

## Beyond Limits (Plymouth) Ltd

# Beyond Limits (Plymouth)

### Inspection report

York House, Unit 4  
Stoke Damerel Business Centre, Church Street  
Plymouth  
Devon  
PL3 4DT

Tel: 01752546449

Website: [www.beyondlimits-uk.org](http://www.beyondlimits-uk.org)

Date of inspection visit:

02 March 2020

05 March 2020

06 March 2020

Date of publication:

29 April 2020

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Beyond Limits (Plymouth) provides a supported living service to people living in their own homes. The service specialises in providing 'bespoke' packages of care for adults with learning disabilities, autistic spectrum disorders, mental illness, or physical disabilities. At the time of this inspection the service was supporting 19, eight of whom required support with personal care. Everyone supported by the service lived individually in their own home. Where people required support 24 hours a day, facilities were available for staff, such as a bedroom for those who slept-in overnight.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

Beyond Limits (Plymouth) was a truly person-centred service. Empowerment, respect and protecting people's rights as citizens were the driving force behind the service's ethos of how people should be supported. People were involved from the first time they met with the provider and registered manager to develop the support network they needed to live successfully in the community.

Beyond Limits (Plymouth) provided a dedicated team of staff for each person, supported by professionals, to ensure people could live their best life. The service was determined to overcome the barriers and discrimination people had faced to living an ordinary life in the community. One professional told us, "I think they are an excellent provider, their particular strengths are including people and their families in their support, they are creative and very individualised" and another said, "They are able to see the potential in people that others would not."

People received a service that was exceptionally personalised. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured that people who used the service could live as full a life as possible and achieve the best possible outcomes that included control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Consistent care and support from well-trained staff, who had been individually chosen by people, was seen

as important to develop trusting relationships between people and their staff team. People knew they could trust how staff would respond to them and they could rely on them for safe support. The service recognised this as being essential to people's success. People told us how positively their lives had improved since being supported by the service. For example, some people no longer required medicines to help them cope with their anxieties, other people who had previously experienced physical interventions to manage their behaviour no longer required this, and others were able to undertake educational courses and/or find employment.

The service placed a strong emphasis on assessing and managing risk to support people's positive risk taking to increase their confidence and independence. The service used innovative ideas to support people's development including the use of technology through developing interactive websites. One professional told us, "The focus is always on enhancing quality of life and community links, but they are still mindful of safety, but this does not deter them from working with the person to achieve important goals"

The service continued to work closely with other professional and national organisations to promote and demonstrate how successful individualised, person-centred support can be, especially for people who in the past had been considered the most 'challenging'. The service encouraged people to share their success with other professionals to influence how services could be developed for people with complex support needs. For example, one person went to national conferences for professionals to describe their support and how successful it had been.

The service saw itself as a learning organisation with a willingness to reflect on what went well for people and where the service needed to adapt and improve. A member of staff told us, "If there is a challenge everyone comes together to figure out how we can adapt to make something work and ensure that everyone that wants to participate can be included."

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

#### Rating at last inspection

The last rating for this service was outstanding (published 14 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

# Beyond Limits (Plymouth)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector undertook this inspection.

#### Service and service type

This service provides care and support to people living in their own homes, 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.

Not everyone receiving a service received support with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they so we also consider any wider social care provided. At the time of the inspection eight people were receiving personal care from the service.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on the 2 March 2020 when we visited the office and continued on 5 and 6 March 2020. When we visited people at home.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used this information to plan our

inspection. The provider was not asked to send us a provider information return (PIR). This is information providers send us with key information about the service, what they do well, and improvements they plan to make.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with 15 members of staff including the provider, registered manager, senior service managers, support workers, an administrator and the training manager.

We reviewed a range of records. This included three people's support records in detail and the sampling of a further two for specific information; three staff files in relation to recruitment and supervision; staff training records, as well as records related to the management of the service. We also looked at how the service supported people with their medicines.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to receive a safe service and were protected from the risk of abuse. The service had robust systems in place to monitor people's well-being and to continually review their support needs to ensure they remained safe. A relative told us the service "Is the best we've ever had. It's brilliant."
- Staff received training in safeguarding and were aware of their responsibilities to protect people from abuse. Staff and relatives were confident any concerns over poor practice would be addressed immediately. People had faith in the provider and registered manager to act to protect people.
- Situations or behaviours that placed people at risk were well understood and support plans were in place to minimise risk.
- The service worked closely with professionals to ensure people received appropriate support that protected their human rights.

Assessing risk, safety monitoring and management

- The service placed a strong emphasis on assessing and managing risk. They saw this as an essential part of establishing a safe service for people. Assessments were carried out over a long period of time and commenced prior to the person receiving a service. Staff visited people at their former care placements to gain an understanding of people's history and current needs. All those who knew people well, including relatives and professionals, were involved in the assessment process.
- Management plans were detailed and provided staff with very clear information about how to keep people and themselves safe. For example, some people became highly anxious, and at these times they could become aggressive towards others or self-harm. Staff were guided about what behaviours might indicate a person was becoming anxious and how to diffuse a potentially aggressive situation. Staff received training in how to intervene with physical interventions in a safe way should that be necessary to protect people.
- Relatives and staff told us how successful people's support had been in reducing episodes of anxiety, self-harm and potentially aggressive behaviour towards others. For example, one person living with significant anxiety and who had a history of aggressive behaviour towards others, had not had an episode of aggressive behaviour for over three years. Staff were immensely proud of this as it showed their person-centred support had proved successful and the person's quality of life had improved.
- The service supported people to use technology to manage risk. For example, one person who experienced complex epilepsy used a specialist watch that detected electrical changes in their body to indicate they were about to have a seizure. The watch sent text messages to the person, their family and their staff team to alert them. This enabled the person to move to a safe position to protect them from injury should they fall.
- The service continued to support people to take positive risks which enhanced their quality of life. For example, people participated in a variety of activities in the community, and these had been risk assessed

and people and staff guided about how to manage these risks. A professional told us, "The focus is always on enhancing quality of life and community links, but they are still mindful of safety, but this does not deter them from working with the person to achieve important goals."

#### Staffing and recruitment

- Recruitment practices remained safe. Pre-employment checks were carried out, and included proof of identity, references and a disclosure and barring check (police check).
- Each person had their own dedicated staff team and they and their relatives where appropriate, were fully involved in their selection. The service placed great importance on ensuring people and staff were well matched. A professional told us, "My observations are that the individual has a close team who know them well which is important and a necessity." One person told us how much they had enjoyed participating at the local job fair. They told us they had promoted the service as a good place to work and had recruited members of their own staff team there.
- The provider and registered manager described how successful the service's person-centred approach had reduced people's anxieties, and as such, reduced their need for staff support. For example, one person's staff support had reduced from two to one 24 hours a day, and another person no longer required waking night staff support.

#### Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Where people were able to manage their own medicines, they were supported to do so. For those people who required staff support, their staff team had been trained in the safe administration of medicines and been assessed as competent by a member of the management team.
- In consultation with professionals, the service supported the STOMP initiative. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the over use of these medicines. The registered manager told us this had been successful for a number of people. For example, two people no longer took any medicines, whereas prior to being supported by Beyond Limits (Plymouth) they were taking medicines to manage their depression, anxieties and behaviours. One person said, "I was so shocked at the difference" in the approach taken by the service in relation to sedation and behavioural support.
- Where people required medicines 'as and when required' (PRN), for example for anxiety, protocols were in place to guide staff about what interventions should be tried first to support the person. The use of PRN medicines was seen as a last resort and kept under review. Analysis of people's anxieties and behaviours was undertaken to ensure PRN medicine was only used when absolutely necessary.
- Storage arrangements were safe, and records were maintained of all medicines received, administered and returned to the pharmacy. A record of all medicines held in a person's home was maintained and updated daily to ensure stock balances and administration records tallied.

#### Preventing and controlling infection

- Staff received training in infection control and food hygiene to ensure their practices were safe.
- People were supported to keep their homes clean.

#### Learning lessons when things go wrong

- The provider and staff understood their responsibility to record and report concerns relating to people's safety.
- Analysis of incidents relating to people's anxieties and behaviours, as well as accidents, ensured any trends or patterns were identified and support could be tailored to meet people's changing needs.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service. The provider, registered manager and staff visited people at their previous placement to gain detailed information about their past history, their physical and mental health needs, as well as their goals and aspirations for their future. Staff understood how people's past experiences could impact on their current health and well-being and used this knowledge in the planning and delivery of care.
- A transition plan was agreed, which included staff supporting people in their former placement, often being accommodated in hotels as the majority of people receiving support had been living in placements outside of the South West area.
- From these assessments and visits, very detailed information and guidance for staff was provided through service delivery plans and people's working policies (support plans). These plans and policies ensured safe, consistent support that recognised people's needs and respected their choices about how they wished to live their lives.
- The service used nationally recognised standards of best practice to develop people's care and support, such as the quality standards developed by the National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. A comprehensive training programme ensured staff received the training they required to understand and meet people's physical, mental health and emotional support needs. Staff were also provided with training to look after their own well-being and mental health. Staff told how much they valued this training; one said, "The training opportunities that Beyond Limits provides are great; a lot around emotional intelligence and leadership which has really helped me grow as a person."
- Training was planned around each person's individual needs and included Crisis Aggression Limitation Management (CALM). This training aimed to support people in a positive way to reduce the risk of people becoming anxious or displaying behaviours that staff may find challenging. Staff were provided with techniques to help reduce people's anxiety, thus reducing the need for restraint, but if a physical restraint was necessary, staff were trained how to do this safely.
- New staff undertook a thorough induction programme, which included completion of mandatory training and spending time with people shadowing experienced staff. Those staff who were new to the care sector, were supported to undertake the Care Certificate. This is a nationally recognised qualification for staff that ensures they have the basic skills and knowledge needed to care for people effectively. One newly employed member of staff described their induction as "excellent" and said the support they had received from the management team and staff had been "incredible".

- Staff received regular support through supervisions and team meetings. Staff told us they were well supported by the management team and could ask for training or additional support if they felt they needed this.

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

- People's hydration and nutritional needs were recorded in their working policies (care plans) and were understood by staff.
- People's food and drink preferences, as well as any special diets were identified, and meals planned around these preferences/needs. Where people required restrictions on their food or fluid intake due to medical reasons, these were described in detail, and staff were able to tell us how these restrictions were managed.
- People were supported to plan, shop and prepare their own meals. Staff ate with people if this is what people preferred, and staff either contributed to the food budget or brought their own food.
- Staff developed different methods to support people to understand how eating a well-balanced diet could help with their health and well-being. For example, for one person staff were developing a book with them that showed the human body, its bone structure and internal organs and what nutrients were needed for good health. This helped the person understand why it was important to eat a wide variety of good nutritious foods and to limit treats high in saturated fats.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service placed great importance on working with people, relatives and professionals, seeing them as essential partners in ensuring the success of people's support. A relative told us the service was not a "them and us" service and they felt very much part of their loved one's team; they said this was "A big difference from the past." One professional said, "I think they are an excellent provider, their particular strengths are including people and their families in their support, they are creative and very individualised."
- The service was committed to obtain the best health assessment, treatment and support for people. One person said the service had arranged a consultation with a specialist to ensure they had the most up to date professional advice about how to manage their medical condition as safely as possible. They said they and their staff team were supported by community healthcare professionals to receive treatment at home rather than in hospital. However, should a hospital admission be required, the staff team had created a hospital care plan to inform all healthcare professionals of the person's complex medical support needs. This meant the person would receive immediate medical treatment rather than waiting for a period of assessment by professionals unfamiliar with their needs. When people required hospital treatment, their staff team remained with them throughout.
- People's medical history, some of which was very complex and required careful monitoring and support, was well described in their support records. Staff were given step by step guidance about how to support people to manage their health conditions. Staff were given detailed information about what signs and symptoms to be observant for which might indicate a person was becoming unwell or was experiencing pain.
- The service used creative ways to provide people with information about keeping healthy. For example, easier to read forms with pictures and symbols were used to promote people's engagement with healthy eating and exercise. Information was also available on the service's website about health awareness and screening.
- Records showed people were supported by community healthcare professionals, such as GPs and nurses, as well as occupational therapist, speech and language therapists, specialist learning disability nurses and psychiatrists.

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

- People were supported to either buy or rent their own homes. Prior to receiving a service, the provider and registered manager identify what type of accommodation people required and worked with them to establish where they wished to live.
- If adaptations were needed, these were undertaken prior to the person moving into their new home.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- All staff undertook training in MCA and were very knowledgeable about issues relating to people's rights and the requirements of the legislation. The service was pro-active in supporting people to make decisions about their support.
- Best interest discussions and meetings were held when people had been assessed as not having the capacity to make decisions for themselves. People had input from independent advocates and family members to support this decision-making process.
- When people had restrictions in place to keep them safe, correct procedures had been followed. For example, some restrictions were in place in relation to people being able to leave their home. People's rights and independence had been taken into account as part of this process, and any restrictions had been regularly reviewed to ensure they remained appropriate and in line with legislation.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider, registered manager and staff were passionate about ensuring people received support that respected them as an individual. They provided compassionate support that took account of their past history, some of which had been traumatic, and which celebrated their successes. The service described its values as believing everyone "Is of equal value, is unique, has the ability to develop, has the right to enjoy valuable relationships, and has the right to lead the life they choose."
- We received very positive feedback from people, relatives and professionals about the dedicated way in which the service supported people and demonstrated these values. A relative told the staff felt more like "brothers and sisters" and that their loved one was "very happy". Another said their loved one had been "desperate" at their previous care placement, but now they trusted people, saying the service was "As good as it could possibly be." A professional said, "They are able to see the potential in people that others would not."
- The service created a 'Family Charter' to demonstrate its commitment to supporting people and promoting and respecting their families' involvement. The service's website stated, "This Charter is about how we work with families of people we support. It has been developed by staff and families as a platform from which to build great relationships, nurture well-being, help people we support to thrive and ensure each person reaches their full potential."
- Staff received training in equality and diversity and demonstrated the service's culture of inclusiveness through their actions and how they described the people they supported. For example, some people required support with understanding relationships with others, and what people should consider when ensuring relationships, including sexual relationships, were respectful. We saw this had been handled sensitively.

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

- Giving people a voice and listening to what they wanted from the service was paramount to how the service was developed for each person. The service recognised that prior to receiving support from Beyond Limits (Plymouth), many people had lived in restrictive environments; they told us their wishes had not been listened to and they had not been able to influence the support they received.
- Beyond Limits (Plymouth) had provided people with an opportunity to live a normal life with a network of support from staff and professionals to ensure they could do so safely. Assessments, planning days, and regular reviews ensured people could contribute to how they were supported and what they would like to achieve. Working policies (care plans) provided very detailed information about how people wanted to live their lives, what they had achieved since being supported by the service and what their future goals and

aspirations were.

Respecting and promoting people's privacy, dignity and independence

- The service was determined to overcome previous barriers people had faced to living an ordinary life in the community and to discrimination due to their disabilities and/or mental health needs. The service recognised and adhered to the principles of Registering the Right Support. Registering the Right Support covers new legislation relating to services for people with a learning disability and underpinning the principles of choice, promotion of independence, and inclusion.
- Staff told us how they valued the people they supported and took great satisfaction from seeing their development. One member of staff said, "I enjoy having the freedom to empower the person to make their own decisions. I love being part of a team who has a shared goal to support the person to have the best life they possibly can. I like seeing the progress the lady I support makes to achieve a more fulfilled life."
- Staff knew people really well and were able to anticipate people's needs and recognise when people were struggling or if they needed some time alone.
- People's working policies (care plans) described how staff should support people to promote their independence, both at home and in the community. Records were very detailed about what people were able to do for themselves, and how staff should offer consistent, step-by-step support that prompted their independence and further develop their skills and abilities. For example, one person who was blind wished to be able to walk in their local area without staff support. Staff walked with them and supported them to use a cane. They walked the same course to allow them to become familiar with the area, and in time, to be able to take this walk by themselves.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Empowerment, respect and protecting people's rights as citizens were the driving force behind the service's ethos of how people should be supported. People were involved from the first time they met with the provider and registered manager to develop the support network they needed to live successfully in the community. The service explored information about people's past and how this could influence and impact on their current needs. They identified what had worked well for people and what needed to improve.
- The service placed a strong emphasis on continual assessment, planning and reflection. For example, following people's initial assessment, detailed support and risk management plans were developed. These were regularly reviewed with the person, their relatives and staff team, to ensure they were successful in supporting people's development and transition from long-stay services to living in the community. People reflected upon what was working well for them, and whether any changes were needed in the way they were supported.
- The service identified people's abilities and recognised when they struggled or felt anxious. The staff anticipated these situations to provide people with timely support and coping strategies. The service was very responsive to what people wanted and needed to live more independently, to promote their relationship with others, and increase their involvement in their local community. Skills and confidence were built up at each person's pace which led to them being able to engage more successfully with others. For example, one person told us of the friendship they now had with their "lovely" neighbours, and that they were supportive of each other. They said their neighbour fed their cat for them when they went away. This person had previously lived in a long-stay hospital for many years and had not had contact with people outside of their immediate family and paid carers. They also told us they no longer needed medicines to reduce their anxiety.
- Support was person-led but guided by professionals to ensure people's safety. People's support records were very detailed and provided clear information about people's needs. This ensured staff provided consistent care and support, not only with personal care and activities of daily living, but with response to people's emotional and mental health needs and behaviour. People knew they could trust how staff would respond and they could rely on them for safe support. The service recognised this as being essential to people's success.
- The service was proud to tell us about how successfully their assessment/reflective practice had been with their support of people who had previously labelled as 'extremely challenging' and who had been living for many years in restrictive environments. We heard how, with support from the service, people had transformed their lives. A member of staff said about the person they supported, "I love being part of the difference that Beyond Limits is making in people's lives. Seeing how different her life is now, is fantastic.

She now lives a life she chooses, in her own home, near her family, integrates within her community, spends her times doing things she enjoys. It's a pleasure to see and be part of."

- Relatives and other people important in people's lives were included at the initial planning stages to support people to return to a home of their own. The Family Charter gave families confidence their involvement would be valued and respected. For example, one relative told us they had been listened to and asked their views about their loved one's care. This had resulted in the service seeking a review of the person's mental health and the recognition the person had been misdiagnosed with a mental health condition.
- The service was skilled at recruiting staff with interests and abilities which would enhance people's well-being and broaden their opportunities. Each person developed person-specifications for the type of staff they would like to join their team. This included staff with particular interests or of a particular age. Staff undertook training in equality and diversity and really spent time getting to know people and understanding their preferences and personal lifestyle choices.
- People and relatives told us of the huge achievements people had made since receiving support from the service. They attributed this to the way in which the service spent time getting to know people, to understand what was important to them, and to recognise their abilities, aspirations and goals. People had obtained jobs, undertaken educational courses and achieved personal goals. For example, one person who was blind had been climbing and trekking, raising a great deal of money for charity. They were also learning to ski and ride a tandem bike, and were planning more charity events, including a 200km bike ride in Sweden accompanied by their family and staff. They, and their family, were incredibly proud of what they had achieved and believed this would not have been possible without the exceptional support they received from the service.
- Other people's well-being had improved to a point where they no longer reliant upon medicines to manage their behaviour, required less staff support and were able self-manage their anxieties. For example, one person prior to commencing support from the service had repeatedly experienced physical restraint and had been prescribed strong sedative medicines. They told us as a result of the support they received from the service, they no longer required any physical intervention and took no medication. They and their relatives attributed this positive change to the dedicated, person-centred approach provided by the service. The person told us they felt listened to and respected.
- People were involved in sharing their experiences with other organisations and influencing professionals' views of how people with complex needs could be supported successfully through an individualised and person-centred approach. For example, one person went to conferences for professionals to describe their support and how successful it had been. Other people had made videos to share their experiences.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider, registered manager and staff were exceptional at understanding and responding to people's communication needs. Working policies (care plans) described people's communication methods and provided staff with information about how each person used verbal and non-verbal communication. For example, people's records described, "When [name] does this, it could mean" and provided an interpretation of what was thought, through experience, the person was trying to communicate. For one person, it had been identified some words caused them distress. Staff were given information about why this was, and what other words to use. For people with limited verbal communication, staff were guided to be vigilant to observe for non-verbal signs people were distressed, anxious or uncomfortable.
- Our observations showed staff knew people really well and we saw staff responding promptly when people's verbal communication and body language indicated they were becoming anxious.



- A range of communication aids and methods were used to support people's communication. For example, one person had a display board which provided day to day information as well as pictures reminding the person of their achievements and positive experiences. Information was available through the use of computers and video and audio recordings of people's working policies (care plans), as well as being provided in easier to read formats for some people whose understanding was improved when using pictures, symbols and simple phrases.
- A newsletter produced by the service every two months provided people, relatives and staff with information about events, and included stories, articles of interest and recipes. People contributed to the newsletter to celebrate their achievements.
- The service had also created a website to support one person's engagement with others, using this to increase their learning opportunities and to promote their interests and community participation. Great thought had been taken with the content of the website to use the person's learning style to encourage them to go out into the community to gather information to be able to engage further with the website. This had led to the person being much less socially isolated than they had been in the past, as well as supporting them to learn about appropriate social engagement.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Many of the people supported by the service had been living away from their relatives and from the community within which they grew up. The aim of the service was to bring people back home, and to re-establish relationships. The service recognised people were at risk of social isolation and they worked at each person's pace to introduce opportunities for positive engagement with others. The service's social committee included people, relatives and staff sharing ideas to promote social events to support people's engagement with others. For example, the service's Christmas party was organised through the committee, and an Easter event was being planned. One person was a keen baker and they had been involved in baking cakes to raise money for a charity.
- Once in their own homes, people were supported to explore what opportunities were available to them. We were told how people were gaining confidence to become more engaged with social events, to use community facilities and to meet new people. For example, staff told us how proud they were when one person, who previously avoided situations where they would meet strangers, had attended a number of social events at which they felt confident enough to talk to other people.
- People's service design plans and working policies (care plans) provided staff with detailed information about people's abilities and what they hoped to achieve. People were encouraged to 'think big' about their future. Planning days were held to provide, relatives and staff with the opportunity to reflect on what was working well, whether anything needed to change and to celebrate what they had achieved. Future goals and ambitions were explored, and plans put in place to try to achieve these.

Improving care quality in response to complaints or concerns

- The service prided itself on listening to people and their families to ensure they supported people in the way they wished to be supported. However, the provider recognised that the service "didn't always get it right". They said they valued people's feedback and used this as a learning opportunity. A member of staff told us, "Working at Beyond Limits doesn't mean you will always get it right, but it does mean you will be given every opportunity to get good quality outcomes for the people you support."
- People and relatives said the provider, registered manager and staff were approachable and they felt able to share any concerns with them. People and relatives told us they had the provider's contact details and they were always willing to meet and discuss concerns. One person said, "I'm always listened to."
- Concerns or complaints were documented, and action taken to resolve the matter. A complaints procedure was available in different formats, such as easier to read as well as on-line, describing how people could raise a complaint or concern and how the provider would respond and by when.



#### End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care.
- The registered manager recognised the need to consider people's end of life wishes, and where these were known these were included in people's records.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The provider, registered manager and staff were passionate about putting people first and ensuring people and their families were at the heart of the organisation and everything they did.
- The service identified one of their objectives as "good support" and described how they would achieve this by ensuring "People have the support that is appropriate to their needs (no over or under support). We will ensure support enables people to be treated with dignity and respect and that people are present and contribute to their communities." The service promoted social justice and citizenship, being promoters of fairness and equal opportunities for all people.
- Feedback from people, relatives and professionals demonstrated that the service was meeting this objective and promoted a culture of positivity and a 'can do' attitude. One professional told us, "I have worked with this team for a number of years and I have always found them approachable, flexible and will look outside the box when it comes to setting up a package of care. They can look beyond [people's] behaviours and are able to have the person's best interest at heart. They are able to work with me in managing risk and also in helping the person to be responsible for managing their own risk."
- Throughout the inspection people and relatives told us of the positive changes which had occurred in people's lives due to the dedicated support from the service. For example, some people had reduced or stopped their medicines, others were able to self-manage their anxieties and behaviours resulting in improved health, opportunities and lifestyle, while others were looking to take up educational courses and employment. People and relatives told us this would have been impossible without the support from Beyond Limits (Plymouth).
- A professional told us, "The culture of the organisation sends positive messages and promotes inclusivity and a flexible approach in care" and another said, "We can show that working together helps to keep the person at the forefront of the care package and to show that they do not need to be kept segregated in a place that cannot individualise their care." A member of staff referred to the service's culture as one that "Just makes you want to always do your best and be the best person you can be."
- The service continued to work closely with professional and national organisations to promote and demonstrate how successful individualised, person-centred support can be, especially for people considered to be the most 'challenging'. They continued to be consulted by organisations such as the National Development Team for Inclusion (NDTI), NHS England and Learning Disability England. Their work had also been referenced in the Transforming Care Agenda (TCA). The NDTI is a social change organisation working to enable people at risk of exclusion due to age or disability, to live the life they choose. The TCA promotes "providing homes, not hospitals" for people by improving health and care services so that more people can

live in the community, with the right support, and close to home.

- The service worked closely with the TCA Partners in the South West, such as NHS Trusts, local authorities and the Clinical Commission Groups responsible for identifying what services are needed and how these can be provided in the local area. People supported by the service were regularly invited to share their experiences with professionals to promote change and improve services for people with complex learning disabilities and/or mental health needs.
- The service remained committed to being part of the 'Driving Up Quality' initiative. This initiative is a process by which organisations can measure their performance through objective self-assessment that explores performance. The provider told us the 'Driving up Quality' initiative, provided a structure for reflection to ensure the service lived up to the aims and objectives it established for promoting high quality care for people disadvantaged by their circumstances. Through the promotion of "good support" the service worked with other local care providers as a mentor, supporting them to establish high quality services for people.
- Staff were highly motivated and proud of their work. The management and staff celebrated the success of people they supported and the staff team. Since the previous inspection, the service has been awarded "Team of the Year" in the Celebrating Excellence in Care Awards sponsored by the local authority.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider and registered manager recognised that supporting people with complex needs to move from restrictive environments to a home of their own, was one that required the support of many people, including families and professionals and that things had not always gone right. They saw these times as opportunities to learn more about people and to reflect upon how the service should adapt and change to meet their needs. A member of staff told us, "If there is a challenge everyone comes together to figure out how we can adapt to make something work and ensure that everyone that wants to participate can be included."
- The provider promoted the ethos of honesty, learning from mistakes and admitting when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Records showed that where incidents had occurred these were treated as opportunities to learn and improve.

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

- There was a clear management structure in place with people having a named team leader and a senior service manager responsible for managing their staff team, with each having identified responsibilities. Staff told us communication within teams and within the organisation was excellent and ensured people's needs were effectively met. We joined a team meeting for one person and saw how comprehensively the team discussed people's needs, celebrated what was working well and learned from what needed to improve. The staff team anticipated the person's future needs and planned how to address these.
- Effective systems were in place to monitor and assess the safety and quality of the service to ensure it continued to meet people's needs. Quarterly reports, staff supervisions and observations of practice identified whether people's working policies reflected accurately their needs, providing up to date information for staff, and whether goals and aspirations were being met.
- The provider and registered manager were aware of their responsibilities to report significant events affecting people's health, safety and well-being to CQC and the local authority, and had done so in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Assessment and planning were key activities for the success of people's support. This involved people, their relatives and professionals, all of whose views were listened to and valued.
- Anti-discriminatory practices ensured people and staff with protected characteristics were respected. A member of staff told us how proud they were to work for the service. They said, "The genuine care and desire to provide the best support possible across the organisation is a breath of fresh air. I absolutely love my job and I love being part of Beyond Limits ethos and culture and couldn't imagine working anywhere else."
- The management team had an 'open door' policy and had created a welcoming office environment, which encouraged and supported people, staff and relatives to visit. People were supported to gain employment experience at the office before gaining confidence to apply for employment elsewhere. We met one person who was working at the office and they told us of their role and responsibilities.
- The provider demonstrated a real commitment to ensuring staff felt valued and supported in their role. Staff told us of the "Ask the Provider Day". An event where all staff could ask the provider questions, make suggestions for improvements and reflect on all aspects of service delivery. Staff told us "Everybody's opinion counts", and the provider took responsibility for people's and staff's welfare seriously.
- A newly introduced 'Employee Assistance Programme' promoted staff well-being and good mental health. Counselling and well-being support were available to staff 24 hours a day through a dedicated helpline independent from the service.
- Without exception, staff told us they felt valued and believed this impacted positively on the people they supported. One said, "With this company they focus and invest in their employees. I'm proud to be part of the team." Another said, "I can honestly say I love my job. Over the past four years Beyond Limits have really supported me to develop as a person and a leader. I have felt well supported by my line managers, who are always available to offer a sympathetic ear, or advise. Beyond Limits have supported me to have a coach to help develop my leadership style, and to encourage my teams to work autonomously, this has been really helpful for my own development and that of my teams."
- Professionals told us they recommended the service to other professionals and services as a model from which to learn. One said, "I think they are an excellent provider, their particular strengths are including people and their families in their support, they are creative and very individualised."