Learning Together Limited

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Inspection report

Suite 3 Bank House
Stonehouse
Gloucestershire
GL10 3RF

Website: www.learning-together.info

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

Learning Together Limited is based in Stonehouse and provides personal care to people living in their own homes in Gloucestershire. Learning Together is a small service that supports people to live in their own home. They specialise in providing care for people living with autism who might require intensive support to manage their anxiety and associated behaviours. They provide 24 hour care and support to two people with a core group of staff and various support times to five other people. Many of the staff had supported the people since the service began in 2012.

At the last inspection on 7 August 2014, the service was rated Good. At this inspection we found the service remained overall Good but was Outstanding in one area, Responsive.

Learning Together promoted a 'Culture of Gentleness' approach when supporting people to manage their anxiety and associated behaviours. Gentle Teaching International is a global community worldwide who work together to develop promote and strengthen the values of 'Gentle Teaching' every day. The basic values are gentleness, kindness, forgiveness, companionship, community and inclusion. There was less focus on 'behaviour' and more on fostering safe and kind relationships to bring about real and lasting change. Throughout this inspection we saw this approach in action. We heard many examples of how staff's exceptional skills in applying the Gentle Teaching approach had brought people an enhanced sense of wellbeing and exceptional quality of life without restrictions. For example, two people who had lived in secure units now had freedom with support in the community and a quality of life that was previously unimaginable. Staff worked with families to ensure consistent support for people and relatives told us how this had enhanced people's well-being. Staff worked creatively using distraction and giving people responsibilities to support them to manage their anxieties so they could access a range of community activities and life full lives. People were supported to feel valued at all times. Staff used the 'Gentle Teaching' approach' in their relationships with people who responded well to the staff. There were enough staff with the skills to keep people safe and recognise when people were becoming anxious and interact with them well in their home and the community. Suitable staff were recruited to support people and they were able to choose which staff they wanted to be with. The staff managed people's medicine well and stored them safely.

Staff had individual meetings, training and team meetings to help ensure the support they provided for people was improving the person's experience and making a difference in their lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff knew people well and told us about their characters with compassion for them. People had an inclusive relationship with staff and freedom to access the community with support. They were involved in planning their days with the support staff and relationships with people were forged based on mutual respect.

Health and social care professionals that visited the service were positive about the personalised care and support people had from staff and had seen the improvements for people. Families told us the service had made vast improvements to people's lives and they also received advice and support from the agency staff to promote the 'gentle approach' and continue the improvements they had seen.

There was clear and sustained management to support staff, people and their families to achieve the best possible outcomes for people. Relatives and people met regularly with staff and communication was well established with the families to exchange ideas. Quality assurance procedures included the views of people and their families and improvements had been made from their suggestions.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good

Is the service responsive?

Outstanding ☆

The service is outstandingly responsive.

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible.

Staff had exceptional skills when supporting people to manage their anxiety and associated behaviours. We heard many examples of how their Gentle Teaching approach had brought people an enhanced sense of wellbeing and exceptional quality of life without restrictions.

There was a complaints procedure and relatives told us they knew how to raise concerns with the service. People's quality of life plan described how individual people 'complained' when they had little verbal communication.

Is the service well-led?

Good

The service remains Good

Learning Together Limited

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 took place on 23 and 24 May 2017 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be there.

One inspector carried out the inspection. We spoke with the registered manager, three people using the service and four members of staff. In addition we reviewed records for two people using the service and examined records related to staff training and the management of the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. We also contacted health and social care professionals.

Good

Is the service safe?

Our findings

Staff had the knowledge to protect people from abuse and report any allegations of abuse. They received regular safeguarding adults training and knew what to look for and how to respond to allegations of abuse. Procedures were available to remind staff of their responsibilities and what action to take to keep people safe. One staff member explained the "Gentle Teaching" approach the service valued. Where relationships with people were what mattered most and they had seen a person's behaviours greatly improve by supporting them to feel safe and valued at all times. Staff were trained in accredited physical management techniques (Positive Behaviour Management) and followed the guidance. Relatives were introduced to the 'gentle approach' to improve response to behaviours and nurture people to know they will not be punished, ignored or lectured. One relative told us their family member trusted the staff and the staff loved them. They said, "It had been a big change for the family to understand the "Gentle Teaching" approach but the change had improved the person's independence and access to the community. Two community professionals responded to CQC questionnaire and told us people who used this care agency were safe from abuse and or harm from the staff of this service

People's medicines were well managed and stored safely. We saw clear protocols for administering emergency medicine for two people who may have a seizure. There was evidence a best interests' meeting had been held with professionals, for one person who was unable to make a decision about the administration of their medicines. Medicines were audited weekly to check compliance.

Risk assessments were in place to help keep people safe in their home and out in the community. Individual Quality of Life (QoL) plans and risk assessments were in place and reviewed regularly with input from the person's family and their wider circle of support. There were emergency plans for each person and detailed information was recorded for staff to follow to help keep themselves, the public and the person safe. Staff were trained to give emergency medicine for seizure control. The records told staff how to support people in the community and what triggers people may have that would require additional support to keep them safe. Staff knew they could contact other staff when required for assistance to support people to get home if they became unsettled when out. Staff were taught to be relaxed and positive with people and minimise their frustration by supporting them to do what made them feel less anxious.

Incidents and accidents were recorded and reported as required. Body charts were kept of any injuries and medical advice was sought when required. One staff member told us all incidents were discussed and in depth knowledge and progress was shared with all staff to improve outcomes for people. We looked at some 'interaction reports' of incidents where clear reflection of the event was recorded and what to avoid. For example, one reflective record advised staff to keep things predictable by always parking in the same car park and another staff to always ride their bike in front of the person. People were not encouraged to be 'good' and staff took responsibility for behaviours. Staff told us they understood they may inadvertently triggering people's anxiety and would acknowledge this if they had caused frustration and people did not feel safe and hit out.

There were sufficient staff to meet people's needs. People with 24 hour support had one or two staff to

support them all of the time. Additional staff were available at night. The care and support had been agreed with the commissioners of the service. Since the last inspection one house had been divided to improve outcomes for the two people to live separately and this had worked well. Staffing arrangements were reviewed to ensure there was sufficient support at all times. Staff confirmed there were enough staff. We were told there was an on call rota in the event more staff were required. Two staff were on call to ensure there was always someone available in the event of an emergency.

People were protected from unsuitable staff as a thorough recruitment process was completed. All checks had been done to include references and reasons for leaving previous employment. Any gaps in the applicant's employment history were followed up with them at interview. There were informal visits and trial shifts with people. Both the person and the staff member were able to choose who they wanted to be with. One person had chosen all the staff that supported them. Relatives had been involved in interviewing staff for a lead role for one person who received 24 hour support. All staff shadowed experienced staff for a minimum of two weeks or longer if required as part of their induction.

Good

Is the service effective?

Our findings

The registered manager explained a comprehensive assessment was completed before people were supported by the agency. Parents and care staff past and present helped to build a picture of what the person wanted to happen in their lives. Pictures were used to communicate with people and they were asked what they would like in their new home. One person moving from a secure unit had included things like "cereals", "clothes and a wardrobe." and "Diet Coke". They told us they liked living in their new home.

The staff team had completed an induction and were encouraged to complete a minimum of level two Diploma in Health and Social Care. In addition, all staff completed reflective, values-based training from an online learning resource. Regular in house training and discussion days helped staff with their personal development plans. Staff told us they had completed relevant training. One staff member told us, "I can't praise the service enough" and "The training was good." They also told us, "The gentle approach was working well" with one person they supported. The training plan showed which training the whole staff team had completed. The registered manager told us this helped to manage the organisations training needs. Training was discussed as part of the supervision and appraisal process. Observed practice was used to promote good practice and support staff to develop safe, trusting relationships. All team members received regular supervision by way of individual meetings. The registered manager had individual meetings with three community lead staff and they in turn supervised their staff team members. The records of the meetings were detailed and positive relationships with people were discussed. One new member of staff had a record in their individual meetings with a senior staff member that they had embraced the values of "Gentle Teaching" and had good relationships with people.

Best interest records were in place for specific decisions. People's capacity to consent had been assessed in line with the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We looked at two good clear examples for a person's finances and their medicines where decisions were made in their best interests. Their parents had been involved.

People had a choice of meals and their dietary needs were met. One person told us the food was "ok" but they liked eating out. There were pictorial menus. People had chosen their meals from a weekly pictorial menu. One person was a member of the local slimming club and with a healthy diet and exercise had lost the weight they wanted to lose. Regular walks and bike rides had helped to ensure they remained healthy. Health care plans identified and met any health needs. One person had support from an occupational therapist for their mobility. People's physical and mental health was reviewed regularly and discussed with their 'circle of support' for example; parents, staff team members, consultants, community nurse, social worker and clinical case manager. People were supported to attend regular health checks with their GP & dentist.

Good

Is the service caring?

Our findings

People benefited from the ethos of the agency Learning Together when they were supported to experience relationships that helped them feel valued at all times through the culture of "Gentle Teaching". Staff team members were trained that "People's aggression towards self, others or the environment is often an expression of deep-seated fear, learned responses to an imperfect lifestyle and feelings of anger arising from isolation, loneliness and lack of control." We were able to see the progress two people had made from the time they were transferred to the service from a secure hospital setting.

We observed people had an inclusive relationship with staff and freedom to access the community with support. This had taken time to achieve and the dedicated staff team told us it had not always easy. Learning Together valued people and the staff team learnt from the people they supported who had taught them how to respond. People were not restrained and staff followed a relationship-based approach as opposed to a behavioural one. One staff member told us how they observed minor changes in one person's behaviour that indicated they were becoming anxious this enabled staff to change direction and make the person feel safe and content. We spoke with the person and they were smiling and talkative and obviously had a warm relationship with the staff member. People, staff and their relatives saw themselves as all being part of one family. One relative told us they were "bowled over" by the approach of "Learning Together" and although they had seen many professionals, they had seen nothing to compare with their approach, which had made a "dramatic difference" in the person's behaviours and relationships.

The people supported had difficulty communicating their needs and desires. The registered manager described how together with the families and others in their circle of support they used behaviour as an indicator of their views. The service met with the person supported and their family every six weeks. One person was unable to use pictures but with input from others a weekly plan was written to bring meaning and enjoyment for them. Quality of Life Plans and weekly schedules reflected individuals' interests. For example, one person liked to walk a lot and do some cooking and another person had completed artwork and made a T-shirt.

Staff knew people well and talked about their characters with compassion. One staff member told us about one person who always liked to be busy and loved fun fairs. During the person's regular walks they would visit an outdoor exercise park and use the apparatus there. They told us the person had cooked a meal for their mother for Mother's Day and was keen on taking photographs on their many walks in the community. Their family member told us the staff were a good supportive team and liked the person and knew them well. One person who showed us their holiday pictures also told us how much they liked the staff.

Learning Together promotes a 'Culture of Gentleness'. There was less focus on 'behaviour' and more on fostering safe and kind relationships to bring about real and lasting change. The registered manager told us staff team members were asked to reflect on their own behaviour and care giving style through observed analysis of activities, for example, cooking or cleaning with the person. Examples of good clinical practice was shared with the staff group for example the correct use of prompts, allowing people time to process communication and assist their participation. People were not restricted by their behaviours that

challenged but were supported with positive and kind words until the period was over. There were no punishments or rewards given. People visited their families or their families visited them. There was regular communication and families were taught about the "Gentle Teaching" approach" and watched videos of people's progress.

To ensure staff had up to date knowledge of good practice they attended Gentle Teaching (GT) conferences and had links with other organisations using GT both here in the UK and abroad. Staff also attended a local Community of Practice group and Service Provider information days run by the local commissioners.

Outstanding ☆

Is the service responsive?

Our findings

People were enabled to live their lives as fully as possible. The service was flexible and outstandingly responsive to their individual needs and preferences finding creating ways to achieve this. The arrangements for social activities and work were innovative and met people's individual needs. People who used the service were encouraged and supported to engage with services and events outside of the service. Each person had a weekly activity plan with activities they enjoyed, which provided them with access to the local community. Examples included one person attending Zumba and line dancing classes, horse riding, swimming, shopping and meeting family and friends. Another person had worked at a local animal shelter, attended healthy eating classes and managed their own money using a card at the local bank. One person attended a local social club where the other people knew them well. One person was supported to take things to pieces in the garage, which supported them to manage their anxiety. When one person started support with the service they said they would like to ride their bike and go shopping and swimming. We found this person had a life full of the things they had wanted. They went on long bike rides and enjoyed swimming. People in the local shops knew them and always said hello. One person showed us their holiday pictures and their pets they looked after in the garden. The person had named their three pets.

Staff had exceptional skills when supporting people to manage their anxiety and associated behaviours. We heard many examples of how their Gentle Teaching approach had brought people an enhanced sense of wellbeing and exceptional quality of life without restrictions. Two people who had lived in secure units now had freedom with support in the community and a quality of life that was previously unimaginable. One staff member described how a person they supported at their family home was now able to go for short periods on their own and kept in touch with their family by texting them. The person had achieved many new activities with the staff for example using a golf driving range, go-karting and laser tag. One of their family told us "there was a dramatic difference in behaviours" and went on to explain about their challenging behaviour where the person had avoided every task. One staff member told us about a person's employment in a local café which had ended when it closed. They told us about another person who had helped with a community mosaic where they had posted photographs of it on a computer to send to their family. The same person had help fix a smoke detector in their home as they liked do-it-yourself maintenance jobs.

Different ways of communicating with relatives enhanced the experience for the people supported. There was regular formal and informal communication with people's relatives for example: emails, texts, telephone calls, regular meetings. Each person contributed to their regular meetings in their own way. Minutes of meetings and required actions were circulated amongst their immediate circle of support. Every week people's family received an email update about the person. This had created an ongoing exchange of views that helped to ensure the views of friends and family were heard. One relative told us they talked every day to the staff and added information to the person's daily diary.

Staff had the skills to promote the values of the service through inclusion and a culture of gentleness. One relative told us the staff had outstanding skills and had an excellent understanding of the person's social skills and values that may influence their decisions or reactions to the support and care they received. The

staff had worked with one family to increase their involvement in the person's day to day life. The person had kept the parental home and their supported living separate. To help the person feel more 'at home' in their supported living the family were encouraged to visit more often. The person's 'circle of friends' were included in the decision to alter their property and this has had a positive impact for the person. There was ongoing feedback with Learning Together and the families. One relative told us how Learning Together staff had taught them the concepts of the way they supported people. They told us they had seen videos with other relatives where they could see the different ways Learning Together worked to improve people's lives. One relative told us Learning Together staff interaction was so different and positive where previously the person had continually been told "No". The staff had explained how the families should give support to ensure the good work continued. The relative told us they had learnt a lot from the provider/registered manager how to support their relative to enhance their well-being.

One relative told us that for the first time ever the person had a provider who was actually trying to make a difference and change their life for the better. They said, "The staff, are not only properly trained, but they all seem to treat the roles they have as a vocation rather than a job. Even to the extent of taking [name of person] into their own family lives for celebrations and festive events." The same relative told us Learning Together contacted them regularly to tell them what was happening and to ask their opinion about how to approach a subject with the person. They also met formally every six weeks to discuss progress and plan the next six weeks. The relatives told us how complex the person was and that the approach by Learning Together was unique and was making a difference

Two professionals visiting the service said the service was providing very person-centred care. They told us they had no concerns about the service. One professional told us, "The service is person centred at all times and works with the individuals to meet their potential. The team members are all very positive `can do` people and access a wide range of activities and opportunities with the clients. They are responsive to the changing needs (health and social) of the clients and seek advice and support as required. The carers access all training updates relevant to the client's needs." Another professional said, "The support provided appeared to be very person centred and was adaptive to the individual's needs" and "[Name of registered manager] worked very hard with the family to engage with them and to make it a success." A local user-led organisation had visited one of the houses in April 2016 and they scored the visit as "Happy to be supported by this care provider."

People's Quality of Life (QoL) plans were person-centred and outlined individual needs, preferences and where the person was vulnerable. People and their families helped complete the Quality of Life Assessments, which provided staff with information to complete the Quality of Life (QoL) plans where peoples care and support was recorded in detail. One relative told us how the registered manager spent a lot of time with the person before their support started. People were supported to attend and participate in their own plan and review meetings with family and friends, usually about every six weeks. We looked at a record of a review meeting for one person and the family, staff and the person had actions to complete. For example arrangements for a birthday picnic and a weekend away with relatives for the person, relatives to help repair furniture and staff to help the person buy a card and present for a relative. A staff member explained how people's daily records were on computer and they could record them and update records from a mobile telephone. Staff mobile phone alerted them when a person's care records had been updated.

One staff member explained a person's daily behaviours when they first supported them were recorded in colour codes according to how they presented themselves and they had mainly been anxious. The staff member told us the daily record colour now was invariably 'green' which represented the person was feeling at ease. There were detailed records in the care plans for staff to recognise when people were moving away from feeling at ease and becoming anxious. The records were written in a way that staff were guided by the

person, for example, 'Act cool, don't cry in front of me as sometimes I get scared and out of control, remember in the past I have been grabbed, pushed, restrained and shouted at by care givers'. There was a list of words one person may use when they were becoming anxious and the record advised staff to, 'slow down the interaction for me and provide a distraction like an apple to eat or something to tidy up'. There was very detailed guidance for staff to know how to react and support people with the purpose of teaching and nurturing the person to sustain companionship and a sense of connection with their surroundings including the community. People knew them in the local community and always said hello.

Relationships were forged based on mutual respect. Healthy relationships with people were stressed in group meetings, discussions and during staff individual meetings. People were involved in planning their days with the support staff. For some, this involved making a list of things the person had to do and wanted to do. 'Have to do's' included things like cooking, cleaning and bathing but the person decided when these activities took place. Other people benefited from using pictures/symbols. For practical reasons the staff team used hand drawn, individualised 'plans' with each person. We saw an example of one person's drawn plan. A relative told us how the staff had given the person a key to the garden gate and made them responsible for keeping it locked. Previously the person was always anxious about not being able to go out of the locked garden gate. This had had a very positive effect as the person had always had keys to everything when they were young and they now felt in control again. The relatives told us the person was improving all the time and had a voice, was supported with no pressure to be 'good' and was very comfortable in their own home. There was a clear transformation for the person and they were still progressing. Relatives told us staff communication with them was excellent.

People's care and support was planned with them and their families. Staff used individual ways of involving people so they felt listened to and valued. For example, one relative told us the person had told them staff listened to them and treated them as an adult. Another relative told us how the person had responded to the 'Gentle Teaching' approach' and had built trust with the staff relationships. They told us they were very happy with the change in the person who was making plans for their own future to live separately from their relatives. One family member described the challenging behaviours staff had supported the person with and was "thrilled" with how they had improved the person's life. They knew they would be fine and continue to improve. Staff knew people well and noticed when they may need support with any anxieties. One staff member told us how they always took an apple with them to distract one person in the community when they became anxious.

There was a complaints procedure and relatives told us they knew how to raise concerns with the service. People's quality of life plan described how individual people 'complained' One person's plan we looked at described how they would say "NO" to requests and in the past had resorted to hitting out to get their point across. The plan said, "They will squeeze your hand or bend fingers back when they are anxious, cry loudly, throw things in the rubbish bin" and say certain words the staff knew. Most people were unable to communicate well enough to complain but staff were alerted to their non-verbal actions of what they wanted.

Good

Is the service well-led?

Our findings

There was a clear management structure. There was a registered manager who was also the provider of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Currently the management included a support co-ordinator, two team leaders, four assistant team leaders, four senior support staff and support staff. There was also an office-based administrator. At all times there was a nominated on-call staff member and an additional staff member available to be called should advice or practical support be needed. Staff felt well supported by the management team and had seen gradual improvements in people's wellbeing from using the 'gentle learning' approach. One staff member told us the management support was good and communication within the teams worked really well with regular meetings and updates. They told us the registered manager recorded important information on the computer with regard to training, resources and lessons learnt which all staff could access.

There were quality assurance and monitoring procedures and the registered manager made regular unannounced formal visits to look at the cleanliness of the environment and general atmosphere in people's homes. Observation of interactions between people and staff were completed and peoples care records and schedules were looked at to ensure they were doing what they wanted to do. We looked at several quality assurance visit records where the registered manager had scored different areas and identified where development was required. One example was a bathroom floor, which required the floor to be made safe and an interim method was used until completed. Staff had opportunities to ask advice and were encouraged to be specific if they had any concerns about their role. Records such as medicine, personal finances and behaviour charts were checked.

The provider informed us about the fortnightly leadership meetings where individual team members' performance was discussed. Concerns and examples of good practice were shared and staff were supported through regular individual supervision meetings and appraisals. There was also 'Open Forum' meetings every two weeks to give all team members a safe space to share thoughts, stories, examples of good practice, concerns and suggestions which were fed back to the registered manager. There was an online open forum so that everyone had quick access to ask questions, express concerns or suggestions and a 24 hour access to agendas, minutes of meeting and proposed actions. We looked at the minutes of the meetings and actions from previous meetings were carried forward and progress was recorded. People's individual support was discussed and their reviews with health and social care professionals were planned. Family involvement was ongoing and their views sought to improve people's wellbeing.

Relatives and people met regularly with staff and communication was well stablished with the families to exchange ideas. Every 12 months parents' views were formally requested using questionnaires. We looked at some completed in November 2016. One family member had commented, "Nothing but admiration for Learning Together" and "They have saved her life." Another family member said "Its early days but going

well". The person had been supported by the agency for two months. As a result of the responses, the service received from families there were plans to increase communication between the agency, the people they supported and their advocates. Some improvements planned for the service had taken place where relatives met up so they could get to know each other and increase their knowledge of Learning Together and the way staff supported people.

Other improvements were planned with regard to publishing a newsletter and the formation of a 'Friends of Learning Together' to have their own meeting to feedback to the service and consult with them regarding improvements to the service. The registered manager told us two "Gentle Teaching" consultants were supporting the service and taught senior staff with 'hands on' coaching. The care staff service model was "I need to be at my best when you are at your worst." The services aim was for people to develop a better life and see themselves as active in their own life projects. The staff we spoke with knew the services aims and approach well and wanted to do their best for people. People had made a variety plans and had hopes for the future, for example holidays with their families and to be able to live separately from their families .