

Caprani Care Limited Sherbrooke

Inspection report

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Ratings

Overall rating for this service

Outstanding ☆

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Outstanding ☆

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

Sherbrooke is a small family run supported living service based in Banstead, Surrey. The provider is Caprani Care. They personal care for up to four people who have a learning disability, autistic spectrum disorder and mental health support needs.

This inspection took place on 14 September 2017. We announced the inspection so we could gain permission to visit the people who use the service at the house they lived in. This was the first inspection since the service registered with the Care Quality Commission.

There was a registered manager 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.

There was incredibly positive feedback about the home and caring nature of staff from people and relatives. One relative said, "Our family wish all supported living was managed to Caprani Care standards." A health care professional said, "The service excels in treating each service user as an individual. There is no one size fits all." Everyone we spoke with told us they felt the service gave an outstanding level of care and support to people.

The registered manager, who is also the provider, had a clear vision and set of values for this service. These were based on dignity and respect, reflective learning, working together and a commitment to providing quality care and support. They were also focussed on getting to know the people they support and growing the service they received together with them. This compassionate and clear message was clearly shared by the staff team. This had a positive impact across all five of the key questions we asked (Is it safe, effective, caring, responsive, and well led) and the lives of the people who used this service.

The service strived to be known as outstanding and innovative in providing person centred care based on best practice. The registered manager had established a culture that put people at the centre of the service. This resulted in people taking back control of their lives, either from being institutionalised for their whole lives, or overcoming obstacles due to their disabilities. Staff were confident and knowledgeable in their ability to support and care for people. Their passion for supporting people to live a fulfilled life and

overcoming obstacles was evident throughout the inspection.

The staff were exceptionally kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection, such as staff asking people's advice about how to proceed with tasks, or having a laugh and a joke with them. People were relaxed and happy with the staff and it was clear that caring relationships had developed between them. People's relationships with family and friends and dramatically improved due to the support and guidance given by the staff.

People's safety was paramount at Sherbrooke, as was their involvement in keeping themselves and others safe. People's interests in health and safety had been identified, and training given to equip them with the skills needed to lead on safety checks around the house they lived in. Through an understanding of people and their support needs staff worked with them to manage risks and enable them to live their lives in the way they wanted. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. Staff worked on the premise of how people could be supported to do fun, but risky activities, rather than trying to stop people doing things they liked.

Although there was a small staff team there were sufficient staff deployed to meet the needs and preferences of the individual people that they supported. The provider had implemented a values based recruitment process. This ensured that staff were not only safe to work with people, but also shared the visions and values of the service. The staff team were very positive about their enjoyment of the job and the people they supported.

Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police. People and their relatives were also given training, so they understood what to look out for and who to tell. This promoted their independence by making them less vulnerable when out in the local community, or attending social events.

People's medicines were effectively managed, and their use was regularly reviewed to see if they were actually needed. Through professional involvement many people's medicines had been reduced, or stopped completely. This was especially apparent with behaviour modifying medicines. Staff had an exceptional knowledge of learning disabilities and mental health conditions. This resulted in people understanding and managing their own emotions, with minimal use of medicine compared to what they had needed in their past.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). Staff championed people's rights, making sure that all decisions put the person at the centre. Staff clearly understood the principles of the MCA, and were confident in challenging outside agencies when these were not applied. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

Staff supported people with their dietary needs which improved their physical health and their understanding of how what they ate could affect their lives. Through careful guidance and instruction people developed a preference for healthy diets, resulting in all four of them reducing weight and becoming more active. People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People's health was seen to improve due to the care and support staff gave.

Care plans were based around the individual preferences of people as well as their medical needs. People

were really involved in their care plans. Plans were in a format that best suited the person they were for. They gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as detailed in their care plans. Details such as favourite foods, recorded in the care plans matched with what we saw on the day of our inspection.

People having a fulfilled life was at the core of this service. Through careful and innovative planning people were able to overcome obstacles and access to activities that met their needs and enhanced their lives. Many of the activities were based in the local community giving people access to education, work, making friends and meeting new people. Involvement in local neighbourhood meetings also led to a better understanding of learning disabilities by people in the local community.

People had the opportunity to be involved in how the home was managed. Regular house meetings took place to give people a chance to have their say. Surveys were completed and the feedback was reviewed, and used to improve the home and the people's experience of living there.

People had a very positive experience being supported by Sherbrooke. They were supported by staff that really enjoyed their job; who ensured that people lived in a safe home; which gave effective care; by caring and passionate staff; who responded to people's needs and really involved them in their care and support. The registered manager gave an outstanding level of leadership to make people's lives happy and fulfilled. A relative said, "It seems that a small well run provider like Caprani is very much the standard all providers should strive for."

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.

People felt safe living in their house with the support of staff. Appropriate checks were completed, that involved the people, to ensure staff were safe to work at the home.

There were enough staff to meet the needs of the people and this number varied as people's needs or support changed.

Staff understood their responsibilities around protecting people from harm and abuse. People were supported to take part in risky activities they wanted to do.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk. People took a key role in managing safety around the house.

Is the service effective?

Good ●

The service was effective.

Staff were provided with continuous training, support and supervision to ensure they delivered the very best care.

Staff applied their knowledge of the Mental Capacity Act 2005 to support people to make choices and live their lives as they wished.

Staff supported people with their dietary needs which improved their physical health and well-being.

The service had good systems in place to ensure that staff worked effectively together as a team to meet people's holistic and healthcare needs.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Staff were caring and friendly. We saw excellent interactions

between staff and people that showed great respect and care.

Staff knew the people they cared for as individuals. Communication was good as staff were able to understand the people they supported. Staff went out of their way to give people a good life.

People were supported to be independent and make their own decisions about their lives. They could have visits from friends and family whenever they wanted.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

Staff empowered people to be as independent as they could be and supported them to make meaningful decisions about how they lived their lives.

Care plans involved people and gave detail about the support needs of people. People were very involved in their care plan reviews.

A wide variety of activities were available within the service and in the community and staff supported people to pursue their interests, education and dreams.

There was a clear complaints procedure in place. No complaints had been made since our last inspection. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Outstanding 

The service was very well-led.

The home was focussed on the needs of people that lived there. The registered manager was a role model to staff and made sure that the visions and values of the home were known and followed to ensure people received an outstanding level of care.

Staff felt supported and able to discuss any issues with the manager. Staff were highly motivated and proud to work for the service.

People and staff were involved in improving the home. This involvement gave people a real sense of being involved in how their home was managed. The provider was focussed on continual development and improvement in line with industry best practice.

Quality assurance records were up to date and used to improve the service to people. Robust quality assurance systems enabled the service to continually reflect upon and improve the way the service was delivered.

The registered manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Sherbrooke

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 14 September 2017 and was announced.

Due to the very small size of this home the inspection team consisted of one inspector who was experienced in care and support for people with learning disabilities.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the home. Prior to the inspection we also contacted three relatives, eight staff and three community healthcare professionals via the use of a questionnaire.

We visited the four people in their supported living home and talked with them to find out about their experiences living there. Due to people's communication needs we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff cared for people, and worked together. During the inspection we spoke with three staff which included the registered manager. We also reviewed care and other records within the home. These included four care plans and associated records, four medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out

by the staff. After the inspection we contacted relatives of all four people to ask for their feedback about the service.

This was the first inspection of the service since they had registered with the CQC.



Our findings

Everyone we spoke with gave positive feedback about how safe the service was. One relative said, "Our son went to Caprani Care (the provider of the service) after a long spell in the "care" of a large provider where (we felt) he was neglected both physically and mentally in comparison to where he is now. If we seem a bit gushing about where he is now it is because experience has shown us that he is receiving some of the best care he has ever had, including at home with us." Another relative said, "Appropriate physical safety adaptations to the building have been installed e.g. bells when the door is opened, ramps, handrails etc. When I phone the house they always know where my family member is and what he is doing."

People's involvement in keeping themselves safe was at the core of the principles at Sherbrooke. The culture of the service was open and transparent and encouraged positive thinking in relation to keeping people safe. The people who lived at the home had come from many different backgrounds and life experiences. Each had been involved in risk assessments to identify areas that may impact on their life and to keep them safe. These enabled the person to experience a greater freedom and control over their lives than they had before they came to be supported at Sherbrooke.

One person had lived most of their life in a secure unit within a specialist hospital, due to their perceived challenging behaviours, and mental health support needs. This included self-harming, and violent behaviour to others. Due to their involvement in their own risk management by the staff this person had been able to take control over their life. Staff worked with the person to manage their anger, and as a result they had gone from spending their whole life within an institution to a person who went out every day into the community to attend local activity groups and discos, and had also begun a relationship with a person outside the service. None of which would have been possible without the positive risk management practices instilled at the heart of this service.

Risks to people's health and safety, and how this may impact their lives were clearly understood by staff. Risk assessments were reviewed as required and staff took a proactive approach to ensure foreseeable hazards were well managed. One person attended a local college and had a routine they followed to help them manage their anxiety. Staff identified that building works at the college would mean a change in this routine, for example the drop off point was now much further from the entrance to the college, and how this could impact the person's safety. They talked through the changes with the person, and contacted the college to see if a teacher could be placed at the new temporary entrance to walk the person into the college. This was done, resulting in the person being able to continue their education as the risk from increased anxiety (and associated behaviours) had been identified and managed before they became an

issue.

People were protected from the risks of abuse. The registered manager and staff had a good level of understanding of the need to keep people safe. Not only were staff given regular training on safeguarding adults, but the people who used the service were as well. This was modified to meet their individual learning needs, such as using pictures, or through the use of technology such as tablet computers. This training was also offered to family members. This gave people an understanding of the different types of abuse, so they would be able to identify any concerns with their own care, or the care of others in the home, and what they could do about it. This empowered them to keep themselves and others safe, and gave them the confidence to speak up if they had any concerns. Information and guidance on how to raise a concern was clearly displayed in a format people could understand. People were encouraged to speak out if they did not feel safe.

People were involved in managing and understanding risks to their health and welfare. One person who used the service took the lead on health and safety in the house. They had been given training by the service and with staff support carried out regular checks on the house to ensure it was safe for people to live in. This included completing weekly health and safety assessments. This had helped minimise the risk of fires and accidents within their home significantly. The person checked the fire alarms, stairways, exits to ensure they are in good working order for their house mates and staff. The person also provided a consistent, daily oversight on the safety of their home which was demonstrated when we spoke with him in the kitchen whilst he was making a meal with staff. When making toast he checked that the toaster was moved out from under a cupboard, and explained that this was to reduce the risk of a fire. He also had a clear understanding of the safety equipment he, and staff needed when handling hot baking trays. The person had the understanding and confidence to keep themselves and others safe in their day to day lives.

Accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed.

People's safety was assured by the robust staff recruitment processes that were in place. Key to this was people's involvement in recruiting the staff that would be employed to support them. People were involved in the interviews as well as being asked for their feedback by the registered manager on how well they thought the prospective staff member was suited to the role.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There were also copies of other relevant documentation including character and professional references, interview notes, proof of identification such as passports, to show eligibility to work in the UK.

There were sufficient numbers of staff deployed to keep people safe and support their health and welfare needs. One relative said, "The manager manages staff availability well. The service seems to be staffed appropriately." Another relative said there were, "Always enough staff, day and night." A staff member said, ""There is a very good team here and since I have started my employment we have not had to utilise agency staff. The manager prepares rotas in response to the service users' needs and also listens to the requests from staff."

Staffing levels reflected the needs of the people. Staffing rotas recorded that the number of staff on duty

matched those specified by the registered manager to give a safe level of care to people. During the inspection people were seen to be supported when they asked for help, and staff had time to spend talking with people.

People's medicines were managed and given safely, and people were involved in the process. People understood what their medicines were for, and when they needed them. They would come and ask staff for their medicines, and one person who had limited verbal communication would come and say, "It's medicines time". Through the positive way that people were supported many medicines had been reduced in dosage or discontinued completely with involvement of GPs and mental health professionals. This resulted in people being able to better manage their own emotions and free them from the side effects that many of these medicines had given them.

Staff who administered medicines to people received appropriate training which was regularly updated. Their competency had been assessed by the registered manager to ensure their practical skill were up to date. Staff were able to describe what the medicine was for to ensure people were safe when taking it.

Where medicines were prescribed as required for a person who expressed distress, good practice was seen in the 'as required' medicine (PRN) protocol, such as alternative activities being attempted to distract and calm the person (including activities meaningful to the individual). The PRN was recommended to be given only as a last resort.

The ordering, storage, and disposal of medicines were safe. There were no gaps in the medicines administration records (MAR). Good practice such as a record of signatures and their initials at the front of both MAR folders was in place, so the staff member who had given medicine could be easily identified. Each MAR had a front sheet with a current picture of each person receiving medicines as well as their date of birth, and known allergies. This reduced the risk of people receiving the wrong medicine.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, was clearly displayed around the home. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire. Information to guide staff in meeting people's care and support needs in an emergency, such as evacuating the building, was readily available. People's ability to evacuate the building was regularly reviewed to ensure they could do so in a safe and quick manner. There was also a continuity plan in place to ensure people would be cared for if the house could not be used after an emergency.



Our findings

People and relatives were all complimentary about the staff's abilities and how effective they were at meeting people's needs. The service supported people with mental health and neurological conditions, which included complex needs associated with epilepsy. People and their relatives praised the way staff provided this specialist support. One relative said that the level of training staff undertook meant they were, "First class in all aspects" of their family members' care and support.

People were supported by well trained staff that had sufficient knowledge and skills to enable them to care for people. The registered manager kept a constant watch for best practice within the care sector. This resulted in people benefiting from the careful selection of new staff. Prior to being offered employment, prospective staff had to go through a programme of assessment. This was based on a 'Values based approach' to employment of staff. This best practice approach enabled the registered manager to understand a prospective employee's values, behaviours and motivations and assess whether they aligned with the values, culture and expectations of Caprani Care. The induction process for new staff was robust to ensure they had the skills to support people effectively.

The registered manager ensured that staff put their learning into practice to deliver outstanding care that meet people's individual needs. Staff received regular on-going training to ensure their skills were kept up to date and to ensure they could meet people's specific support needs. Innovation and striving for excellence within the staff team was driven by the registered manager. All of the full-time staff completed diplomas ranging from health and social care, management and leadership and team building.

People benefited from being supported by staff whose training was updated and modified to meet individual needs and incidents. Staff engaged in regular quizzes and the theme of them changed in response to incidents. For example if a person's behaviour had become particularly challenging staff would be quizzed on their knowledge of the positive risk policy, and the person's behavioural support plans. This ensured people were supported by staff that were constantly updated on any recent changes in their support needs, resulting in these incidents reducing over time. This was because people's anxiety levels were lowered as staff clearly understood the signs to watch for and how to respond to help the individual.

The registered manager regularly reviewed the mandatory training for staff to ensure it was up to date and at the forefront of current best practice. Resources used in the training process for staff, and people who use the service included, free training provided monthly from Social Care TV, and training from the Skills for Care organisation. The registered manager's passion and drive for excellence meant that staff not only received

mandatory training, but they also went on to being trained as trainers. This enabled them to deliver training in areas such as autism, epilepsy, medication administration and health and safety training. Because of the staff's knowledge and experience in areas of epilepsy, autism and medicines, people's lives had improved. For example the frequency of people having seizures has dropped due to the holistic approach staff had taken to people's lives. This was directly attributable to their confidence and understanding their training had given them.

There were champions in the service who actively supported staff to make sure people experienced good healthcare outcomes leading to an outstanding quality of life. The small staff team had champions in dignity, autism, epilepsy, medicines and health & safety. Each champion reviewed current best practice guidance in their respective areas and fed back updates to the rest of the staff team. The results for people had been the clear understanding that staff had in these areas, resulting in people being able to lead fuller, more sociable lives.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people could not make decisions for themselves the processes to ensure decisions were made in their best interests were effectively followed. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed. Where people did not have capacity, relatives with a court of protection order confirmed they were consulted by staff and involved in making decisions for their family member.

The registered manager and staff confidently made use of the MCA to make sure that people were involved in decisions about their care so that their human and legal rights were sustained. One person came to the service with a chronic dental abscess. This had been documented for the three previous years. The person would not consent to treatment and was in pain on a daily basis. The community dental health team would try to gain the person's consent at each dental appointment, but the person could not understand what was being asked and was fearful of the process. This resulted in the treatment not being carried out, and the person being left in pain.

The staff at Sherbrooke used their skills and experience in the person's mental health needs, their life story and an understanding of the MCA to give the person the information he needed to make an informed decision. They put together pictorial information about the procedure and anaesthetic, and also incorporated pictures of what being "pain free" may look like. The person believed that going into hospital was going to be similar to being sectioned like he had been in the past. The innovative use of pictures and videos by staff showed the person he would come home on the same day. This calmed him down, and as a result he was able to understand and retain the information he had been given.

Staff's knowledge of the person enabled them to understand the best time to talk with him about the decision, giving him the best possible chance of understanding and being able to give his informed consent. The discussion was held in the evening when he was most relaxed and not anxious or preoccupied with the day ahead. Staff knew the person had understood and retained the information because he was able to tell his peers word for word what the plan was and gave his full consent. He went under full anaesthetic for

removal of the tooth, as well as a course of antibiotics afterwards. The person is now pain free and his dental health has gone from strength to strength. This was as a result of the experience and understanding of mental capacity that staff had. A follow on benefit for the person is he was very proud of himself, and able to feel more confident around others due to his improved dental health and hygiene.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People were supported to eat a well-balanced diet and given the encouragement and information to enable them to significantly improve their wellbeing. The registered manager and staff team understood the importance of people eating and drinking well. One relative said, "My family member likes his food and is happy to help prepare the meals. Staff encouraged this. The food is very good and my son now has a healthy weight. The staff have done extremely well with this aspect of his care." A health care professional fed back to us that the service was, "Excellent. Service users choose their own weekly menus. Carers ensure they have a healthy and balanced menu and give advice to people when required."

The excellent dietary guidance and support given to people by staff had resulted in a really positive improvement in the health, fitness and wellbeing of all the people who use this service. People's involvement in menu planning had helped them to understand healthy options, and the effect that certain food types, when overindulged, could have on their health. The staff looked at options to encourage people to eat more healthily and become more mobile. As a result all four people agreed to sign up to a national slimming agency, so they had clear goals, and education in food and nutrition. The plan did not restrict volumes of food which was vital for the people whose sensory dependences on food were high. They liked to experience variety, colour, and flavour to encourage them to eat healthily. By following this healthy eating plan all four people had achieved a healthy body mass index (BMI), with one person losing over two stones in a controlled manner. The total weight loss across the people involved in the diet was 10 stones. People now had a better understanding of the impact food choices could have on their health and wellbeing.

People were seen to be involved in making their meals, and the menus they had chosen were varied and consisted of fresh fruit and vegetables. Menu planning was individual to each person, to enable them to understand the choices and options. For example one person used pictures from a book that staff had developed to identify the food he would like to include on his menu. Food was made from scratch by the people, rather than shop bought whenever possible, to increase their skills and independence. For example on the day of our inspection people had been involved in baking a cake, as well as preparing the evening meal.

People received support to keep them healthy and their health and well-being were seen to improve due to the care and support of staff. Links with health and social care services were excellent. People had complex health needs and staff were seen to improve their care, treatment and support by identifying and implementing best practice. The staff team had piloted health action plans for all of the people who used the service using guidance from a community learning disability nurse. Sherbrooke were used as an example of best practice when it came to health action plans by the local Community Team for People with Learning Disabilities (CTPLD). The CTPLD and social care team had attempted to engage with a young person with severe learning disabilities and epilepsy for many years. The person's and their family's first language was not English. The health and social care services approached Sherbrooke to try to engage with

outreach support, positive behavioural support and medicines management.

Staff explored the background to the unsuccessful attempts to engage with the person and found that the language barrier was the main cause. They then recruited a support worker, someone who could speak the person's language and understand their culture. The staff then began making home visits for support. They talked with the parents, and acted as a translator with the CPTLD, dietician and social worker. This had a positive impact on the person's life. She then received an informed approach from other professionals that she could understand. She was able to access the community because activities could be planned in advance with family involvement. The staff member was able to support the family to manage the person's medicines and health appointments in a safe and effective manner. The staff member understood the cultural background of the family. They were therefore able to explore the social care team's concerns with the family and relay explanations for certain practices and behaviours back to the healthcare professionals involved. As a result the family had moved forward working with professionals to access respite care and support for the person.

Further examples of the excellent and effective healthcare support people had received were seen by the increase in people's health, fitness and mobility after joining the Sherbrooke service. One person used to be in a lot of pain when they walked. The registered manager sought a specialist (for people with learning disabilities) podiatrist in Ashted who could assess the person using special technology to assess how they walked. The person now wore orthotics (these are semi-permanent devices which are placed either on the foot or in the shoe to improve foot function) and could walk for much longer distances. This has had a massive impact on their health and wellbeing, including them being able to go out into the community more, and go on holidays.



Our findings

We had consistently positive feedback about the caring nature of the staff from people, relatives, health care professionals and members of the public. One relative said, "The staff are lovely and come across as professional. They talk to my son and take his wishes and concerns into consideration on a day to day basis." Another relative said that the staff were, "Unique, (in a good way!)." A health care professional said, "Very well run (service) for people with learning difficulties. Fantastic care plans, individualised. Patients are well cared for and looked after."

The care and support given by staff was so positive that a member of the public contacted CQC to praise the service. They had seen a person being supported in the community and were so impressed they found out who the care provider was so they could feedback to us. They wrote, "He (the person) seemed to be very well looked after and cared for. It was lovely to see." The caring nature of the staff was also recognised in the local community where people lived. A neighbour sent a letter to the service to inform the registered manager of their positive experiences. They wrote, "Your staff have a wonderful warm approach to caring and your clients are often laughing and engaged in what I would call positive communication. Staff are always so patient and kind. Well done to all of you, we love having you as our neighbours."

The registered manager and staff were highly motivated and offered care to people that was kind and compassionate. During the inspection staff had a positive rapport with people and engaged exceptionally well with them. Staff fully involved people in what they were doing and sought their advice on how to proceed. Whilst baking in the kitchen staff asked people to help with problem solving. The cakes had just come out of the oven and staff asked, "Now the difficult bit, how do we get the cakes out without breaking them, do you have any ideas?" They then discussed the possible solutions together. After they had solved this puzzle staff congratulated the person by saying, "Well done (person name) I think you have done a fantastic job!"

Seeking people's knowledge and help continued by staff prompting people to read instructions on recipe labels, and guide staff on safe working practices. When approaching the oven to take out the hot baking trays staff said, "Right, I need to wear my...?" and the person immediately jumped in and said, "Gloves!" This high level of positive interaction was overheard throughout our time in the house where people lived. People responded in a positive way to staff interaction, and with their peers.

Individual support was given so people could overcome obstacles in their lives. A number of the people living in the house had a history of being socially isolated, either due to lack of confidence, risk to

themselves or others due to their behaviour or through the institutions they grew up in. Staff took time to sit and talk with people who responded well to this interaction with them. This kindness, acceptance and support of people by staff had a positive impact on their lives. People now felt they had control of their life and able to make choices for themselves. People who had been isolated were now attending college, or having relationships with people outside of the service, something they or their families could not have foreseen before they received support at Sherbrooke. A relative told us about their family member who used to stay in bed all day, avoiding the staff and other people in the house. With the support of staff they now got up early, went to bed early, and got a lot more out of their day.

Staff spoke fondly of the people they supported. Staff enjoyed sharing jokes with people and it was clearly apparent that the people had a very good rapport with staff. Throughout our inspection staff had positive, warm and professional interactions with people. Acting in a caring and inclusive manner with the people they supported was second nature to them.

People were supported by a staff team that put them at the centre of everything they did. Staff did all they could to make people's dreams and aspirations come true. One person had grown up with dogs, but once they entered the social care system they had very little access to them. The provider built a kennel in the garden of the house where the person lived, and brought their own dog over to the house almost every day for the person. The person was able to take the dog for a walk, feed him and rekindle his love of animals. This has increased the person's fitness through the walking, but also their confidence out in the local community. Another person had never been on holiday before. Staff worked with him to identify the areas in his life which had prevented this. These included anger management, as well as financial constraints. A plan was put into place, and as a result the person has now been on holiday three times. These examples show the staff team went out of their way to ensure people felt really cared for and that they matter.

People were able to rebuild relationships with family through the guidance and support of staff. One person had to not been able to attend family gatherings. The family had found it difficult to support him as large groups made the person anxious. Staff worked with the person and the family to build their confidence in large groups and they now attended all family gatherings. The person took pride in showing us pictures from their recent trip to their family home on their tablet computer. The pictures made it obvious that the person and his family were very happy together. Another person's family involvement had been enhanced by the care and support of the service. They had supported him to buy a mobile phone and helped him understand when it was appropriate to use, for example not telephoning people late at night. He had also been supported to purchase a computer and given instructions on using online communication software. This enabled him to keep in touch with relatives who lived in other countries. This family bond was really important to the person, as they had spent their earlier life in an institution.

Staff had an in-grained appreciation of people's individual needs around privacy and dignity. Staff ensured that people were always treated with dignity and respect, and thought of different ways to ensure their independence and involvement in the home was promoted. Their core values of the service were based on having dignity in staff's hearts, minds and actions, changing the culture of care services and placing a greater emphasis on improving the quality of care and the experience of people who use health care services. These values closely matched with those of Sherbrooke. An example of the tasks carried out was for one week they put 'please knock' reminders (with people's permission) on all the doors. It was a reminder to staff to not get complacent around these basic principles of dignity and respect.



Our findings

People's care and support was planned proactively and in partnership with them. This resulted in positive improvements to their physical and mental wellbeing. One relative said, "Everyone is assessed as to how much support they require depending on their ability and what they want to do. The results are what you would expect to find in a normal family environment." Another relative said, "My family member is happy at the house and gives the impression he has been involved in decision making."

We saw many examples where the responsive nature of staff planning care and support with people made a positive difference. One person, prior to using this service, had got into a rut of drinking only a certain high sugar content drink. This impacted on the condition of their skin, resulting in creams needing to be applied. By working with the person, listening to them and explaining how their life choices affected their health, staff developed a plan of support. As a result the person's skin condition had greatly improved, and they had an awareness of how food and drink could affect their body. People had also been supported to interact with local community support services to give up smoking. This had such a positive impact on their lives. Not only were they feeling better physically, but through the money they had saved they were now able to go on holiday, and buy the things they wanted.

Staff understood people's diverse backgrounds, life histories and preferences. They helped people take back control of their lives by suggesting ideas that people may not have thought of themselves. This gave people an enhanced sense of wellbeing and a much better quality of life. One person prior to joining the service had fallen into debt and as a result their life had become very restricted, as they were unable to afford to do anything they enjoyed. The registered manager worked with the person to firstly find out what had gone wrong that put the person into debt, then worked with them to create a solution. As a result the person was now out of debt, had a better understanding of money, and how his life choices could impact on his overall quality of life.

Another person had a specific type of learning disability that affected their ability to communicate and their social and emotional interaction with others. The person was only able to communicate with Makaton or Picture Exchange Communication System (PECS). The registered manager sought out training for this specific genetic condition for herself and staff so they were better placed to understand how to respond to the person's needs. As a result of the care and support given the person now spoke in full sentences of six to seven words, and was confident in expressing how they felt to others. During our inspection we heard the person laughing and joking with staff and the other people that lived in the house. They also had a life full of activities outside of the house, interacting with other people.

The staff were clearly focused on providing person-centred care and they achieved exceptional results. Ongoing improvement in body and mind was seen across all the people who used this service. The registered manager and staff team continually strove to give an outstandingly responsive service to the people they supported. Due to the staff's specialism in epilepsy people's medicines for the management of seizures had been decreased. This was done in conjunction with psychiatrists and GPs. Where staff identified that healthcare professionals were not as well versed in supporting people with learning disabilities as they could be, they sought out those that were. To enable a person's medicines to be reduced, regular blood samples were needed to check how this was affecting their physical wellbeing. These tests, which it had not been possible to obtain before the intervention of Sherbrooke staff, then highlighted an issue that had been unidentified until that point. With the information obtained, a plan was put into place with the person which resulted in a reduction in seizures and a reduction in the amount of medicines they needed to take. The responsive nature and professional background of the registered manager had been beneficial for this person as she acted as an advocate to get the correct professionals involved.

The service enabled people to live as full a life as possible. People were supported to lead the life they wanted and to do the activities they wanted to do. One relative said, "This is quite a difficult subject to tackle as my family member suffers from anxiety and needs constant support to keep his mind focussed on positive actions." Through the understanding of this person's complex needs staff had enabled them to go to college, help in the house, and go to a local social group to interact with his peers. Another person who had spent the majority of their life in an institution now had a job volunteering, while other people were able to continue their education in college.

People were supported to achieve goals they could only dream of before joining the Sherbrooke service. One person with severe anxiety had a love for all things Disney. Through in-depth understanding of the person's condition the staff had worked with him to plan a trip to Disneyland in Florida. They had used technology such as a tablet computer to work through what would happen throughout the trip, and where particular support needs may be required. For example, use of a tablet computer when the person was in a crowd to reduce anxiety levels. Staff also explored and arranged for the appropriate insurance and visa packages to make this person's dream a reality.

The service actively encouraged people to become involved in the local community and worked hard to empower people to make choices and have control over their lives. The people who lived in the house were part of the local residents committee. As a result of their input, learning disability related information was now a regular part of the residents' newsletter. This gave guidance and advice to people in the neighbourhood to increase their understanding and acceptance of people who may have needs different to their own. Feedback from the neighbours had been very positive about the service, the staff and the people who live in the house.

People were supported by staff that listened to and would respond positively to complaints. A relative said, "The manager is always available to talk to and proactively sorts out problems (even before they arrive)." Another relative said, "A phone call, and management would react immediately." There was a complaints policy. The policy included clear guidelines, in a format that people could understand, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission.

There had been no complaints received by the service since they registered with the CQC. The manager and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone. There had been many compliments received about the service since they had started providing support to people.



Our findings

Everyone we spoke with praised the leadership and management of the service. When asked what they would rate the service, everyone one said they would rate it as "Outstanding." One relative said, "The owners of the service (The registered manager, who is also the provider) are very friendly, very caring and their leadership is second to none." Another relative said, "Our family wish all supported living was managed to Caprani Care standards."

The provider had a passion for giving an outstanding level of support to the people that used the service. She used her professional skills gained in the care sector to create a clear vision and set of values for the service. The provider and manager of the service was a registered nurse and had a lot of experience working for a local NHS trust with adults with learning disabilities and mental health problems. The aim of the service was to provide a small, personalised, well-led supported living service to adults with learning disabilities and/or mental health problems. Our observations and findings for all the key questions that we ask have demonstrated that she had achieved these aims, and people did receive a compassionate and personalised service that made positive changes to their lives.

The vision of the service was based on getting to know people and growing the service they received together with them. It focussed on developing people's independence and being part of the community they live in. They put the person at the heart of everything they did. The values of the service were based around dignity and respect, reflective learning, working together and a commitment to providing quality care and support. The effective implementation of these visions and values had been recognised by external professionals. A community health care professional said, "Caprani is a very good service where I would be happy for any member of my family to live, including myself. The people who live there have busy lives. Each individual is individually supported and has access to a wide range of activities in the local community."

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. There was a strong culture of continuous improvement focussed on making people's lives better. The exceptional leadership and care provided by the registered manager and her team had been recognised by more than one healthcare professional. A health care professional said, "The care is of a high standard and very difficult to improve without exceeding Surrey County Council's expectations of what a service offering supported living should provide." Another said, "This is a brilliant service. It is extremely well managed. Improvements or slight changes in care are always being made. The management are always looking for ways to make things even better."

There was a positive 'can-do' culture within the service and the registered manager made sure the staff did all they could to support people and make a real difference to their lives. One staff member said, "I enjoy my job working at Sherbrooke. It is a very well run supported living house because my manager is always on hand day or night. There is a happy relaxed atmosphere in the house." Another staff member said, "The manager is an excellent role model for us all, she is very hands on and supportive of the service users and the staff. She inspires us to give people choice, make sure they are listened to and feel valued. It's refreshing to work for someone like her."

Staff were proud to work for the service and were continually supported and developed to provide high quality care. The vision of putting people at the centre of everything that was done was owned by all and the registered manager was continuously looking for new ways to further develop the positive culture amongst staff. For example, new staff were sometimes unable to engage effectively with one person. The process of shadowing staff was then introduced to help the staff member, and reduce the frustration that the person may have felt not being able to interact with the staff member. One staff member said, "The manager is constantly energising and motivating us."

The registered manager and staff team strove for excellence through consultation, and reflective practice. People, their families and health care professionals were contacted to seek feedback on the service and looked for opportunities to improve. A relative said, "We have given positive feedback, they do a brilliant job. We have never felt the need to comment directly; rather improvement comes through general conversation and evolves naturally." The registered manager regularly sought consultations and audits from Surrey Skills academy and other agencies set up to help services provide best practice support. They were also members of the Surrey Care Association and attended regular network meetings to discuss how to implement change within the service in line with current best practice guidance and legislation.

One of the many improvements made as a result of these consultations was the introduction of the value based recruitment process. This was an initiative published by Skills for Care and was based on a values based approach to the attraction, selection, induction and retention of staff and volunteers which enables organisations to understand an individual's values, behaviours and motivations and assess whether they align with the values, culture and expectations of our organisation. Implementing this initiative involved revisiting the service's existing values. People, their families and the staff were asked what values they deemed important to the service. From this a new set of values were developed and the recruitment process was changed in line with the values based approach. The main impact to people was that they were now directly involved in recruiting the staff that would support them. It also resulted in the registered manager training in effective interview techniques, to ensure staff that were employed really did have the same positive attitude as everyone else in the service.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home.

People had a very positive experience being supported by the staff team from Sherbrooke. They were supported by staff that really enjoyed their job; who ensured that people lived in a safe home; which gave effective care; by caring and passionate staff; who responded to people's needs and really involved them in their care and support. The registered manager gave an outstanding level of leadership to make people's lives happy and fulfilled.