

## 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:  
23 May 2017  
07 June 2017

Date of publication:  
14 August 2017

### 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

This inspection was announced and took place on 24 May 2017 and 7 June 2017. The provider was given 48 hours' notice because the location provides a personal care service for younger adults who are often out during the day. We needed to make sure the registered manager and their staff team were available to meet with us. We also wanted to meet with people who used the service, their families and members of their staff team to hear their views 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 they provided a service to nine people. This was the first inspection of this service at the present address. Beyond Limits (Plymouth) moved to the current premises in 2016, when the location was re-registered.

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.

People who used the service, relatives, professionals and staff praised the providers and management team for their ethos, and their determination to make a positive difference to people's lives. There was a very strong emphasis on providing a service that was person-centred and tailored to the person's individual needs and wishes. We heard stories of how people's lives had been transformed since they began using the service. The provider told us they aimed to 'wrap the service around people'. They carefully assessed people's needs before the service began. They worked with people, their families and professionals to help them draw up and agree a plan setting out how the person's needs would be met.

People were involved in choosing and recruiting their staff team and the provider and management team constantly monitored the person's satisfaction with the service to ensure the staff team continued to match their needs. A relative told us "She is thriving with them." Another relative told us "There has been progress. From what he was like before he came here to what he is now there has been progress. Small steps." They also said "We are very pleased with the staff he has." They told us the staff were well trained and understood the person's needs fully, saying "Staff can 'read' him"

People received a service that was safe. Staff were carefully checked to ensure they were suitable for the post. Staff knew how to keep people safe and protect them from the risk of harm or abuse. There were sufficient staff employed to meet people's complex needs and to care for them safely.

People received highly personalised and effective support from the service to enable them to gain independence and remain in good health. Staff received training and support to enable them to provide an effective service to the people they supported. Staff told us they felt well-supported. Staff morale was high

and staff turnover was lower than other similar services we compared them with. Comments from staff included "I admire and am proud to be a part of a company who are extremely person-centred, with a great ethos. A company that really makes an effort to support their staff, as well as they support their clients" and "I've felt well supported by them from an employee point of view and I feel they provide a very good service for the person I support."

The service supported people to take positive risks. Support plans contained detailed assessments of each known risk to individuals, and there were clear instructions to staff on the procedures they must follow to reduce the risks where possible. Support plans included documents entitled "What service does the person need in order to be safe and live a fulfilling life?" These set out the wide range of activities each person had chosen to participate in, including some which may have been potentially risky. Activities such as swimming, climbing and trampolining were assessed, and measures put in place to ensure the person enjoyed the activity while at the same time being as safe as possible.

People received support with their medications that was carefully assessed and planned to ensure the person had as much control over the process as possible. Staff had received training on safe administration of medicines and understood the procedures they must follow. Medicine administration records were in place for each person that set out the name, dosage and times of administration of each medicine. There were safe procedures in place for obtaining new medicines, recording medicines on administration, and returning unwanted medicines to the pharmacy. Audits were carried out weekly to check stock levels and administration records.

People received a service that was very caring. There was an ethos of caring not only for the individual receiving the service, but also for their family, friends and staff team. The emphasis was on working with the person to carefully design a service that met their individual needs. A relative told us "We are all on the same page. (Person's name) has her goals – what she wants to do. Staff don't tell her what to do but work with her." A member of staff told us "For the first time I feel that I am a valued member of a team and that my opinions and concerns will always be listened to. I look forward to coming to work as I really think we are helping the person we support to have as independent and fulfilling life as possible."

People received a service that was highly responsive to their individual needs. When the provider received a referral for a new person they spent time and care getting to know the person, finding out how they wanted to be supported, and to help them build a 'bespoke' package of care. The process usually took many months to complete and often also involved supporting the person to find suitable accommodation. At the time of this inspection each person who used the service lived in their own individual accommodation they either owned, part owned, or rented. This gave people a sense of community and belonging. The provider, management team and staff worked with each person and their families and supporters to draw up and regularly review a plan (known as a working policy) setting out how they wanted to be supported. The documents provided detailed information to staff on all areas of the person's daily routines, health and personal care needs.

The provider ran value-based training throughout the year that focussed on human rights, choice, control and inclusion. They had launched a Family Charter in the last year outlining their promises to involve families and the people they supported in all areas of the service. They told us their aim was to listen, understand and continuously improve. They had been identified as 'leaders of best practice' by national bodies such as NHS England and Learning Disability England. They were members of organisations such as the Citizens' Network, Learning Disabilities England, and The Challenging Behaviour Foundation. They have set up a small group of local, like-minded organisations to share best practice

The service was well-led. The provider had systems in place to monitor and assess the service to ensure the service continued to meet people's needs. Quality service reports were completed quarterly on the support given to each person. The reports looked at all aspects of the person's support over the previous three months including service review meetings and planning meetings. Where the provider identified areas that could be improved they put in place plans to ensure the improvements were carried out. There was an ethos of listening to people, family friends, and other professionals, and of learning from any mistakes.

## 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.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff who understood the risks to each person's health and safety and knew how they wanted to be supported to remain safe, while at the same time enabling them to take positive risks.

People were supported by staff to manage their medicines safely.

### Is the service effective?

Good 

The service was effective.

People received effective support to maintain their health, seek professional support where necessary, and to ensure their personal care needs and preferences were fully met.

People were fully involved in choosing and recruiting their own team of staff. The provider ensured that staff who had the right competencies, knowledge and skills to meet the person's individual needs.

People were supported by staff who had good knowledge of the Mental Capacity Act 2005, which they put into practice to help ensure people's human and legal rights were respected.

People were supported to plan and prepare a healthy and varied choice of meals to suit their dietary needs.

### Is the service caring?

Good 

The service was caring.

People, relatives and staff felt cared-for and valued by the provider.

People were supported by staff who respected their dignity, maintained their privacy, and showed kindness, compassion and understanding.

People were proactively supported to express their views, and were supported by staff who understood their history, likes, hopes and aspirations.

People's communication skills and abilities were known by staff. Staff made sure people had their say.

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

The service was very responsive.

People were supported to develop a package of care that was carefully designed to meet their needs and wishes.

People were supported by their own team of staff who understood their needs and wishes and promoted and encouraged the person to make choices, learn new skills and gain independence.

People were supported to lead active and fulfilling lives, participate in new activities and experiences, and be an active member of the local community.

**Outstanding** 

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

The service was very well-led.

People received a service that was designed to put them and their families first. The provider involved people in all aspects of the service, and valued their input and views, and those of their families.

The provider had systems in place to make sure people received support from staff who were valued, trained and supported by the provider. Staff were positive, motivated, and determined to support people to lead happy and fulfilling lives.

The provider had a range of methods to continuously monitor the service, listen to the views of people, relatives, professionals, staff and other organisations to enable them to continuously improve the service.

**Outstanding** 

# Beyond Limits (Plymouth)

## 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 checked 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 comprehensive inspection was announced and took place on 24 May 2017 and 7 June 2017. The provider was given 48 hours' notice because the service provides a supported living service for younger adults who are often out during the day. We needed to make sure the registered manager and their staff team were available to meet with us. We also wanted to meet with people who used the service, their families and members of their staff team to hear their views about the service. The inspection was carried out by one adult social care inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all the information we held about the service including notifications, enquiries and safeguarding alerts we had received since the last inspection.

Before the inspection we sent questionnaires to two people who used the service, eight health and social care professionals and 15 members of the staff team. During the inspection we spoke with the registered manager, a company director, and four members of staff. We also met three people who used the service and five relatives. Their responses have helped us form the judgements we have reached in this report.

During the inspection we reviewed the care records relating to three people who used the service, also staff rotas, staff recruitment and staff training records and records relating to the monitoring and improvement of the service.

## Is the service safe?

### Our findings

People received a safe service from Beyond Limits (Plymouth). Two of the people we met had no verbal communication skills and therefore we relied on staff and relatives to tell us how people were supported to remain safe. A relative told us "I have so much faith in the staff now that I don't have to do everything for her." They also told us "She has a good team of support workers. Any problems all you have to do is pick up the phone and we get it sorted."

People were protected from abuse and harm because the provider had robust policies and procedures in place that focussed on supporting people to enable them to remain safe. Before people received a service they were involved and consulted as far as they were able in the recruitment of their own staff team. A relative told us "The way they match people to staff is excellent compared with other organisations. Their ethics are 'spot on'". Recruitment procedures were careful and thorough and ensured that applicants for jobs were carefully checked before they began working with people to make sure they were completely suitable for the job. This process involved completion of an application form with full details of their previous employment and qualifications. At least three satisfactory references were obtained and checks were carried out with the Disclosure and Barring Service (DBS) to provide evidence of the applicant's honesty, trustworthiness and personality. The administration team provided weekly updates to the management team on the progress of all recruitment and there were safeguards in place to ensure all stages of recruitment had been completed satisfactorily before a new member of staff was confirmed in post.

The provider looked for staff with interests, skills and personalities to match the person they would be supporting. People were informed and involved in each stage of staff recruitment, for example by letting them know when they had received references and recruitment checks for the member of staff the person had chosen. People were confident that at any stage, before, during or after employment, their views would be respected and acted upon, if necessary by removing the member of staff from their team.

At the start of each member of staff's employment they received training that included whistle blowing, safeguarding and health and safety. Staff had access to a manual named 'Keep yourself safe' giving information on safety procedures. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff were confident that if they raised any concerns the management team would listen, take the concerns seriously and take appropriate action.

The service supported people to take positive risks. Support plans contained detailed assessments of each known risk to individuals, and there were clear instructions to staff on the procedures they must follow to reduce the risks where possible. Support plans included documents entitled "What service does the person need in order to be safe and live a fulfilling life?" These set out the wide range of activities each person had chosen to participate in, including some which may have been potentially risky. Activities such as swimming, climbing and trampolining were assessed, and measures put in place to ensure the person enjoyed the activity while at the same time being as safe as possible. A relative told us many of the person's staff team were young – a similar age to the person. They were delighted that the staff team were willing to support the person to participate in activities they enjoyed, and had not been deterred by any potential risks. They told



us that when the person had received support from another provider the person rarely left their home and never participated in any activities the staff considered may be risky. When the person began receiving support from Beyond Limits (Plymouth) the provider and staff team had looked positively at ways of enabling the person to carry out the activities they enjoyed while at the same time ensuring the activities were carried out as safely as possible.

Risks to people's health had been carefully assessed and staff knew how to support each person to minimise the risks. For example, a member of staff described how a person had previously been found to store food and medications in their mouth, which presented a choking risk. The staff had been instructed to check the person's mouth after meals and medication, and they found the problem no longer occurred. They also told us that when the person first received support from Beyond Limits they used to cry a lot, but now they rarely became upset and appeared much happier. Where people were at risk due to health problems such as epilepsy detailed risk assessments were in place and staff knew the procedures they must follow to support the person safely.

Where people were at risk of health problems due to being underweight or overweight their weight was monitored regularly. A member of staff told us how they had supported a person to gain weight through understanding the person's eating preferences and providing effective support. We met the person while they were eating a late breakfast in their kitchen. The member of staff understood they needed time, supervision and encouragement to eat their meals. Another person we met had been supported to lose weight and was now feeling much healthier and more attractive and self-confident as a result. Their weight loss had meant they had needed new clothes, and had enjoyed going shopping to choose new and fashionable outfits.

Staff knew what to do in emergency situations. There were individual working policies in place entitled 'how to support the person' based on a task analysis approach. Each support plan contained a document called a hospital passport which contained essential information about the person if they were admitted to hospital in an emergency.

People could be confident they would always be supported by sufficient numbers of staff to enable them to remain safe and to meet their support needs fully. Rotas were in place for each person's staff teams and these showed the staffing levels met each person's assessed needs. Staff were flexible to provide people with support at the times they needed it. Relatives were given copies of staff rotas if they wished.

People received support with their medications that had been carefully assessed and planned to ensure the person had as much control over the process as possible. Staff had received training on safe administration of medicines and understood the procedures they must follow. Medicine administration records were in place for each person setting out the name, dosage and times of administration of each medicine. There were safe procedures in place for obtaining new medicines, recording medicines immediately after administration, and returning unwanted medicines to the pharmacy. Audits were carried out weekly to check stock levels and administration records. Care plans contained information about medicines prescribed on an 'as required' basis, for example pain relief. Protocols were in place to ensure staff did not administer medicines prescribed on an 'as required' basis to calm people without approval from a senior member of staff.

Staff understood the procedures they must follow to reduce the risk of infection. Care plans contained clear instructions on the procedures to be followed when providing personal care, administering medicines, or preparing food. Instructions included the use of protective equipment such as gloves and aprons. Within the team of staff allocated to each person there was a nominated health and safety representative.

Safe procedures were in place to protect people from the risk of financial abuse. Each person was supported by their relatives or financial representatives to manage their income and expenditure safely. Where people were supported by staff to purchase food and day to day expenses, safe recording, accounting and monitoring procedures were in place.

## Is the service effective?

### Our findings

People received highly personalised and effective support from the service to enable them to gain independence and remain in good health. A relative told us "She is thriving with them." We heard examples of how people's lives had been transformed since they began receiving support from Beyond Limits (Plymouth).

The service provided to each person was reviewed regularly to identify progress towards goals, and any areas where changes or improvements were needed, for example where health problems had been identified. One relative explained how the person had previously lived in a residential care home but had been given a short period of notice to leave when the home found they could no longer support the person due to their behaviours. Beyond Limits (Plymouth) had agreed to provide a package of support to the person at short notice, and had worked with the relatives to help them initially find temporary accommodation, agree a package of care, and recruit and train a team of staff to support the person. They also supported the relatives to find a suitable property which they purchased on behalf of the person to provide them with long term security. They told us how the person's life had improved, and goals had been reached. The relative told us "There has been progress. From what he was like before he came here, to what he is now there has been progress. Small steps." They also said "We are very pleased with the staff he has." They told us the staff were well trained and understood the person's needs fully, saying "Staff can 'read' him".

People received support from staff who understood them and had the skills, knowledge and tools necessary to communicate effectively with them. The provider told us their emphasis was to understand each person's history and experiences, starting from birth, and to support people to achieve their hopes and dreams. The provider had worked with professionals such as speech and language therapists, and provided training to staff to ensure staff communicate with, and understand each person's choices and wishes. For example, a staff team had worked closely with speech and language therapists to encourage a person who was registered blind to use technology to communicate. They introduced a system using two switches to help the person make choices. The person was given simple verbal choices they could answer 'yes' or 'no' using the switches. They also worked with the speech and language therapists to find new ways to support the person to improve their verbal communication. The person had begun to communicate by whispering. The person had grown in confidence and their vocabulary had increased.

The staff encouraged the person to speak by using clear and simple questions. The staff had changed the way they posed questions to encourage a verbal response. For example in the morning the staff had previously asked "Do you want to get up or stay in bed", and the person had previously always chosen the last option. They realised this was not working, and instructed staff to change the way they offered choices. Instead the staff asked "What do you want to do" and this has encouraged the person to respond with a clear choice, either "up" or "stay bed", which meant the person was clearly making a choice rather than repeating what was offered. It also meant their vocabulary was improving. They also gave examples of how the person was beginning to initiate choices rather than waiting for staff to offer a choice. For example on a few occasions when staff had arrived to start a shift the person had said "Pub". When staff asked the person

to confirm what they person wanted to do, the person said "Pub" once more. This showed the person had grown in confidence and was beginning to tell staff what they wanted to do, rather than waiting for staff to offer an activity. The staff always responded positively to the person's requests. We also heard how the staff were working with professionals to find a way to support the person to communicate their needs at night when staff were not close enough to hear them whisper.

The provider had systems in place to identify changes in people's behaviour, and to adapt the service to meet any changing needs. They monitored any changes closely, analysed the results, considered the reasons for the changes, and made any adjustments as necessary to ensure people received the support they needed. For example, they identified that a person was becoming increasingly agitated over a period of a few weeks. The person appeared to be watching staff and changing their behaviours to match the staff member's reactions and responses. These incidents appeared to occur around personal care activities. They drew up spreadsheets to analyse the incidents, including the time of day, the members of staff on duty, the experience and confidence of each member of staff, and also the level of activity the person had been involved in that day. They also considered other factors such as the person's health around the time of the incidents, the weather, daily routines, consistency, and contact with family and friends.

They put in place support, training and instructions for staff to help staff understand possible triggers for the person's behaviours and drew up and agreed strategies staff should follow to help calm the person. The staff had found ways of increasing the person's level of physical activity by supporting them to increase the amount of walking they did each day. The registered manager told us it was important to listen to the person and understand how the person used their behaviour to communicate their needs. Staff had been instructed to encourage the person to explain what was upsetting them by saying "Show me". The person usually led the staff member to what they wanted. This had resulted in staff improving their understanding of the person's behaviour and communication methods, and the number of incidents had reduced. They had given staff clear scripts explaining how they should respond to the person's behaviours. They had found this had helped the person understand what was happening and the person had grown in confidence and trust in the staff team as a result. The number of incidents when the person became agitated or upset had reduced.

People were supported to maintain, and where possible, improve their health. Their working policy (support plans) contained detailed information on the person's health problems, for example epilepsy, brain injury and autism. Important information was highlighted in bold print, for example one person was at risk of falls and head injury due to epilepsy. Their support plan instructed staff to watch for signs of flinching when brushing the person's hair as this may indicate signs of pain. Staff were instructed to ensure the person wore a protective helmet to protect their head during the day.

Relatives praised the staff for their knowledge of each person's health needs and the way they involved relatives and kept them updated and consulted about all health needs. We heard about improvements to one person's continence. In the past the person frequently suffered periods of incontinence but this had improved significantly since they began receiving support from Beyond Limits. When the person was supported by another service in the past they had been very inactive, and their relative suspected they may have wanted lots of drinks to reduce boredom. The person was now much more active, their fluid intake levels were within safe limits, and staff supported them effectively to maintain continence.

Another relative told us about a dramatic improvement in the person's quality of life since they began receiving a service from Beyond Limits (Plymouth). They told us the person previously never went out, and now they went out all of the time. The person had become much happier, healthier, and their medication had reduced as a result. The person had previously displayed agitated behaviour and had been prescribed

medication to calm them. They no longer displayed any signs of agitation and the family were hoping the person's medication would be reduced further in the near future.

The service was innovative in the ways they encouraged people to eat healthy foods and to be involved in meal choice and preparation. A member of staff had been supported to go on a foraging course. They used the skills they had learnt to support a person who was registered blind to go out and forage for foods, and to use the foods in meal preparation. The staff encouraged the person to use their sense of smell to identify foods. The staff took the person on a dietary journey 'around the world in 80 days' using herbs, spices and aromatic foods to talk about different countries, learn about different foods, and to plan and cook menus from different countries and cultures. A member of staff who was born in an African country was particularly skilled in using spices and foods from their home country with smells the person loved. The registered manager told us it was important for staff to provide colour in the person's life in as many ways as possible, such as colourful foods, as the person could not see colour but could experience colour in other ways.

People were supported to plan and prepare a healthy and varied diet that met their individual needs. Support plans contained detailed information about the foods each person liked, disliked, and those they were unable to eat due to health reasons. There was also detailed information on how to offer the person a choice of food and drinks, and how to support the person in meal planning, shopping and meal preparation according to their individual abilities. Staff used objects of reference and pictures to help people choose the foods they wanted to eat. Staff helped people understand when it was time to eat, for example by showing a person a loaf of bread the person knew it was breakfast time. We heard how people had been supported and encouraged to improve their diets since they began receiving a service from Beyond Limits (Plymouth). For example, one person previously only ate sandwiches. With gentle encouragement staff had slowly and carefully introduced new foods and this had resulted in the person enjoying a wide range of healthy, home-cooked options including roast dinners. The person loved picnics, and staff knew this was a way of encouraging the person to eat a varied diet while at the same time encouraging activity. This had resulted in positive benefits to the person's health, and they were beginning to lose weight.

At the start of each new member of staff's employment they received induction training lasting five days which covered a range of topics including health and safety related topics, and topics relevant to the health and personal needs of the individual. Within the first 12 weeks of employment new staff completed a qualification known as the Care Certificate. This is a nationally recognised qualification for staff newly employed in the care industry that ensures they have the basic skills and knowledge needed to care for people effectively. Staff were closely monitored during their probationary period to ensure they were suitable for the post, and given any additional support and training needed. After the probationary period staff received regular training and updates on topics including medication, fire safety, food safety, health and safety, and autism. All staff received training on ways of supporting people who may display anxiety or aggression. This training is known as CALM (Crisis Aggression Limitation Management) and provided staff with techniques to reduce anxiety and avoid the need for restraint. A member of staff told us how the provider had supported a person's staff team to attain the goals the person wanted to achieve. They told us "Beyond Limits has provided some exceptional training opportunities including working alongside (specialist trainer name) which has helped us support our person better."

The provider told us they were working with a group of team leaders and service leaders to design a 'leadership course'. Once complete it will form part of their induction and annual training programme. They expected the training to enhance the confidence of employees, and strengthen the organisation's commitment to providing skilled staff who deliver an effective service.

Staff told us they were well supported. Staff received regular supervision and support to ensure they were

meeting people's needs effectively. Staff meetings were held regularly. Comments from staff included "I admire and am proud to be a part of a company who are extremely person-centred, with a great ethos. A company that really makes an effort to support their staff, as well as they support their clients" and "I've felt well supported by them from an employee point of view and I feel they provide a very good service for the person I support." The provider told us in their Provider Information Return (PIR) that they had reviewed their staff appraisal process and found it was not fit for purpose. They were in the process of trying new systems, including the use of '360 degree' appraisals which sought the views of colleagues to help staff review and improve their skills. They had provided training to team leaders and service leaders on the implementation of the new systems. They had set up a working party to test different appraisal formats, and had consulted with team leaders to seek their views. They planned to introduce the new appraisal format in Summer 2017. They told us "This will enhance our ability to retain, develop and grow our staff."

While most community professionals praised the service for the effectiveness of their support, one professional told us the service "Could improve on communication with other services and between staff team and management. " They went on to say, "Some delay in actioning recommendations in some cases but not all, but recommendations are always actioned with repeated prompting from me." The registered manager told us they were aware of some communication problems with professionals in the past and they had already taken actions to improve this, including meetings with the professionals to identify how they could improve communication in the future. Another professional told us "My experience of the organisation are that they not only take advice given, but strive to implement the advice beyond the original expectation. I am very impressed by the service designed, implemented and maintained for the person that I care coordinate – they have changed the perception of that individual as a 'passive recipient of care' to a valued, independent, citizen in their local community (they deserve recognition for this!)

The service placed a high emphasis on listening to each person and enabling them to make choices and lead the life they had chosen. Where people were unable to express themselves verbally, staff were given information, training and support to help them give choices and enable people to make decisions. For example, staff were instructed to give a person time to process information, and take into account their current health, mood, and other factors such as the weather that may affect them. Support plans also contained clear instructions to staff on how to offer choice and enable people to give consent before providing support. We observed staff offering people choices and acting on their decisions

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). Staff had received training and demonstrated an understanding of the requirements of the MCA. When people lacked the mental capacity to make certain decisions, the service had followed a best interest decision making process. At the time of this inspection four people had a deputy appointed by the Court of Protection with powers to make decisions about the services they received. Support plans contained capacity assessments and documented best interest processes for a range of decisions. One person required a scan due to their epilepsy and the service had followed a 'best interests' decision making process including family and professionals such as their community nurse. The provider told us they made no 'stand-alone' decisions and instead involved all relevant parties in all important decisions for those people who lacked capacity.

## Is the service caring?

### Our findings

People received a service that was very caring. There was an ethos of caring not only for the individual receiving the service, but also for their family, friends and staff team. The emphasis was on working with the person to carefully design a service that met their individual needs. The registered manager and director told us their aim was to identify the service the person wanted and to 'wrap the service around them'. The provider told us in their PIR "The working policy empowers the person to develop community connections and a life that has meaning for them." During our inspection we saw people being supported to go out and participate in the community, and we heard many examples of how their lives had been transformed.

During our inspection we observed staff supporting people with care, compassion and warmth. Staff had a clear understanding of each person and communicated well with each person, including those people who were unable to communicate verbally. Support plans contained detailed information on each person's communication needs, their likes, dislikes and preferences.

Staff understood the things that made people feel unhappy, and how to support people to do the things that calmed them and made them happy. For example, one person became anxious shortly after we arrived. The staff explained that the person did not like too much noise or conversation. The person loved to go out for a drive in the car as this always calmed them. They loved open areas such as the moors, although did not like walking. The staff had found various ways of encouraging the person to walk, encouraging them with picnics when they reached their destination. The staff had packed lunches prepared the previous evening so that they could take the person out immediately they became anxious in the morning. Their relatives told us the person had become much calmer since they began receiving support from Beyond Limits (Plymouth). They said "The staff understand (Person's name) a lot more. They are more caring and want (Person's name) to do things, and to go out." They went on to say "Staff can 'read' him. It is very important to have staff who understand him and care about him. We are very pleased with the staff he has."

People were supported to maintain privacy and dignity. The provider told us "The support can be shaped around their needs for privacy, dignity and respect. For example if someone is supported 24 hours a day, their working policy will reflect times/spaces that give them privacy and a break from constant observations." During our inspection we met a person who told us how this had been achieved through agreement and discussion with everyone involved in their support, including family and staff team. This meant the person had time to themselves, either to go shopping on their own (within an agreed time frame), or time to themselves in the privacy of their room, without constant staff observation. The person had gained confidence and independence as a result of this.

A relative told us the staff were caring. "You can tell by talking to a lot of the staff and what they say. For example, a member of staff told us 'I was really proud of him' when he went into hospital." The relative had been comforted and assured by the staff's positivity and keen interest in the person. Another relative described how staff respected the person's home. Overnight staff slept in the person's spare bedroom, but otherwise the staff did not treat the person's home as an extension of the care agency's office by leaving paperwork or records lying around. They went on to describe how the person, their family and the staff team

and managers had spent a day once a year reviewing the person's support plan. They said "We are all on the same page. (Person's name) has her goals – what she wants to do. Staff don't tell her what to do but work with her."

The provider placed a high emphasis on valuing people. They ran value-based training throughout the year that focussed on human rights, choice, control and inclusion. They had launched a Family Charter in the last year outlining their promises to involve families and the people they supported in all areas of the service. They told us their aim was to listen, understand and continuously improve. They have been identified as 'leaders of best practice' by national bodies such as NHS England and Learning Disability England.

A member of staff told us "For the first time I feel that I am a valued member of a team and that my opinions and concerns will always be listened to. I look forward to coming to work as I really think we are helping the person we support to have as independent and fulfilling life as possible."

The service recognised the importance of supporting people through bereavement. They had supported a person on the end of life pathway, working with the local hospice to enable the person to remain in their own home, as this was the person's wishes. A relative told us the service had offered counselling support to people, their families and to staff when they had lost loved-ones close to them. They said "They are very supportive." Staff also told us they had received specialist bereavement training.



## Is the service responsive?

### Our findings

People receive a service that was highly responsive to their needs.

People could be confident their needs would be carefully assessed before the service began supporting them. When the provider received a referral for a new person they spent time and care getting to know the person, finding out how they wanted to be supported, and to help them build a 'bespoke' package of care. The process usually took many months to complete and often also involved supporting the person to find suitable accommodation. At the time of this inspection each person who used the service lived in their own individual accommodation they either owned, part owned, or rented. This gave people a sense of community and belonging. Staff and relatives told us how neighbours had welcomed people, and had been friendly and supportive. People had been supported by their families and staff to make their homes personalised and comfortable. One person took great pride in showing us around and pointing out the things they loved about their home.

A person and their relative described the support they had received from Beyond Limits (Plymouth) to help the person move out of secure hospital accommodation in Northampton and to move back to live close to their family. When they approached Beyond Limits (Plymouth) to ask for their help the provider had doggedly and determinedly negotiated with professionals to allow the person to leave the hospital in Scotland and return to their home town. This process took many months to achieve, and they had worked closely with the professionals to ensure the service exactly matched the person's needs. The relative told us "If it wasn't for Beyond Limits she would still be there." They told us how the person's life had been transformed as a result of the support they had received from Beyond Limits (Plymouth).

Since returning to Plymouth the person's learnt behaviours had disappeared, they had become much happier, medication had been reduced significantly, and medical professionals had recognised the person did not, after all have mental illness. The person was beginning to regain a normal, happy family life and to look forward to their future. Beyond Limits (Plymouth) had helped the person and their family become part of a steering group for NHS England. They described the meetings and conferences they had attended across the country. The relative told us "People are listening to (person's name). She has become quite famous." They told us they were trying to make things better, and prevent similar things happening to other people. The relative went on to say "They encourage her so much. They want her to get a job. They work at her pace." The person had recently helped out at a job fair and received their first pay cheque. A member of the person's staff team described some of the significant changes they had seen in the person since they began receiving support from Beyond Limits (Plymouth), saying "(Person's name) has changed so much. She would not speak before. Staff do not tell her what to do but work with her. Now she goes to London once a month by train. She is planning to fly to Scotland in the future."

Another relative told us about significant improvements in a person's quality of life since they began receiving support from Beyond Limits (Plymouth). When the person was with their previous service provider they never went out of the house. Now they went out every day, sometimes several times a day. They had learnt new skills and regained others they had lost, for example, swimming. The person had gained

significant independence, for example by having control and involvement over the meals they ate, becoming involved in washing their clothes and putting them out on the line to dry, and planning their daily activities. Their health had improved, medication reduced, and the person was much happier and relaxed. The relative told us "Staff speak to him as an adult and as an equal." They went on to say "(Person's name) loves the staff. We (family) are now all much, much happier." They described the wide range of activities the person had begun to participate in since receiving support from Beyond Limits (Plymouth) including trampolining, trapezing, climbing, special Olympics and mountain boarding. Despite the person's total blindness, this had not prevented the staff supporting the person to try new experiences such as going to the cinema, or cycling (using a tricycle). Each member of staff had used their individual skills and interests to support the person to learn new skills, for example, one member of staff had introduced crafts such as model making. Staff regularly accompanied the person to the pub, went with them to local football matches, for an evening walk by the sea, and to visit their family. The daily records completed by the staff gave evidence of improvements in the person's skills, for example in swimming, and cane training, and showed how they were reaching the goals they had set. A member of the person's staff team told us "This is the best job in care I have had. (Person's name) is a rewarding person to work with. There is always something to do."

Each person had been supported, along with their families and other involved parties, to draw up their own 'design for life'. The information gathered covered their history, housing, support needs, hopes and aspirations, and this formed the basis of a detailed plan setting out how the person wanted staff to support them throughout each day. The provider worked with each person to identify the team of staff they needed to support them and to ensure they had a support team that was matched to their individual needs. Where possible, staff began working with the person in their previous accommodation to help prepare them for the move into their own home, and to help them get to know their new support team. The initial planning stages also allowed time for financial support to be put in place for the person, tailored to their individual needs, to enable them to have as much control as possible over their own budgets and income. Agreements were put in place to ensure staff understood how to support the person, for example, with their budgets. Where people were unable to read or write the agreements were drawn up in a format the person could understand, for example using photographs, text readers, or by explaining verbally and recording their response.

Each person was offered a copy of their working policy (support plan). However, some people had not wanted to have files in their homes, and instead staff had been given a laptop to enable them to access the person's working policy and all relevant information about the person, and to complete daily records online. Where people had agreed to hold a copy of their support plan in their home, the service had agreed with the person when the plan should be stored, such as in the spare bedroom used by staff overnight. The records were stored discreetly to ensure the impact of the organisation and staff in the person's own home was kept to a minimum.

Each person's working policy (support plan) was detailed and covered all aspects of their daily lives. The documents covered all aspects of the person's health with sufficient information to ensure the staff fully understood the person's personal care and health conditions and were able to respond to their needs promptly, for example needs related to epilepsy, brain injury, autism, and anxiety. The working policy was regularly reviewed and updated with people and their relatives to ensure they were up-to-date at all times.

Daily routines were explained in detail, explaining how to offer choice and promote independence for each task, including using the toilet, bathing, shaving, medication and getting dressed. For example, staff were instructed to give a person a flannel and encourage them to use it. There was detailed information to help staff recognise signs of anxiety, understand the possible causes, and to offer support to help reduce the

anxiety. The working policy documents explained the things people liked and disliked. There were also detailed explanations on how to avoid the need for restraint. For example, one person may sometimes push people or objects away if they did not want them. They sometimes rushed towards people suddenly if they became upset. Staff were given information to help them avoid difficult situations. The working policy explained the procedure to follow to release the person's grip if they grabbed anyone.

Staff completed detailed records throughout each day setting out the support each person had received. The reports provided evidence of staff promoting people's independence, for example by offering a choice of food, or by encouraging a person to flush the toilet. They also showed how people were supported to reach goals, for example to reduce the need for medication to reduce anxiety. Staff had observed people's moods to find out if they were in pain, upset, or if they showed signs of impending health episodes such as epileptic seizures. This meant staff were able to recognise signs and offer timely support to prevent problems escalating.

The provider had communication systems in place to enable each person to have as much involvement and inclusion in the service as possible. For example, one person who was blind had an audio version of their support plan, their goals and wishes, narrated by a relative. Some people had been given information produced as slideshows. The provider had organised planning days with each person and their families and important people in their lives to agree the most appropriate format for each person, and they were in the process of rolling this out over the coming months for each person. This also meant staff had information and tools to help them understand and communicate effectively with each person. Support plans instructed staff to give people time to process verbal information and choices, and explained in detail how to communicate effectively with the person, using simple language. For example, one person did not like the words 'no', 'stop' or 'don't'. Staff were given examples of how to offer positive support, using pictures or objects of reference where possible.

Community professionals we spoke with told us the service was responsive. Comments included, "The organisation have proven to be able to tailor services to the needs of individuals. They are driven by person-centred approaches to support and deliver what they aspire to 'giving people a life'" and "Overall Beyond Limits offers a person centred package of support for the individuals under their care."

A member of staff told us "I worked with the gentleman I support with another service provider before he moved to Beyond Limits. I have been very impressed with Beyond Limits since the move. The gentleman I work with has transformed his life since moving to Beyond Limits, with the opportunities they have provided. Incidents of behaviours that can be perceived as challenging have reduced by 60%". They went on to describe how the person's family and professionals involved in the person's life had been delighted with the transformation in the person's life. They told us "I would recommend Beyond Limits to anyone looking for a care package. I have witnessed how Beyond Limits can change people's lives. It is really remarkable."

Relatives told us they felt involved and consulted about the service. The provider had introduced a Relatives' Charter setting out how they promised to involve families. A relative told us "We are hopeful with Beyond Limits. We have (director's name) mobile phone number – she always gets back to me." They told us they had a meeting with key members of staff every six weeks. They also said "We often pop in just to see everything is alright. The staff ring us every other day." Another relative told us "Beyond Limits have their own charter. They have signed an agreement with families. I am confident I can make a complaint if they don't fulfil their promises."

Relatives told us they were confident they knew who to contact if they had any concerns or complaints, and they would be listened to and addressed promptly. For example, a relative told us "I know who to complain

to and they will sort it out." Another relative described how they had previously had concerns about two members of staff who had not been supporting the person effectively. The relative spoke with a member of the management team who worked with the person and their family. The relative told us "We got it sorted." This showed the complaints process was working well. The provider told us they were looking to improve their complaints policies and procedures further by including a narrative version which will make it even more accessible to every person. They were in the process of setting up a working party to try out various media for communications. Their aim was to review assistive technology with the people they supported in order to empower people further and give them greater control over their lives.

## Is the service well-led?

### Our findings

The service was very well-run. The provider was passionate about putting people first and ensuring people and their families were at the heart of the organisation and everything they did.

People received support from an organisation that was constantly striving to improve. They welcomed and encouraged input and support from a range of other organisations and professionals. They have been identified as leaders of best practice by a range of national bodies including the National Development Team for Inclusion (NDTI), NHS England and Learning Disability England and their work had been referenced in the development of a national initiative known as the Transforming Care Agenda. In recognition of this work they had been seen, and used, as a source of expertise. They had been asked to offer advice and guidance to other providers. For example, one of the people they support had been employed by NHS England to share their story at their conferences, in which they had described their previous life in a long stay hospital compared to the support they receive now in their own home.

Following a recent television programme about secure hospital provision the director of Beyond Limits (Plymouth) had been invited to write a 'blog' (report) for the NDTI in which they had described what could be achieved by providing individualised support to people in the community, as an alternative to placements in secure hospitals. Beyond Limits (Plymouth) had also been invited by NHS Health Education England to contribute to the importance of having 'Inspiring Leaders'. The need for this had been identified in reports into scandals in secure hospital settings (for example, Winterbourne View). A team Leader, a person who uses the service and their family were featured on the NHS Health Education England web page as an example of what good leadership can bring to the lives of people previously supported in secure settings.

The service has also been recognised by national organisations such as Learning Disability England, and were part of the Driving Up Quality initiative. The 'Driving Up Quality Initiative' is a process by which organisations can benchmark their performance. It provides an objective self-assessment guide that explores performance in fundamental areas for support organisations. This process also provides feedback to stakeholders, the general public and is communicated via their website and social media. They told us that participation in the 'Driving up Quality' initiative had resulted in changes and improvements in their own organisation, including the introduction of their quality service reviews to ensure that the outcomes for people were being met. This process involved the leadership team for each service presenting evidence to the director to ensure accountability and continued progress. They told us that membership of such organisations also helped them to continue to be involved in new initiatives across the country, and ensured they remained at the forefront of developing services for people. For example, they had recognised and promoted the importance of supporting people into employment, and recognised how meaningful employment enhanced the quality of life for people with disabilities and mental health needs. They had assisted almost half of the people they supported into employment, including apprenticeships.

The provider was also a member of other national organisations such as the Citizens' Network, Learning Disabilities England, and The Challenging Behaviour Foundation. Membership of these organisations had

helped them review and improve the service. For example, information and knowledge from these organisations had resulted in them changing their training to a method known as CALM (Crisis Aggression Limitation Management). Their aim was to support people in a positive way to reduce the risk of people becoming anxious or displaying behaviours that staff may find challenging.

They had set up a small group of local, like-minded organisations to share best practice. Members of the group discussed developments that they would like to see happen in the future such as developing campaigns on issues which affect the people they supported, and planning joint training and publications. For example, they were developing a 'Champion for Healthy Sexual Relationships' for people with disabilities and their support teams; the Champion will deliver workshops for staff in how to support relationships and promote positive sexual health. Members had agreed that each organisation can be approached to assist with any complaints or investigations. Their aim was to ensure a non-biased approach to complaints, and to show transparency.

They followed nationally recognised standards such as the NICE Quality Standards which sets out areas for quality improvements in health and social care. One of the quality standards covers community engagement approaches to improve health and wellbeing and reduce health inequalities, and initiatives to change behaviours that harm people's health. For example, they had used these standards as the benchmark for working with behaviour advisors, Speech and Language Therapists (SALT) and the Community Health Liaison Nurse to improve the health outcomes and community engagement for a person they supported who had a health condition that deteriorated if they remained inactive. They worked closely as a group to identify some activities the person could engage in to promote better health and community engagement. They also used standards laid down by CQC known as Key Lines of Enquiry to complete their own audit of performance across the organisation annually. A feedback report was submitted to the management team, and any changes necessary were then actioned.

They had invested in a wide range of training on topics relevant to the needs of the people they supported. For example, they had nominated staff who had become 'champions' in key topics such as autism and Health and Safety. The autism champions had received training from a person who was a nationally recognised expert in the field of supporting people with autism. The champions used the knowledge they had gained to develop and implement training for other staff, and to ensure that both the quality and the content was in line with their ethos. The registered manager told us this enabled the service to be responsive to any changing needs, promoted a better understanding and support any necessary changes to their working policy.

There was a determination to listen to people and their families and to work with them to ensure people received the best possible service. The provider recognised the importance of giving every person a voice, listening to them and acting on what they said, especially those people with limited verbal communication. They told us "We believe that all behaviour is communication." For example, they observed a person's behaviour and noticed the person was having more incidents with one particular member of staff. At first this was addressed through supervision and support with the member of staff to help them maintain consistency of support to the person and to build the member of staff's confidence. The team leader worked with the staff member to draw up spread sheets to identify incidents and understand the possible reasons. They found that the incidents occurred when the person was less active. Through observations, discussions with the person's family, they recognised that the incidents occurred when the member of staff was supporting the person when they were out and about. It highlighted that the staff member was having more incidents and was involved in less activity (the person enjoyed being active). The management team sought the views of the person's family on the suitability of the staff team. They also used communication technology to seek the views of the person about the staff team. The person was able to use switches to

answer 'yes' or 'no'. The person was clear in their response that they did not get on well with one member of staff. The service considered the evidence from their spread sheet, the person's responses, and the views of their family to adjust the staff team. New staff members were recruited with skills and interests in outdoor activity to match the person's needs. The number of incidents subsequently reduced significantly and the person's quality of life, fulfilment and happiness increased.

The provider and registered manager also told us that they recognised the importance of supporting and retaining good staff. Therefore, if they found a member of staff was not ideally matched to a person, they were able to retain them within the organisation, for example by matching them to another person with similar interests and personalities to their own.

The provider told us how they ensured their service was person-centred, and person specific. They recruited local staff because they recognised the importance of supporting people to have local connections. They placed an emphasis on supporting people to enable them to make friends, participate fully in the local community, and reduce their reliance on paid support. For example, we heard how one person had been supported to host a birthday party for family and friends. People had been supported to go on holiday, help out at fundraising events, and join new community events where they were able to make meet new people. During our visit to the agency office we met a member of the staff team who was also a service user. They had gained paid employment in the agency office. The person was clearly very proud of the role they carried out, their achievements and new skills they had gained.

There was a high level of job satisfaction within the staff team. Before this inspection began, we asked the provider to complete a Provider Information Return (PIR) giving us a range of information about the service. We compared the data they gave us with other similar organisations and we found the number of staff leaving the organisation for reasons suggesting dissatisfaction with the organisation was much better than expected. The ratio of staff employed was also much better than expected. Staff told us they were well supported and supervised. All of the staff we spoke with expressed complete satisfaction in their jobs and praised the organisation. Comments included, "Since the day I started I have had so much support and guidance in what I need to in my role. This is the best company I have worked for in my time in care. The whole organisation from the director of Beyond Limits to other staff members are all so lovely and helpful with anything needed", and "I admire and am proud to be a part of a company who are extremely person-centred, with a great ethos. A company that really make an effort to support their staff, as well as they support the clients we support."

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. Staff told us the registered manager regularly attended staff meetings. If they had any concerns they could always speak with any of the management team including the registered manager.

The provider had systems in place to monitor and assess the service to ensure the service continued to meet people's needs. Quality service reports were completed quarterly on the support given to each person. The reports looked at all aspects of the person's support over the previous three months including service review meetings and planning meetings. They reviewed any actions previously agreed and checked these had been completed and were successful. The reports covered staff team members and looked at their training, supervision, and team meetings. Regular audits had been carried out on people's finances, keeping safe, medications and daily reports. The provider measured improvements in each person's life and celebrated successes. They were able to demonstrate significant improvements in people's lives, including new skills

learnt. For some people, learning simple tasks had helped them make a big step towards independence, such as being able to butter their own toast and bread, washing their hands, putting their own slippers on, and fastening their own seatbelt.

The provider continually looked at ways of improving the service. They told us in their PIR, "We have a robust quality audit and quality process that enables us to shape the direction of the organisation in a person-centred way; this includes auditing the daily records to ensure that the quality is in line with expectations. We invest in leadership, mentoring and coaching in recognition that we want services to continue to develop and move forward rather than be managed to stay the same. We are responsive to the views of families and the people supported." They told us they were in the process of developing a programme of leadership training for all managers of all grades focussing on absence management, coaching, performance management and 'difficult conversations'. The management team had met to look at new initiatives and learning, and to draw up their improvement plan for the coming 12 months.

A community professional told us "I think they have good values and are definitely in the right direction and are one of the better providers I work with."

The provider promoted the ethos of honesty, learned from mistakes and admitted 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.