we get lots of one to one time with people".

Support managers were responsible for allocating staff and ensured there were staff supporting people who were suitably skilled to meet people's needs.

The provider had systems in place to ensure staff employed in the service were suitable to work with vulnerable people. Pre-employment checks included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

There were systems in place to ensure people's medicines were managed safely. Medicines were stored in people's rooms in locked containers. Medicine records were accurately completed and contained all information relating to people's prescribed medicines. Staff completed regular medicines training and had their competency checked. Staff comments included: "I do help people with medicines. I have regular observations from my manager" and "My competency is checked every three months".

Where people were assessed as able to self-administer medicines they were supported to do so by staff. One person told us "I do my own medication. Staff witness and check me". Another person told us how they were supported to order and collect their medicines. It was clear staff ensured people were empowered to be as independent as possible whilst managing risks associated with the activity.

People were supported to keep their homes clean and staff followed infection control procedures. One member of staff told us, "I've been trained. We help people clean their rooms and we have a lot of equipment to do this".

People's homes were clean and tidy. People were supported to understand the importance of maintaining a clean environment and were encouraged to be involved in cleaning tasks. For example, one person's records showed they had been reluctant to assist in the cleaning of the house. Staff had talked to the person about the importance of being involved and 'doing their share'. The person had agreed to do certain cleaning tasks and was now completing them.

Where people were supported with food preparation and eating and drinking, staff followed good food hygiene practices.

Is the service effective?

Our findings

Prior to admission to the service the registered manager went to exceptional lengths to ensure people's needs could be met and that the placement was appropriate for their care and social needs. The provider ensured that assessments were carried out in line with current guidance. For example, assessments included consideration of NICE quality standard on the care of children, young people and adults with a learning disability and behaviour that challenges. Where people were identified as experiencing behaviours that may challenge themselves or others this was detailed in their support plans. People's care plans included the cause of behaviour that challenged and the support people needed to manage and prevent the behaviours. For example, one person's support plan identified the triggers that indicated their behaviour. There were 'Proactive strategies' in place for staff to use to reduce these behaviours. Staff were guided "to refuse to be drawn into an argument", "appear confident and able to make decisions". Reactive strategies were also detailed which included listening, giving reasons for decisions and trying to distract the person. Staff were then guided not to communicate with the person until they had calmed down. Staff we spoke with were aware of these strategies and told us they were effective. This ensured people were supported in a way that minimised these behaviours.

One relative told us, "Before (person) moved in we had meetings where we discussed every facet of (person's) life. We've seen other organisations and they've been disappointing mainly with staffing issues being a problem". Another relative told us, "An important thing is that the Manager (registered manager) knew (person) would fit in with the others there and he was right. It works perfectly. He took the time to consider this whereas I don't think [other organisation] do. If you wanted a flatmate you'd want to share with someone you got on with".

Assessments were used to develop personalised support plans that included detailed guidance around people's medical conditions. For example, where people were diagnosed with Epilepsy support plans detailed the types of seizures the person experienced and the action staff should take to support the person. Support plans followed best practice guidance and were completed in line with the NICE quality standard for Epilepsy in adults. For example, Epilepsy care plans included: details of regular medication; emergency contacts; description of seizures; use of rescue medication; other care needs during a seizure; seizure management plan and post seizure care. Staff we spoke with could describe people's seizures and the care they needed. Staff could also give a clear idea of the frequency of people's seizures, which was corroborated by seizure records. People's support plans showed that people diagnosed with Epilepsy had an Epilepsy review with a neurologist or Epilepsy Specialist nurse within the last 12 months. This ensured people's health needs were well managed and their well-being was maintained.

Where people had complex health conditions the provider looked for ways to monitor their health condition whilst maintaining as much independence as possible. For example, one person experienced seizures. The person had an alarm system which was in place at night. Staff supported the person to check their alarm system regularly to ensure it was working. This ensured the person understood what the alarm system was for and took responsibility for ensuring it was in place and working.

Staff were exceptional at pursuing equipment to support people to enhance their well-being. One member of staff told us a new system was being introduced to monitor a person's epilepsy at night that was more sensitive and would monitor more closely the types of seizures the person experienced. Staff told us they were receiving training in the use of the system which was due to be installed following the inspection. It was clear that staff and management felt a huge sense of achievement for the person as this would enable better monitoring of their health condition.

The management team and staff ensured people were supported to maintain and improve their health. We saw many examples of staff going to exceptional lengths to ensure people attended appointments and had important medical procedures carried out. For example, one person required an admission to hospital for a procedure. Staff knew the person well and knew this would cause them extreme anxiety. Staff spent time talking through the procedure with the person making sure they understood what was happening. There was clear and regular communication between staff and clinicians at the hospital. Staff provided detailed information about the person and their support needs in advance of the admission. This included advising they would require a quiet single room and bed rails. There were concerns that the person may decline to go to hospital and this was shared with ward staff. On the day of the admission staff were in regular contact with the hospital which included emailing to say the person had agreed to the admission and they were on their way to the hospital. There were photographs of the person in hospital smiling and laughing with staff from Style Acre and hospital staff. It was clear that the support provided by staff had made the experience a positive one for the person and had enabled the medical procedure to be carried out.

Where people had severe learning and physical disabilities and complex health needs the service arranged for health reviews to be carried out in people's home. These included: GP health reviews; Dentist examinations; Dietician reviews; Opticians; Occupational Therapist and Psychiatry reviews. This ensured people were able to access healthcare and were more relaxed and engaged as they were in a familiar environment. Where people required other consultant input, for example neurology reviews or hospital admissions, the service contacted the Learning Disability Liaison nurse based at the hospital to ensure people's needs were met during the hospital visit.

People were supported to understand the importance of a healthy diet. People were encouraged to be as independent as possible and to take responsibility for their menu choices and food preparation where possible. People's comments included: "I get enough to eat, staff cook for me and I do bits and pieces"; "I do all my own cooking and my shopping. The staff help me"; "I can cook myself and tonight I am having minced beef"; "It's healthy food here, we take it in turns, we go shopping on Fridays, a big shop".

One person had been identified as needing to lose weight to improve their health. We saw staff had worked closely with the person to help them understand the reason for losing weight and to understand a healthy diet. Staff had introduced food monitoring charts. We saw the person had been encouraged to choose their menu and over time had been able to write their own menu and shopping list. Records showed the person had been seen by their GP and there was evidence of the person's health improving following their weight loss. The GP had commented that they were impressed with the diet offered.

Relatives were confident people's dietary needs were met and that people were involved in choosing their food. Relatives comments included: "They're encouraged to eat healthily. The staff team are mostly young, fit and active and they're very keen on a healthy lifestyle" and "He chooses what to eat and drink. They go shopping and choose too".

Support plans detailed people's nutritional needs and specific dietary requirements. Staff were knowledgeable about people's dietary needs and were exceptional at supporting people to maintain a

healthy weight. One person's support plan showed they had difficulty gaining and maintaining weight, and had previously used a Gastrostomy. A Gastrostomy is an artificial external opening into the stomach for nutritional support. The person's support plan guided staff to provide specific "weight gaining" drinks, which included clear and accurate guidance for staff for ingredients, how to make it, how much thickener to add and what the consistency should be. Diet records were checked and this program had been consistently followed, the person's weight was regularly monitored and they no longer required a Gastrostomy. A relative gave another example of the commitment staff showed to ensuring people had a healthy diet that met their needs. The relative said, "[Person] had health issues, so we explored different diets and had him tested independently. They (Style Acre staff) went to a lot of trouble over that, making different cakes and trying different things. He's non-dairy".

The provider ensured staff were competent and had the skills and knowledge to meet people's support needs effectively. Staff were positive about the training they completed and the impact it had on their ability to provide high quality care. Staff told us they were able to ask for additional training and were supported to access training for specific conditions when required. Staff comments included: "The training is good and it gave me confidence. We've had Makaton training because we asked for it"; "Really useful training. You can ask for further training as well"; "The training is really good. It's on going and I am up to date. So are my staff" and "They provide excellent training. It is very helpful and really useful. I am doing my level three qualification now".

The provider looked for innovative ways to improve staff skills and knowledge and had completed an 'Insight personal profile' of management staff to identify their strengths and weaknesses. The registered manager told us how this had improved the management teams understanding of each other and had led to further development opportunities.

Training records showed that new staff completed a comprehensive induction that was linked to the Care Certificate standards. Induction training included an understanding of the provider's values to ensure staff were committed to supporting people in line with those values.

Staff completed a range of training which included: Emergency first aid; Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention; epilepsy; dysphasia and communication. The registries manager had a clear overview of staff training and worked with the support managers to identify training and development opportunities. Support managers were supported to improve their management skills. For example, support managers were completing a training programme to help them manage and resolve conflict.

The provider ensured people were supported in line with 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had completed training in the MCA and had a clear and detailed knowledge of their responsibilities to support people in line with the principles of the act. Staff comments included: "I assume everyone has capacity, you don't have the right that because you wouldn't do it, they can't. Must use the least restrictive options. If she doesn't have capacity the people who know her well would make a best interest decision";

"The MCA is to protect and empower vulnerable people, you assume that they have capacity, until it's proven they do not" and "I always assume capacity and any decisions made on their (people's) behalf should be in their best interest".

Care plans clearly documented people's involvement in decision making. Where there were concerns about people's capacity to make decisions there were capacity assessments in place to ensure decisions were made in people's best interest. One person's support plan identified they were supported to maintain a relationship. A risk assessment was in place that identified the risks associated with relationships for the person. Staff were guided to ensure the person was not left alone with their partner as both people's capacity relating to relationships had not been established. Referrals to assess capacity for both people in relation to the relationship had been made. Staff regularly discussed relationships with this person. Staff told us, "Until we have the assessment we are supporting [person] in the least restrictive way". This ensured the person was supported to maintain their relationship.

Where people were assessed as lacking capacity we saw that best interest processes were followed and documented. For example, one person lacked capacity to consent to a hospital procedure. The person did not have a legal representative able to make the decision on their behalf. The provider had contacted an advocacy service and an advocate had been appointed. The advocate was working with the service to arrange a best interest meeting with the hospital consultant to discuss whether proceeding with the medical procedure would be in the person's best interest.

The service had considered applications to the local authority where they had identified the support provided restricted people's freedom in any way. Detailed assessments were completed in relation to all restrictive practices and appropriate referrals had been made to the local authority. At the time of the inspection we saw several people had a deprivation of liberty authorised by the Court of Protection. People's care plans contained details of the restrictions and were regularly reviewed to ensure people were supported in the least restrictive way.

Is the service caring?

Our findings

People told us they were supported by staff who were extremely kind and caring. People's comments included: "Love it, so much fun. Have a nice cuddle, feel better"; "Of course they are kind. Of course"; "I can tell my Carer anything. She listens to me. She tells me all the information I need. It's very nice here. My Carer takes me on the bus or to the shopping centre. I like it very much here" and "Yes they are kind. I can talk to the staff, nothing has worried me here".

Relatives were confident people were treated with kindness and compassion. Relative's comments included: "She is treated with kindness. She is so happy and relaxed. When she first moved in she said 'come over for a coffee Mum' and she's never said that before"; "(Person) likes all the staff, likes her routine, she doesn't like change but she likes people. If she's happy I'm happy and she's happy" and "I have the highest regard for all the staff at Style Acre and they genuinely care".

The service had received exceptional feedback about the support people received. For example, one relative had written, "Leaving (person) now with such kind and conscientious staff help us feel relaxed that (person) is being well cared for. This helps us live our lives without feeling guilty that (person) is missing out as he is having such a good time". Another relative sent the following comment, "Over the last three years there have been constant examples of the exemplary care and support (person) receives from Style Acre. It's not only (person) who has benefited for these last three years but also (relatives) who now find life so much easier".

We saw feedback from a range of professionals giving positive feedback to the service about the kindness and genuine caring approach demonstrated by staff. One record of feedback stated, "Your staff need praise for and recognition for the wonderful care they give. I was so impressed by the care and consideration they gave to (person). They did everything they could to ensure (person) was comfortable and felt safe and secure in the environment". A health and social care professional stated, "I find that staff are often going out of their way to support the clients there".

There was a strong caring culture that promoted a person-centred approach to care. This culture was promoted at every level of the organisation. The nominated individual was known to all staff and people. One member of staff told us, "He (nominated individual) is a very approachable guy. I like that he know us all". The registered manager promoted the caring approach of the organisation. One member of staff said, "He's absolutely brilliant. Really caring".

We were accompanied by the registered manager to visit one person. The registered manager was greeted by the person with great affection, smiles and a big hug. The person showed us their flat with authority and confidence but frequently turned to the registered manager to confirm to us what they were saying. The registered manager was clearly a positive influence in this person's life.

Staff were caring to people and each other. Staff told us: "It's a family company. They look after staff and the people they support"; "I'm pleased to be working here. We are very family oriented"; "I love it here, I like to see people progress. We are very caring" and "I am proud to work for the company. I am proud of the

changes we have achieved for people and the improvements in the quality of their lives".

During the inspection we saw staff supporting people in a kind and caring way. For example, a support worker was exceptionally kind and caring. The support worker listened intently to people with total focus. During people's conversations with the inspection team the support worker waited patiently for people to reply or gently prompted accordingly.

Without exception staff showed warmth and compassion when supporting people. We saw two support workers supporting two people to cook their lunch. The support workers spoke gently in a warm, calm manner. They gave people time to understand what they said and didn't rush people. They involved people asking "Do you want me to help you". They gave people time to process the question and to respond before helping them. There was a relaxed atmosphere and people were happy and comfortable with the staff.

Staff showed great respect when supporting people. They showed they valued people and took time to understand and explain when people misunderstood issues. For example, one person wanted to take part in a television programme. The member of staff explained what other ways the person might use to meet people. We spoke to the registered manager who told us that supporting the person to participate in the programme was not something the service would agree to do but that the person could be supported by people outside of the organisation and this was being researched. Whilst this was happening the person was being supported to attend alternative activities to meet new people.

Staff knew people well and had developed positive, open relationships that enabled them to support people with empathy and understanding. For example, one person was grieving following the death of a close family member and another of their relative's had been admitted to hospital. Staff we spoke with understood the concerns the person had in relation to the two events and how to support them. Staff used their detailed knowledge of the person to develop social stories with them. The social stories helped the person express their emotions and enabled staff to support the person to manage the difficult situation. This had enabled staff to understand that buying flowers and visiting the grave of the person's deceased relative and arranging to visit their other relative in hospital would support the person to understand the events.

The provider was aware of the Accessible Information Standard and took steps to ensure they provided information in way that ensured people's individual communication needs were met. For example, social stories had been used to explain to a person about staff leaving Style Acre and how the person could be supported to manage their feelings relating to this. Another person had requested their support plan to be provided in large print, we saw this had been provided to the person.

The service employed a speech and language therapist who was extremely committed to ensuring people were given every opportunity to communicate in a meaningful way that was personalised to their needs. For example, we saw one person being supported using Makaton and another person was being communicated with using intensive interaction. It was clear that both of these interactions had a positive impact on people's mood and engagement in their surroundings.

People were supported to ensure their communication skills were maximised. The service went to exceptional lengths to identify innovative and creative communication techniques and technology to support people's communication needs. For example, one person had been unable to communicate their needs. The service had worked with IT specialists and the NHS communication hub (ACE) to identify the most effective system for the person to use. There had been significant research and trialling of systems. At the time of the inspection the person was still learning to use the identified system but was already able to communicate using pre-set phrases. The person had also managed to tell staff using set phrases that they

required pain relief for the first time. This meant the person was able to have significantly more input to how they wished to be supported.

Relatives were involved in people's care and this was supported by staff at all levels. The registered manager understood the difficulties for parents of trusting others with the care of their family members and balanced this with ensuring people were supported in a way they chose. This ensured people had control over their lives and were encouraged to be as independent as possible. One relative told us, "Until (person) left home she couldn't dress herself, it was my fault really, we had to rush to appointments and it was quicker to do it myself but with their help she can dress herself now. She likes helping in the kitchen and she hoovers her own room. She's only been there since June but has settled in so well, remarkable really because she hates change".

The service ensured relatives were reassured and confident people were being well cared for. For example, one relative had been anxious about a person attending hospital. The support worker had arranged to send the relative photographs to reassure them. The photographs showed the person happy and enjoying themselves. The relative had provided feedback on how much this had meant to them.

People's personal preferences were identified and respected. People's cultural backgrounds were recorded and support plans provided guidance to staff on how to promote people's diversity. For example, one person was supported to attend their place of worship every Sunday. The person's support plan detailed the support they required in preparation for the visit and what they needed to take with them. Staff were guided to support the person to follow the meeting on their electronic device and how to support the person if they became "too disruptive". The support plan also detailed the behaviours the person's religion did not permit and those that were encouraged. This ensured the person was able to live their life in line with their religious beliefs.

People were supported in a way that ensured their dignity was respected. People's personal preferences were respected in relation to how their personal support needs were met. For example, one person's support plan identified the person used continence aids. However, the support plan guided staff to support the person to use the toilet regularly as they did not want to soil the continence aids. Records showed this choice was respected.

Is the service responsive?

Our findings

People were supported to live fulfilling and rewarding lives. The service looked for innovative and creative ways to engage people in activities that interested them and to be part of their local community. The activities people enjoyed enhanced their well-being and enabled them to feel valued.

There were many examples of the activities people enjoyed and the holidays and outings they experienced. People's comments included: "I went to Florida and experienced Hurricane Irma. It was great. I went with my family and a Carer. I took photos. We had to stay an extra week, it was great"; "I get on really well with (staff member). I have 24 hour care. I like gardening and I have a raised bed outside and I grow vegetables, carrots and potatoes"; "Thursdays is a dance club for people with epilepsy called Mates and Dates. They take me and look after me. This afternoon I'm going to the Chiropodist, I love that, she massages my feet. I go to a farm, I am busy"; "This afternoon I'm going to the day centre to do pottery. They pick me up. I like writing poems and the staff love listening to them"; "I have a weekly programme that keeps me busy. I sometimes go to an old people's home and chat with them. It's great fun" and "I ride every Wednesday. I have full control of the horse which is great. I also play the drums and I like my privacy, but staff really do help me".

Relatives told us the service was exceptional at identifying and arranging activities for people. Relative's comments included, "It has opened up her life, with the tea room she has a busy, fulfilled life"; "The one thing we said when he went there was that we want to turn up and find he's not in and that is often the case. He goes bowling and to a dance class. The carers (staff) take him and collect" and "(Person's) social activities weren't being met by the day services so Style Acre realised his time was not being best utilised so they were proactive in finding a little part time job for him. He works at the Museum. He has a whale of a time. He's been to the circus and to Bonfire Night. Even smaller things like taking him for a walk by the river. He goes swimming every Monday; his social needs are well met".

People were encouraged to participate in the local community and staff looked for ways to enhance this inclusion. One member of staff told us they had supported people to go to a local garden centre each week and help to water plants. People had developed positive relationships with staff at the garden centre and had recently been given a vegetable plot to look after and grow their own vegetables. This enhanced people's well-being and meant they were a valued part of the local community.

People were supported and encouraged to engage in activities that promoted their health and well-being. For example, people were involved in a community gardening project that enabled people to grow and eat their own produce. People attending the project also grew produce which was used at the Style Acre tea room. Staff told us how the project had improved people's confidence and reduced their social isolation. For example, one person had been socially isolated and struggled with concentration and motivation. With support the person had been encouraged to visit the garden project. Records showed the person had grown in confidence and had developed gardening skills. The person now enjoyed the welcoming environment of the garden project and was proud of the flowers they had helped to grow. This had an extremely positive impact on the person's health and well-being.

Another person had difficulty with social interaction and could become anxious. As a result of their anxiety the person was reluctant to go out and spent a significant amount of time on their computer. The person had become anxious about health issues. Staff identified a project that enabled people to spend time with a dog, to learn how to care for it and build a relationship. At the beginning of the sessions the person identified the goals they wished to achieve by taking part. Initially the person was sometimes reluctant to go out but with support the person reported the sessions helped them to feel relaxed and calm. Through the sessions the person was walking daily and going to shops and cafes which was something they had never done prior to the sessions. The person made the decision to stop the sessions as they felt they had achieved their goals and was able to go out and manage their anxieties. Staff told us the person had continued to exercise regularly and had now commenced swimming. The person spent little time on computer games and referred to them as "boring" preferring to go out. The person had also improved their relationships with their family due to their increased confidence.

Staff had completed training in Active Support. Active Support is a method of enabling people with learning disabilities to engage more in their daily lives. Active Support changes the style of support from 'caring for' to 'working with'; it promotes independence and supports people to take an active part in their own lives. Staff told us the training had helped them to understand that everyone can be engaged in some part of their lives whatever their disability. There were many examples of this approach improving people's independence and enhancing their quality of life. For example, one person found it very difficult going to the till with a shop assistant when shopping, so the person was encouraged and supported to use the self-service tills. The person was now able to go shopping and pay independently which they clearly enjoyed.

The service employed a job coach who supported people to identify work placements. This included seeking paid employment. We saw many examples where working had enhanced people's lives and feelings of self-worth. Work placements included local supermarkets, local hotels, charity shops, a local museum and the Style Acre tea room. It was clear that people enjoyed their placements. One person told us, "I work in the tea room, I'm busy. My favourite thing is washing up and cleaning the tables".

People were supported to develop their skills and celebrate their achievements. Some people had completed programmes that offered imaginative ways of developing, assessing and certificating people's knowledge and skills development. We saw that people had achieved certificates in a variety of topics of their choice. Topics included: technology; sports and leisure; healthy eating and getting a job. The service had held an awards ceremony that celebrated people's achievement. It was clear from the feedback that people were proud of their achievement and enjoyed the recognition given by the awards ceremony.

Staff had a clear understanding of their responsibilities to support people in a way that valued them as individuals and took account of their personal preferences. Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, ethnicity and faith. Staff comments included: "I think we promote diversity. We support two people to attend different churches of different denominations"; "Anyone with protected characteristics is very welcome here" and "We have an open culture here that would welcome all". People's needs were recorded in care plans and all staff we spoke with knew the needs of each person well. People using the service also commented on how well their individual needs were met. One person told us, "The staff know me and what I need".

People's support plans were person-centred and gave clear guidance to staff in how to meet people's needs in an individualised way. Support plans detailed people's communication needs and the methods needed to communicate with them effectively. For example, people's support plans contained social stories, communication passports, objects of reference and Makaton. Makaton uses signs and symbols to help people communicate. One person's care plan stated "I am not very good at telling you I am tired". A picture

of a person rubbing their eyes was provided, demonstrating how the person expressed they were tired.

Feedback from professionals about the difference the service made to people's lives was exceptional. Feedback we saw from one professional stated, "I wish to feedback how impressed I have been by the Style Acre Team. The team have taken on supporting (person) who can display intense and severe behaviours that challenge but their approach and support has drastically contributed to the reduction of the behaviours that challenge and a subsequent improvement in the (person's) quality of life and wellbeing. Throughout a complex transition for (person), the team have been very person centred, listened and responded to (person) family and provided proactive approaches and communication. It has been a pleasure to work alongside the team and individuals and to watch the improvement in (person) situation".

People told us they were involved in their support plans. One person said, "I am involved and informed in everything. I like to be in charge as I am very independent". Another person told us, "They ask first before helping me, I think I am in charge".

Care plans showed that people were involved in the development of their plans and were able to determine how they wished their needs to be met. There were regular meetings with people to discuss their progress against goals and encourage them to think of how they might like to develop their skills and knowledge.

Support plans detailed the importance of relationships. One person's care plan stated "I love spending time with my family and close friends, it is important I stay in contact with everyone". We saw details of the people who were important to the person and how they made contact with them. Another person's support plan identified the person spoke regularly to their family via an internet link as they lived a long distance away. This ensured people were able to maintain and enhance their relationships with people who were important to them.

Where people had complex health conditions the provider looked for ways to monitor their health condition whilst maintaining as much independence as possible. For example, one person experienced seizures. The person had an alarm system which was in place at night. Staff supported the person to check their alarm system regularly to ensure it was working. This ensured the person understood what the alarm system was for and took responsibility for ensuring it was in place and working.

Staff were exceptional at pursuing equipment to support people to enhance their well-being. One member of staff told us a new system was being introduced to monitor a person's epilepsy at night that was more sensitive and would monitor more closely the types of seizures the person experienced. Staff told us they were receiving training in the use of the system which was due to be installed following the inspection. It was clear that staff and management felt a huge sense of achievement for the person as this would enable better monitoring of their health condition.

Where appropriate people were supported to consider how they wished to be supported at the end of their life. Staff explained how they supported people through these discussions. One member of staff said, "(Person) didn't want to talk about it, I explained why and she did a couple of things, but did not want to discuss it further". The member of staff had recorded the discussion in the person's support plan and had respected the person's wishes not to discuss it any further. The person's support plan stated, "About the funeral. Tulips, daffodils and roses. The hymn (person) wants is The Lord is my Shepherd. About being buried: "(Person) likes to look nice, so nice hair and clothes. Would like to be buried with her mum and dad".

At the time of the inspection there was no one being supported with end of life care.

The service had a complaints policy and procedure in place. People we spoke with knew how to make a complaint and felt comfortable to do so. One person used the complaints procedure as a coping strategy when they became anxious or upset. When the person presented these behaviours staff guided the person to write their feelings and frustrations down using the complaints procedure. This calmed the person. Every week the person met with the support manager where they talked through the complaints. Actions arising from these meetings were recorded. For example, one action was for an activity to be moved to another evening of the person's choice. This was actioned and the person's preference respected.

Relatives knew how to make a complaint and were confident that any issues were addressed in a timely manner. Relatives comments included: "I wouldn't be worried to complain but I can honestly say I don't have anything to complain about"; "I know who to complain to, I know who the head one is but no complaints at the moment" and "We are able to complain if we needed to and we know all the levels to complain to, we have good contacts".

Complaints were dealt with by support managers at a local level. Support managers kept a record of the complaints that had been made, what action had been taken and whether they had been resolved. The provider had identified themselves that they had not previously had oversight of complaints, they told us this had been identified through a quality assurance process and they were currently reviewing the complaints procedure. We saw notes from a meeting held on 26 September 2017 identifying the action to be taken to improve the complaints process and these actions were being completed. Actions included: to review the complaints policy and procedure (to include accessibility and format); ensure there was an effective system to review all complaints received; set up a Style Acre feedback email address; write to all families to reinforce ways to give feedback to the organisation and include details of the complaints policy and procedure in all newsletters.

Is the service well-led?

Our findings

Style Acre prided itself in being a provider that "works with others to create communities where people with learning disabilities and Autism are valued as equals and given every opportunity to fulfil their potential and live the life they choose". Throughout the inspection we saw that the service was run with and for people. The provider had an extremely positive culture that ensured people were at the centre of everything the service did. There was a clear management structure that passionately promoted a person-centred culture and the provider's values of caring, respectful, honesty, ambition and collaborative.

The provider had a clear strategy which was shared at all levels. The strategy was clearly linked to the organisations mission and vision. The strategy showed the commitment to the inclusivity of people, staff and partnerships, whilst ensuring the quality of people's lives was at the forefront of everything the provider did.

Everyone who was involved in the service was committed to ensuring the best outcomes for people and this was achieved by ensuring people were involved at every level. The provider had introduced a trustee buddy system. All Trustees of the Style Acre Board had been buddied with a support manager. Through the buddying system trustees were introduced to people to enable them to have a true picture of the lives people experienced when being supported by Style Acre. For example, one trustee had spent time playing golf with a person. This had clearly been enjoyed by both and enabled the person and trustee to develop a closer relationship. This meant Trustees saw how the support people received improved their quality of life and motivated them to continue to look for ways to improve.

There was an experienced registered manager in post, who along with the nominated individual spoke enthusiastically about the service and the people they supported. They were proud of everything the service had encouraged people to achieve. Their positivity about the achievements was shared throughout the service both by people and staff.

The provider ensured that staff were valued and that their pride in their staff was recognised and celebrated. For example, the service had won three awards at the Oxfordshire Association of Care Providers. The awards were: The Community Services Worker Award; The Care Employer Award and The Oxfordshire Hero award. People, staff and management attended the award ceremony and it was clear that everyone was proud of the achievements. The nominated individual said, "Our reputation is very important to us, we pride ourselves on delivering great quality services to people, awards like this show that we are getting things right for people".

Everyone we spoke with was positive about the management of the service. One relative told us, "I think they are absolutely excellent, I can't tell you what an improvement it's been with Style Acre. The quality far exceeds any other service, we are very happy". Another relative told us, "We have scheduled meetings with the Style Acre team and we sit down and talk. We had a meeting with parents recently and came away very reassured. They have everything in hand".

Staff were unanimously positive about the management of the service and particularly the registered manager. Staff comments included: "[Registered manager] is brilliant, really supportive and I would aspire to be like him. He has empowered me to do my role. The provider is also supportive. I have a good relationship with them"; "You look up to them (registered manager). They are helpful, supportive and they understand"; "[Registered manager] is really good, easy to talk to. He is a good role model"; "The Manager is super approachable, I've known them for years" and "His (registered manager) passion comes across. He has a way of making us feel, 'Yes we can do it'".

There was an open culture that encouraged the inclusiveness of people, relatives and staff. One member of staff told us, "It's a brilliant company to work for. There is an open door policy and you can always speak to someone. Not just for staff but for the people we support as well. Staff and the people we support can talk to [registered manager] and [deputy manager] at any time. Don't need to go through layers of management to get to them". Another member of staff said, "It is so friendly here, we all know each other, a lot of us have trained together and known each other a long time, it's like a family".

Throughout the inspection people and staff regularly visited the office. People were extremely comfortable in the environment and were always welcomed warmly by everyone. We saw many interactions that showed people were valued and had developed close relationships with staff. At every opportunity people were introduced to the inspection team and they were enthusiastic to speak with us. This showed people were valued and included by everyone in the service.

People were involved at every level of the service and the provider looked for creative ways to ensure people were involved and listened to. This included involving people in the recruitment of support staff, quality assurance processes, health and safety committee, compiling a quarterly newsletter and fundraising for the charity. We spoke with one person who was an Expert Auditor. They explained how they carried out audits of the service with people in their homes and produced a report for the management. One of the audits had identified issues between two people living at the property. The Expert Auditor told us "There has been such a change (in person) since the report. People here are really well supported". It was clear speaking with the person that they felt proud of what they had achieved for the person.

The service had strong links with local communities and involved them in social events which included fund raising activities. Events included a 100k challenge that involved a 68k cycle ride, a 12k canoe and a 21k walk; a summer fete at the service's local tea room and a summer cream tea for 50 guests. The service arranged an annual 'Santa dash' through a local town and encouraged people, families, staff and members of the local community to participate. Photographs of the 2016 event showed everyone enjoying the day. During the inspection we heard people and staff talking enthusiastically about the 2017 event. It was clear people enjoyed the event and it had a positive impact on the inclusive relationship people had in the community.

The provider was proactive in promoting strong leadership throughout the organisation. The provider had developed and implemented a leadership programme which several staff had completed successfully. The registered manager told us that it was open to all staff and line managers were encouraged to identify potential candidates through supervision. The registered manager understood the difficulties of recruiting effective managers and told us the leadership programme had enabled the service to develop a strong leadership team from within the organisation. One support manager told us, "I did the leadership programme. It was brilliant. It gave me the skills to manage staff".

Staff were supported by a management team and there were clear lines of accountability for all staff. One support manager told us how they had taken a member for staff through performance management.

"We don't want to get to the stage of dismissing so we try really hard to support staff to improve and stay. [Registered manager] was there for me through the whole process. I was really supported".

Staff received excellent support which resulted in staff that were passionate and committed to the organisation and the people they supported. Staff comments included: "This is the best setting I have worked in for support. I get to have my say and they listen"; "I am well supported. I can always talk to manager and I have supervisions"; "I am really well supported here. We are very open" and "It is a very good organisation to work for. Excellent at training".

Everyone spoke enthusiastically and positively about the communication throughout the organisation. One relative told us, "Yes, I know the Manager and further up I know the Support Manager, I have their emails, they respond very, very quickly. I have no complaints". Staff were equally confident that there was good communication. Staff comments included: "I have really good communications with my staff, my manager and especially the parents. We have regular monthly team meetings"; "Communications are good here. We have team meetings and discuss all issues raised. It is really an exchange of knowledge" and "We have staff meetings, handovers and a communications book. We share learning so I am kept informed".

The provider produced a quarterly newsletter for people and relatives and a bimonthly newsletter for staff. Copies of the newsletters showed that people were involved in the development. The newsletters celebrated people's achievements and kept people and staff informed of organisational updates. The newsletter also included a 'Go the Extra Mile Award' which was nominated and voted for by people using the service and was open to "Anyone within Style Acre who has gone the extra mile". This was another example of the inclusiveness of the people using the service and their opinions were valued.

The provider employed a quality manager who was committed to constantly looking for ways to improve the lives of people. There was a clear understanding of "Quality Matters" and the provider was committed to ensuring people's lives were positively transformed when accessing Style Acre services. Quality Matters is a document that sets out a shared commitment to high-quality, person-centred adult social care.

The provider had a range of quality assurance methods in place to ensure the service looked for ways to continuously improve. For example, support managers carried out monthly audits which included: reviews of support plans; reviews of risk assessments; staff supervisions; staffing hours and agency use; health and safety; medicines and safeguarding. The registered manager used these monthly reports to ensure they had an overview of the quality of the service. The registered manager looked for trends and themes across the organisation and areas for improvement. For example, as a result of issues identified with visiting people in their homes as part of the recruitment process an exercise had been carried out to trial a new house visit process. This was being evaluated.

There were a range of methods to ensure people and relatives were able to provide feedback about the service. Methods included: Regular house meetings for people with their support manager; regular family meetings and an annual satisfaction survey. We saw the survey was produced in many formats to ensure people's communication needs were met. For example there was a pictorial version of the survey. We saw many examples of changes made as a result of the monthly house meetings which included buying new furniture, changes to activity programmes and plans made for holidays.

The provider considered the financial impact on people of their differing income and was innovative in finding solutions to enable all people to enjoy a full life. For example, the provider had identified that it was sometimes difficult for people to go on holiday due to cost and accessibility of accommodation. In order to enable people to enjoy holidays the provider had researched buying a holiday lodge or caravan in order for

people to go on holiday with friends and family. Records showed people had been consulted as to where they wanted the accommodation to be. The nominated individual had then taken a group of people to visit an identified site and seek their view. As a result a bespoke holiday lodge was being built which would enable people and their families to go on holiday.

The service worked closely with other agencies and organisations to ensure the best outcome for people. This included: Oxfordshire Local Authority; Oxfordshire Safeguarding Adults Board; Association for Real Change (England); Oxfordshire Association of Care Providers; Oxfordshire Family Support Network and the Vulnerable Adults Mortality group. The provider used these partnerships to improve the outcomes for people. For example, new accommodation was being sought for people who were currently living in accommodation that was not always suitable for their needs. The provider was working closely with people and the local authority to ensure people were involved in the development of their new homes.

The provider had clear, effective systems in place to ensure people's confidential personal information was protected. This included working with people to ensure they understood the risks associated with social media. The provider was aware of the changes to Data Protection Legislation and had appointed a data protection lead to review the provider's policies and implement any changes required to ensure the provider met the requirements of General Data Protection Regulation.