Care Quality Commission

High Quality Lifestyles Limited

St. Michaels

Inspection report

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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

This inspection took place on 27 and 28 April 2016.

St. Michaels is a service for five people who have autism and learning disabilities. It is a specialist service for people that have anxious or emotional behaviour that has limited their quality of life and experiences. Each person lives in their own flat and the staff team and service provided is organised around their individual needs. There is an office building where the management team are based and large garden areas, including secluded areas and fenced areas for people who need more security. Four flats were in one building and one ground floor flat was purpose built in the grounds. All flats have been modified and furnished to suit the needs of each person. The alterations and furnishings in two flats were a work in progress because people's needs had changed or they had moved in recently.

The management team based at the service was made up of a registered manager and two deputy managers. 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.

The service provided was innovative and based around the needs of each individual. There was a 'can do' attitude in the culture of the staff team. Even in the most difficult circumstances, people were given opportunities to live as independently as possible and with as many opportunities for new and interesting experiences as possible.

Staff were dedicated and worked hard to get to know people so that they could provide a service tailored to each individual. They found ways to help people overcome the barriers to their relationships with other people, and that had limited their opportunities to go out and about and live an ordinary lifestyle. People were making evident progress with their social skills and awareness, managing their health and wellbeing and developing their daily living skills.

Before people moved in staff found out the best way to communicate and support communication with the person and what was important to them. A moving in plan was designed with the person to make sure they had all the preparation needed for them to move in and settle down.

The staffing levels and buildings were designed to maximise people's opportunities to be as independent as possible whilst keeping them as safe possible. The staff team were motivated and spoke confidently about their roles and the people they supported. Staff said they felt well supported by the management team and had the training they needed to meet people's needs.

People were involved in the recruitment of staff, including being part of the interview team where possible. Staffing levels were reviewed and changed in response to the needs of the people. One person needed the

support of four staff when out in town or doing activities outside the service but their needs had changed and they now only required three staff at these times. When people were trying new activities the staffing level was assessed specifically for this and a higher level of staff was provided to make sure, as far as possible that the new experience was a success.

Staff and the management team had an excellent understanding of managing risks and had supported people that had previously challenged services to reach their full potential. People said or expressed that they felt safe in the service and staff had a very clear understanding of what constituted abuse. Staff spoke up for people if they thought there may be at risk of potential abuse.

Staff assumed people had capacity and respected the straightforward decisions they made on a day to day basis. When people needed help or could not make a particular decision on their own, staff supported them. Decisions were made in people's best interests. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. Applications had been made and granted to deprive people of their liberty because they needed staff with them or near to them all the time to make sure they were kept as safe as possible.

People were supported to say what they thought about the service. Staff had one to one meetings with people to give them the opportunity to express themselves in whatever way they were able to. Pictures, photos, objects, experiences and technology were all used to help people express themselves so that they were able to say how they wanted to be supported and share concerns when needed. There was a clear complaints procedure and process that was designed to suit the

Mealtimes, buying and preparing food and drinks were all organised individually with each person and they were encouraged to be as involved as much as possible. People who had previously only eaten food as it was presented to them, were getting into the kitchen and making the food and going to the supermarket to choose it. Staff understood and encouraged healthy eating and if people needed their food and drink intake monitored it was done in a way people could understand.

People attended health checks and were supported to maintain a healthy lifestyle. Good plans and records were kept about people's health conditions that needed monitoring. Community health professionals were involved and their advice was included in the care provided. Staff had worked together with community professionals to prepare people for health care checks, including compiling photo stories and going through the practical steps with the equipment to help people understand and cope with necessary procedures. When people needed to take medicines these were kept under review and there were safe administration procedures. People were helped to understand their medicines and were supported to take control of them as much as possible.

People were encouraged to try new experiences and develop new interests. Staff helped people to express themselves and supported people so that they felt secure enough to try unfamiliar things. People were going out and doing different activities that they had not previously been able to and were living a varied and active lifestyle. People had access to the internet and social media and used this to follow their interests and keep in touch with family and friends.

The registered manager used effective systems to continually monitor the quality of the service and had on going plans for improving the service people received.

A health and social care professional commented, "If I had other people that I was looking to place with similar needs to the residents there, I would consider St Michael's as an option."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse. There was a warm culture of openness and support.

Risk assessments were designed so that people could try out different experiences in the least restrictive way possible whilst protecting them from avoidable harm.

Staffing levels were flexible and determined by people's needs. Safety checks and a thorough recruitment procedure ensured people were only supported by staff that had been considered suitable and safe to work with them.

People were supported to manage their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were skilled in meeting people's needs and received ongoing support from the management team to make sure they supported people in the best way.

People were supported to express themselves and were given the support they needed to make day to day decisions and important decisions about their lifestyle, health and wellbeing.

People were supported to have an active and healthy lifestyle. Mealtimes were social occasions and people were supported to eat a healthy varied diet of home cooked food and drink.

Is the service caring?

Good

The service was caring.

The registered manager and staff were committed to a strong person centred culture. People had positive relationships with staff that were based on respect and shared interests.

People had the support they needed to help them make

decisions and have a good quality lifestyle.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?

The responsiveness of the service was outstanding.

The service was innovative and flexible and responded quickly to people's changing needs or wishes.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People were able to undertake daily activities that they had chosen and wanted to participate in. People had opportunities to be part of the local community.

People were listened to. There were systems in place to enable people to share any concerns with the staff. If people expressed they were unhappy staff responded.

Is the service well-led?

The service was well led.

The registered manager, deputy managers and staff were committed to providing an open and inclusive culture. Continual feedback was encouraged. The service worked effectively to create links in the local community.

People's views and interests were taken into account in the running of the service. All feedback was considered and acted on. Audits and checks were carried out to make sure the service was safe and effective.

Care Quality Commission

St. Michaels

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 and 28 April and was carried out by one inspector. We gave short notice to give the staff the opportunity to prepare people for our visit, so that it lessened the disruption our presence may have caused.

We spent some time with each person in their flat with support from staff as needed. One person was able to talk to us about their experiences that informed the inspection. For people who were unable to verbally communicate with us, we made observations of people's lifestyle and their interactions with staff.

We gathered and reviewed information about the service before the inspection. The registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous reports and checked for any notifications we had received from the provider. This is information about important events that the provider is required to send us by law.

During our inspection we spoke and spent time with all five people and seven staff. We looked and checked the contents of three staff files, three care plans, parts of four daily log books, samples of records that made up the care planning information, the staff rota, health and safety records including individual emergency evacuation plans, audits and quality monitoring records and feedback forms from relatives and people involved in the service. We looked at the care and support records for five people. We looked at and discussed management and staffing records. We spoke with two visiting professionals on the second day of the inspection.

After the inspection we received feedback from nine other professionals who were involved in people's care and support, including learning disability nurses, social workers and medical professionals and received

comments from people's families.

We last inspected the service on 11 June 2013. At this time the service was meeting the requirements of the regulations.

Good

Is the service safe?

Our findings

People told us or expressed that they felt safe. One person said, "Yes I feel safe here. It is much better than [name of previous home]". People were occupied and looked comfortable in the company of staff. Staff spoke warmly about the relationships they had developed with people. A community health and social care professional commented that the service was, "Very professional, caring and safe."

Some people had previously lived in services where they had not felt safe and they had found their own ways to feel protected. Staff respected this and worked with people supporting them to maintain their feeling of wellbeing so that they felt safe.

Staff had received safeguarding training and were knowledgeable about the different types of abuse. Staff were encouraged to raise any concerns and to challenge when they thought people's safety was at risk. Staff spoke about their experiences and were confident to report incidents that they thought may be abusive. Staff spoke about situations where people had become distressed, anxious or emotional and had needed support to manage their wellbeing.

Debrief meetings were held for staff to talk through situations that had been distressing and difficult. Discussions were held with key staff to learn from situations that did not go so well and consider alternative strategies to manage behaviour that limited people's opportunities.
Much of the furniture and equipment in the flats and bungalow had been specially made to suit each person.

There was a clear system of reporting incidents and staff were aware of who to report suspected abuse or incidents to outside the organisation. Staff had got to know people very well so that they were able to recognise the signs and behaviours that indicated that the person was becoming uncomfortable and anxious. Staff picked up these signals and responded to them. We observed people become calmer when these signals were responded to.

There was a clear system of risk assessment to protect people as much as possible without limiting their experiences. Each situation and opportunity was assessed for how it would enhance the person's quality of life and what the potential risks were. There was a risk assessment process where all eventualities were considered. How staff were to support and guide people in each situation was discussed and agreed to minimise incidents and accidents. The risk assessments were written up and staff were made familiar with their contents before the activity commenced. Staff talked about the risk assessment process and were confident to try new activities both in the service and outside. They said if something went wrong or could be improved they would discuss it again and the risk assessment would be amended. Staff said it was a good system. What worked well was the fact that despite the high level of risk at times, these were all taken into consideration rationally and systematically, and responded to in a way that increased people's opportunities; when it could have been so easy to limit them and avoid offering new experiences to people.

The staffing level was organised around the assessed needs of each person. There was a core staff team for

each person and flexibility across the whole staff team to support people's lifestyles. The rota was worked out carefully to accommodate activities that needed high levels of support, staff skills and experience. There was flexibility built in to support staff, so that they could take sufficient breaks, as the level of support required to individuals was intense. There were three night staff and a sleep in staff who was available for back up if needed. Staff said there was a good on-call system and they felt comfortable calling the management team out of hours when needed. There had been a recent example where a person needed emergency medical treatment in the night and the staff and management team had responded in a timely way to make sure the person was given the treatment required.

A high level of staff was needed to the meet the needs of individuals. Staff organised themselves so that they did not obviously surround people and encroach on people's personal space but rather behaved like they were friends together being with each other. Staff spoke about their role and how they supported individuals in a way that considered them as equals.

Staff were recruited safely. Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks had been completed to make sure staff were honest, trustworthy and reliable. This included completing an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person's identity and evidence of their conduct in previous employments. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were encouraged to participate in the recruitment of new staff. Some people were able to be part of the interview panel and asked prospective staff questions about things that were important to them. People who had limited communication skills met with prospective staff and their reactions to each other were taken into account in the decision about whether staff were suitable. This also gave staff the opportunity to decide whether this was the right role for them which minimised the disruption of staff starting their employment and leaving quickly.

The registered manager made sure there were always enough competent staff who had the right mix of skills to make sure their working practice was safe and that they could respond to unforeseen events. A high level of staff were needed to support individuals to make sure their lifestyle was not restricted. Many of the people had experienced restricted lifestyles before coming to live at St. Michaels. The staffing level was worked out to support people's lifestyle and was flexible so that people had the opportunity to try new experiences. There was a higher number of staff at times when people were going out or needed additional support for activities. One of the deputy managers completed the staff duty rotas and many different aspects of care and staff organisation were taken into account in order to match the right staff support to people's lifestyles.

People were involved in taking their own medicines; the amount of participation was determined by the person's needs and risk assessment. People were supported to understand what the medicines they were prescribed were for, as much as possible. Some people had teaching plans with photos of the medicines and pictures. There were simple explanations for people who could read. One person took a homely remedy when needed and they had a chart that they had made with the staff. The chart included pictures and symbols to indicate different symptoms and states of health so that they could say how they were feeling and determine whether medicine was needed. As a result of this, the person's medical condition was being alleviated more consistently, they were more in control of their wellbeing and their need for behaviours as a means to communicate had reduced. (A homely remedy is another name for non-prescription medicines available over the counter in community pharmacies, used in a care home for the short term management of minor, self-limiting conditions, e.g. toothache, mild stomach ache, cold symptoms, cough, headache and occasional pain.)

Medicines were stored securely and medication administration records (MAR) charts showed that medicines had been administered in line with the prescriptions written by people's doctor. Each person had a recent photo on their MAR chart and details of allergies were recorded. If people required any creams, a body chart was in place to show the area where it should be applied. Protocols were in place for the administration of 'as needed' medicines (PRN) which gave staff clear directions. Regular stock checks were completed and systems were in place for returning unused medicines to the pharmacy. Monthly audits checked that medicines continued to be stored and administered safely.

The flats had been designed specifically around the needs of each individual to make them suitable, homely and promote independence. Some people needed reinforced and specialist furniture and fittings. Different materials had been sourced to find the most effective to decorate and furnish the rooms and buildings, so that people could be as comfortable as possible but it would still withstand the use that it would get.

Regular health and safety checks of the environment were carried out to make sure everything was in good working order and repairs were carried out promptly.

People's confidence in the staff support and their surroundings was reflected in the reduction of behaviours that challenged and the increase in their opportunities. One person had required a very clinical environment when they first arrived but had recently moved into a different flat in the service, with more belongings which made it more homely. Another person who had been very restricted previously was able to have a kitchen that he could help prepare food in.

A health and social care professional commented, "…despite having been someone with extremely high behavioural and communication needs prior to moving in, he settled down almost immediately within his own flat. So much so, that he was no longer eligible for Continuing Healthcare funding as all his needs were being met and his behaviours had significantly reduced."

There were clear plans and guidelines for supporting people to communicate their wishes and staff recognised the signs of displeasure that may be leading up to anxious and emotional behaviour. They were able to respond and divert people to minimise the behaviour occurring. If it became necessary to use physical restraint this had been agreed with other health professionals under what circumstances this may be necessary, and there were clear instructions and records were kept. De-brief meetings were held with staff about techniques and consistency and to make sure restraint had been carried out correctly and appropriately and only as a last resort. There were discussions about what lessons could be learnt from incidents and plans were reviewed.

There was a policy and guidance for staff to follow in the event of a major incident, such as a fire, flood or a gas leak. Each person had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely moved away from danger in the event of an emergency. Regular fire drills were completed to make sure staff knew what to do to keep people as safe as possible in an emergency.

Good

Is the service effective?

Our findings

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an ongoing programme of training organised by the company that included a wide variety of courses for staff. Staff spoke confidently about their role and how they supported people. Staff had received training relevant to understanding people with learning disabilities, autism, and person centred support. The training system could be accessed electronically by the registered manager so that courses could be booked easily. Training was provided in a variety of ways to suit different learning styles.

Some training had been specifically designed around people's individual needs, so that staff had a clear understanding of their role and how to support people effectively. People's needs were assessed before moving into their flat and the current skills and training needs of the staff were matched. Any training that staff had not received previously was organised, so that staff had all the necessary skills and were ready before the person moved in. All staff had received training in understanding and managing epilepsy, including the administration of emergency medicines and how to know when these may be required, prior to one person moving into their flat.

New staff completing their induction training and had their progress reviewed after one, three and six months to make sure they understood the expectations of their role and had the skills needed and to identify further training. All staff members had a personal development plan. Staff were required to complete a relevant qualification, essential training courses, such as first aid, and best practice courses, such as communication skills and a qualification in positive behaviour support. All staff had completed a relevant health and social care qualification or were registered to do so.

The registered manager had links with the Kent Challenging Behaviour Network and the Tizard Centre, a leading learning disability research centre, to keep up to date with any new innovations. The service was also connected to 'Skills for Care', a national organisation that supports the development of skills and knowledge in the workforce. The staff team had the opportunity to attend seminars and discussions and were kept up to date with current good practice.

Staff had one to one supervision meetings with the registered manager and deputies. There was a routine programme of meetings but staff said the door was always open if they had a concern or needed to discuss something; and then sometimes this would turn into a supervision meeting. There was an annual staff appraisal system with outcomes recorded. Staff had the opportunity to discuss their strengths and any areas for development in a confidential environment. Some staff had worked in the service for some time and had been promoted. Staff said they felt valued. One member of staff commented that the manager was "always available for a chat" and staff said this worked well.

Staff understood the importance of gaining people's consent and enabling people to maintain control over their lifestyle. Staff found ways to help people understand so that they could make a choice about their care. People were asked for their consent before staff gave them any care and support. If people refused

something, staff found other ways to provide support that people were happier with. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA. The registered manager had considered people's mental capacity to make day to day decisions and there was information about this in their care plans.

The registered manager and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. Independent Mental Capacity Advocates, (IMCA - an individual who supports a person so that their views are heard and their rights are upheld) had been involved in supporting people to make decisions in their best interests. They helped people express their needs and wishes, weigh up and take decisions about options available to the person.

The registered manager knew when to apply for Deprivation of Liberty Safeguards (DoLS) authorisations for people. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible. The registered manager had applied for and obtained deprivation of liberty safeguards (DoLS) authorisations for people. Staff had knowledge of and had completed training in the MCA and (DoLS) and were mindful of this when providing support.

There were regular reviews of people's health and wellbeing with other health professionals and specialists. Multi-disciplinary meetings were held to discuss care, support and any restrictions needed including medicines. People previously needed high doses of medicines to help keep them calmer. Staff worked closely with other professionals to support people so they did not need as much medication. The registered manager and staff team worked closely with other professionals to make sure people had the right amount of medicines to help them, but not sedate or restrict them.

People said and indicated that they enjoyed their meals. People were supported to choose, buy and prepare their own food. There was a food budget for each person and they were helped to plan a healthy menu including food they liked. Staff told us that they did not go to the local large supermarket very often as people did not enjoy the experience but they took people food shopping in the smaller local shops as this gave people the experience of choosing foods and snacks that they wanted in a place where they felt comfortable. Some people had specific needs when they ate and drank and had been referred to and seen by specialists. One person liked to have snacks throughout the day and had a variety to choose from. People were also learning about what was healthy and the need for regular exercise. Sometimes staff brought their own food to eat with people so that it was more of a social occasion and people went out regularly. Meals were relaxed and timed around people's activities. People were able to have home cooked food in their own kitchens. Restrictions to access kitchens had been fully assessed so that these were kept to the minimum. For example, cupboards with sharp knives in were locked rather than locking the whole kitchen. One of the flats did not have a fully working kitchen but the person would have benefited from this. This was an area for improvement.

Each person was supported to manage their health and had their own health action plan. These were designed in the way they could understand. Some people could read so some instructions were written, some people needed objects and pictures so a mixture of these were used depending on how people responded and what worked best. People were helped to take responsibility for their health, for example, a

person was guided to recognise and respond to the signs of the onset of potential seizures. A person with a food allergy had a list of foods to avoid and this was clearly communicated when eating out in restaurants so the allergy did not restrict them.

If a health need was identified, options for further investigation and possible treatment were considered with relevant professionals and in light of people's understanding and capacity. One person needed a blood test. The staff team and a learning disability nurse had worked together to produce a teaching plan using the equipment and photos of the procedure. Every day the person carried out the steps in a role play to familiarise themselves to give them the best chance of being able to have this test in familiar surroundings and with the same people when the time was ready.

People were supported to attend routine appointments including dentists and opticians. Staff acted quickly if people became unwell and worked closely with healthcare professionals to support people's health needs. One person fell and needed to be admitted into hospital. Staff explained how they communicated with the hospital so that the person could be effectively supported to accept and receive treatment. A parent commented, "…the staff who have supported [person] have displayed high levels of commitment and dedication. These qualities were particularly in evidence when [person] sustained a fractured skull and was admitted to intensive care at Kings College in South London." Another person needed emergency treatment and staff worked closely with the hospital to make sure the person felt secure and was able to receive the necessary treatment. Following the incident staff had a meeting to discuss prevention of further incidents. Adjustments were made to the fixtures in the person's flat and the person's care plan and health action plan were amended to reflect the health needs that had come to light.

Good

Is the service caring?

Our findings

The service provided in each flat was organised around people's needs and wishes. Staff offered choices so that care and support was then given in response and in the way people wanted it.

Staff showed real commitment and empathy to the people they were supporting. Whilst behaving professionally, staff treated people as their friends and spoke with them in a respectful and calm manner. Staff considered people's needs in relation to how they would feel in similar circumstances. A family member commented, "[Person] has developed strong relationships with a number of his carers and the time invested in building these relationships is now enabling [person] to enjoy a quality of life."

The service had a strong, visible person-centred culture. Staff had developed positive relationships with people. The staff were organised into small teams to make sure that people received support from a small number of staff that knew them well. Staff's individual personalities and skills were matched with people and they were given the time to develop positive and meaningful relationships with people. The teams were organised and monitored to make sure that there were several staff that people were close to, so that they did not become too dependent on one or two staff. Some staff had left employment at St. Michaels to develop their skills or moved away, so they had made sure this had minimal impact on people and that they were supported to keep developing relationships and manage the loss.

People's individuality and diversity was nurtured and people were treated with equal respect and warmth. People were helped to develop meaningful communication through signs, gestures, objects, pictures and writing. Some people had learnt particular communication systems, as children so these were being developed further. Other people enjoyed technology so this was included. One person showed us some of their plans and were pleased with them.

Staff knew people well so were able to quickly detect if they were in pain or discomfort. There were clear notes in the care and health plans regarding people's health and wellbeing.

Staff respected people's homes and their right to do things for themselves. Staff encouraged and supported people to prepare their meals, do the housework, go out locally and to try new activities. Staff stood back and allowed people to try things out and watched out for different signs that may signal communication. People had not been able to go into a kitchen area in their previous homes and had not been involved in any meal preparation or cooking. Going out had been limited for everyone previously too, but at St. Michaels people were given opportunities to widen their experience and had discovered new interests. People were becoming more confident and developing their independence. During a review being carried out at the same time as the inspection, a visiting professional commented how they were amazed at the progress of their client in such a short time.

People were supported to make decisions about their care and make choices about their lifestyle. Some people had family members to support them when they needed to make complex decisions, such as coming to live at the service or to attend health care appointments. Advocacy services and independent mental

capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf.

Staff respected people's privacy. Staff had spent time with people and prepared them for the inspection visit using the communication methods that worked best for each person. For example, one person had a poster that included a photo of the inspector and short sentences with pictures illustrating what to expect during the visit. People had been asked and had given their permission for the inspector to spend time and talk with them.

Records were completed, to monitor people's development and progress, so that staff could see what worked well and what needed to be improved in how they supported people. Incidents of behaviour that had limited people or upset them were recorded into a graph so it was easy to see where incidents had increased or decreased and what may have been the causes. Information was monitored and used to evaluate the effectiveness of the service to each person and all information was kept confidentially. Staff were aware of the need for confidentiality and kept records securely. Meetings where people's personal information was discussed were held in private.

Outstanding ☆

Is the service responsive?

Our findings

People received care and support that had been designed specifically for them. Each person's service was different depending on their needs, preferences and communication skills. Each person and the people that mattered to them, had been involved in how their care and support had been organised; assessing and identifying their needs, choices and preferences and how these should be met.

The service designed preparation and moving in plans to suit each person to make sure they had all the information needed to make the move into the service as smooth as possible. The manager gathered as much information as possible during the initial assessment of the person's suitability so that they could make sure they had the right resources to meet the person's needs. All necessary preparation was carried out before they moved in. They found out what was important to the person, about their background, communication needs, behaviours that challenged, and overall care needs. Staff received additional training before the person moved in so that they knew how to support the person effectively and minimise the need for behaviours that may challenge.

One person talked to us about their assessment and how they were supported to move into their flat. They wanted to know the area the service was located in because they were moving to Kent from another part of the country. An initial photographic moving in plan was designed and sent electronically because the person liked using the Internet. The plan included photos of the geographical area with a brief summary of places of interest nearby and links, for example, to The White cliffs of Dover website. Another part of the plan contained photos of the rooms in the flat, so that they could have a think where to put their things and how to arrange their furniture. It was very important for the person to have a place for their computer and games consoles and the internet, so this was organised in advance. The person explained to us that there were a few problems with the installation and getting a good signal but that it was all sorted out now. There were photos of the staff, their names and roles so that the person could see who would support them. When the person moved in they were able to get to know all the staff and have a say in who supported them.

Staff bought the person a book about Kent for them to read, got them an English Heritage card and they had visited Dover Castle. Some activities were organised with other people in other flats to help them get to know other people and one of the other people had similar interests.

People's needs and wellbeing were considered first including the impact of a new person on others. If there was doubt that the service may not be able to meet a person's needs or that the impact of them moving in would be detrimental to other people, the placement was not offered to them. Even though each person lived in their own flat, they were in close proximity to each other in the same building and grounds. It was beneficial for people to sometimes share activities to avoid social isolation so how people may get on with each other was taken into consideration as part of the assessment. A community health and social care professional commented, "I requested that the service assess a lady for a room there. They did assess and were unable to offer a placement, however, they gave a clear rationale and reason for why they did not feel she would be well supported by the service. I am always pleased when a service can say 'No' rather than offer a place in order to have the bed filled when they are clearly not the right service to meet somebody's

needs."

People had a person centred plan that set out their goals and aspirations. Staff had worked with people to make this a reality. Three people had previously not been able to access a kitchen where they lived before moving to St. Michaels. Four out of five people had their own kitchen in their flat and were able go into it to choose food and prepare snacks and participate in making their meals and one person's flat was being refurbished to include a kitchen. People had been supported to spend time in the morning to learn the skills to choose and prepare their breakfast. One person who needed consistent structure in their day to day life, had gradually had this built into their morning routine and had learnt to do prepare their breakfast independently and in the way they preferred. The service was flexible and responsive to people's individual needs and preferences. The staff spent time with people to find out how they liked to be supported and this was reviewed and changed in response to people's changing needs and developing skills and abilities. One person wanted to have more control over their money and was learning money awareness and budgeting skills. Another person was becoming more interested in their personal appearance and was developing their self-care and grooming skills by styling their hair and a beard.

People received a consistent service that responded flexibly to changes in their needs. People's care and support was set out in a visual and written plan in the way that suited the person best. For example, one person liked technology so their plan had been designed and printed out from the computer. Another person understood things better when they were in large print with pictures in the style of a wall chart, so parts of their plan were set out this way. All the plans and further detail were contained in a file for each person that described what staff needed to do to make sure personalised care was provided.

Staff worked enthusiastically to support people to lead the life of their choosing and as a result their quality of life was enriched and optimised to the full. Some people had experienced breakdowns in their previous homes and had challenged traditional services. The support they received from staff was tailored to their individual needs and staff had worked extremely hard to get to know people and understand what was important to them. People were given opportunities to live fulfilled and meaningful lives regardless of their complex needs. People and their representatives told us that the service supported them to lead meaningful and interesting lives. They said that they were helped to do the activities they wanted to. People were supported to be involved in a range of activities outside their home, including swimming, social clubs, going to the cinema, eating out and drinks at the pub. Some of the activities were to try out new experiences and some were to develop daily living skills. One person was interested in trying out acting classes and a local drama group had been found that they were enjoying attending. One person had told staff he wanted a 'to do' list, staff said, "we went through the months and wrote down exactly what he wanted to do each month," and the list including pictures was on the person's notice board.

Staff told us that people liked to go out at different times so the staffing level was increased at the times needed. There were photos in people's flats of them on outings and on holiday. People had activity plans designed in a way they wanted, for example, including photos and on display if they wished. Records showed a variety of activities people participated in daily and on special occasions. A person told us they had some exciting activities planned, "I'm going to the VIP live performance of Robot Wars and I'm going to London to see Charlie and the Chocolate Factory."

The service had links with the local and wider community. People were supported to go out to the local shops, parks and cafes and had got to know the proprietors and other people living in the village. Staff told us that local proprietors were kind and supportive, encouraging people to use their cafes and shops. Community health and social care professionals who had been involved with people's care and support said that the service focused on providing person-centred care and had achieved exceptional results. A

community health and social care professional commented that the service had exceeded their expectations because, "They have also reduced [staff] support levels from five to one to three to one, increased community outings daily, reduced frequency of incidents and reduced the number of hospital visits associated with incidents." Another commented, "Moved to the service last April/May time, and despite having been someone with extremely high behavioural and communication needs prior to moving in, they settled down almost immediately within their own flat. So much so, that they are no longer eligible for Continuing Healthcare funding as all their needs were being met and their behaviours have significantly reduced". They also commented that there was good communication between them and the management team and staff. A professional commented, "There is a very detailed PBS (positive behaviour support) plan in place to aid transition, all staff appropriately listened and acted upon advice." Another comment, "I found the level of communication and information, including detailed and updated behaviour support plans… very good and all involved with this person's care were able to respond as necessary …" Another professional said there was, "good clinical management in establishing a care plan and supervising staff in consistent implementation have led to a settling of distress and challenge and, appear to have made [person] feel more secure, with the result that they are well engaged with staff and have broadened their participation in activities of daily living."
Staff recognised the importance of social contact and companionship. They supported people to develop friendships and relationships and maintain contact with people who mattered to them. Parents and families were involved in people's support. Families said they felt welcomed to visit the service and the manager always had an open door if they needed to talk about anything. Families said staff helped with transport to bring their loved one to visit home and they were able to visit as often as they wanted and were glad to see their loved one happy and settled in their flat.

People were actively encouraged to express their views about the service and were given clear information about how to make a complaint. There was a written and pictorial procedure and staff had regular one to one meetings with people. For people who were unable to verbally complain, staff had got to know them and were able to determine their satisfaction or dissatisfaction by their expressed behaviours. Staff were thoughtful and attentive to people to allow them to lead the way their support was organised. The records kept of how people had spent their time and what had happened each day and night gave a clear indication of how people were feeling. The management team collated these records and monitored any patterns and trends. Records showed there had been a significant increase in the level of regular participation in community based activities. They had also found a decrease in incidents of challenging behaviour for people. Staff told us that people had more freedom and were able to express their needs and wishes more effectively.

Good

Is the service well-led?

Our findings

The registered manager had a clear vision and values that were person centred and focused on people overcoming the obstacles that had previously prevented them from having choice and control over their lifestyle and had previously restricted their freedom and new experiences. Staff told us about the care provided and it was apparent that the person centred culture was owned by the staff team, who believed strongly in it.

The registered manager had developed and sustained a positive culture in the service encouraging people and staff to share their views about what worked well and what could be improved across the service. Staff were organised into core teams that were based in each of the flats so that there was some continuity with the support to each individual. Staff got to know each person really well.

The drive of the service was to find ways to help people communicate what they wanted without the need for behaviours that limited their experiences. Attention was paid to making sure the environment was right for each person and that they had the right level of support. Staff got to know what was important to each person, so that they could feel safe and confident in unfamiliar situations and enable people to discover new things. Staff told us the registered manager was, "approachable and listens to us." Another staff member said the manager, "listens to ideas and will go with it, always willing to try out new things."

Staff said that they felt valued because the registered manager and deputies always made time to listen to them. The service provided was sometimes intense and demanded a lot of staff energy and effort. Teamwork and consistency was vital to the success of the service provided. Staff said they could discuss new ideas and reflect on any difficulties they had experienced in a safe environment where they felt supported if things went wrong.

Visiting professionals said," We have full and frank discussions. They e-mail me or phone me with any problems arising between the monthly review visits. The information they give is professional, well-structured and overall facilitates decision making."

The registered manager had been creative in the use of staff resources, assistive technology and person centred planning to improve the lives of people who had previously not been enabled to live fulfilled lives. The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. The registered manager was a member of the Challenging Behaviour Network and senior staff had been trained and attended workshops held at the Tizard Centre, a leading national organisation for people with learning disabilities.

Team meetings were organised across two days so that all staff could attend and take a turn to supporting people while the other staff were at the meeting. This was to make sure all staff were able to participate without compromising the care and support given to people. Staff said this worked well and they appreciated being given the opportunity to have their say, knowing that it did not detrimentally affect people's support.

There was a system of checking the quality and effectiveness of the service. The registered manager and deputies measured the quality of the service from the perspective of the people using it. Individual meetings were held with people so that they could share their views and suggest ideas and things that were important to them. People were supported by their families and representatives and could access an advocacy service to assist them in getting their views across. The views of people who were non-verbal were taken into account through staff's knowledge of them, observations and their communication methods and the analysis of the daily records. Daily logs were completed by all staff for each person and contained information about people's day to day lifestyle and wellbeing. The registered manager analysed these records every month to identify patterns and trends used for reviewing and evaluating people's care and support. The records showed there had been a significant decrease in incidents of challenging behaviour for people. They had also found an increase in the level of regular participation in community based activities.

Checks and audits were carried out regularly of the environment, records, staff training and support. The registered manager and other senior managers in the company carried out quarterly and yearly audits and produced reports that had actions allocated to staff to complete to improve the service. The service provided to people was reviewed regularly. People's needs were constantly changing so there were regular reviews of what worked and what needed to be developed. Staff development days were organised for further training and to give staff the opportunity to discuss ideas and make sure that any changes to approach were consistent. The management team had a positive attitude that provided an open forum for people, their families and staff to consider different ideas that allowed the development of innovative and creative ways to support people.

The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of any significant incidents. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The register manager had submitted notifications to CQC in an appropriate and prompt manner in line with CQC guidelines.