

## Advance Support and Enabling Service

# Advance Support and Enabling Service

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: This service is a domiciliary care agency. It provides personal care to 17 people living in their own homes under supported living schemes in four shared houses. It also provides other support to people living in the community with mental health needs.

### Supported living

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service supported people in their own homes, often with 24 hour support. At the time of the inspection 17 people were receiving personal care. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate people received care support. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. People with a learning disability were supported to live as ordinary a life as any citizen.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service:

The service was focussed on placing people at the heart of the service and its values. It had a strong person centred and local community-based ethos. Staff and the service's management told us how they were passionate about providing true person-centred care to people when they needed it.

People's needs, and wishes were met by staff who knew them very well. We saw and were told of many examples of staff helping and supporting the people they cared for so they could live their best lives.

Staff had received training to support their role, often bespoke so that it was relevant to the needs of the people being supported. People and their families were also able to access training to promote consistency for people in all settings. The provider/registered manager said, "Overall the impact of happy relaxed staff, families and relatives is happy people which is why we place such emphasis on supporting everyone."

Staff had received regular supervision and appraisal. Staff performance was closely monitored in a supportive way. The provider/registered manager had fostered a culture of openness and professional challenge. This ensured all staff understood and were motivated to meet the high standards of quality expected of them. They all told us the people they supported were truly at the centre of all they did and people told us they were very happy.

Quality assurance measures were extremely robust and well embedded into everyday practice. Staff reviewed the quality and safety of care delivered in an in-depth way on a regular basis.

People had good health care support from professionals. The provider and staff worked in partnership with health and care professionals. The service was led by a passionate provider/registered manager who was dedicated to the health and wellbeing of people they supported. They had worked tirelessly to identify each person's risks, needs and preferences, including investigation into the impact of health issues on people's physical and mental wellbeing. Staff had ensured they collected data to act as people's advocates and help provide information to health professionals. This had led to diagnoses and positive health interventions. This enabled each person to have an improved quality of life, where their independence was promoted. Best practice standards and professional research was used to implement high quality, effective care.

There was a consistent staff team, many of whom were very long-serving and knew people very well. Staff showed very caring, thoughtful and compassionate care to each person. Staff used different communication methods with each person and were able to interpret fluently what people wanted. This meant that people, some of who had little or no verbal communication, were very well understood and supported. Each person had a highly individualised communication and support plan taking into consideration all their communication methods. This was also shared with people they came into contact with in the community, again to promote people's independence.

Support plans described the risks, needs and preferences and how staff should work with each person to ensure the person was able to lead as fulfilled and independent life as possible. Staff were aware of people's life history and preferences. They used this information to develop positive relationships with people and staff and people and their families and deliver person centred care. People felt very well cared for by staff who treated them with respect and dignity. There was a clear commitment to support people at difficult times with compassion, respect and affection.

People were supported to access a range of leisure pursuits and participate in the community they lived in. New ideas for activities were explored and trialled to keep people occupied in a meaningful and enjoyable way. Staff found individualised ways to enable people to access the activities they wanted, sometimes working discreetly to promote independence. Although the provider was not responsible for the environments which people lived in they had put in place arrangements to work with the housing providers to ensure they met people's needs.

People, and their families, were involved as much as possible in their care and support which helped to give them choice and control in their lives. People's families spoke very highly of the quality of care and of the approach of the provider/registered manager and staff in supporting their relative. Relatives and professionals held the service in very high regard. Health professionals praised the service describing the

positive outcomes and benefits to people due to the way staff advocated for each person using evidence to support their proposals.

People said they felt very safe. Risk assessments were very thorough, individualised and flexible. They were devised and shared with people so that they could develop action plans together with staff that promoted independence safely. Staff knew how to keep people safe both from the risk of abuse and from assessed risks. There was enough staff to support people and staff were flexible in their approach and positive risk taking. Efforts were made to ensure people knew who would be supporting them, often matched with support staff with similar ages and interests.

People were supported to have nutritious meals according to their likes and dislikes and their dietary needs had been catered for. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition and enabled people to manage their diet as informed and independently as much as possible.

Care plans contained excellent information about people and their care needs. People were fully involved and care plans were working documents, used and reviewed to reflect each person's current needs. This included celebrating achievable goals and progress towards independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Medicines were administered by staff who were well trained and competent. There were robust systems to ensure medicines were received, stored, administered, recorded and returned safely.

Arrangements were in place to manage and prevent cross infection and ensure good infection control systems were in place.

When required notifications had been completed to inform us of events and incidents.

More information is in the detailed findings below.

Rating at last inspection: Good (Report Published 31 January 2017).

Why we inspected: This inspection was carried out based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

# Advance Support and Enabling Service

## **Detailed findings**

### Background to this inspection

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

**Inspection team:** The inspection was conducted by one adult social care inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion they carried out telephone calls with two people using the service, four relatives and two staff following our site visit. Enthusiasm for the service shone through in the way all respondents were so open and spontaneous to praise it.

**Service and service type:** Advance Support and Enabling Service is a domiciliary care agency. It specialises in mainly providing support to people living with a learning disability under supported living schemes. The Care Quality Commission (CQC) only inspects the part of the service which provides 'personal care'. Where a person receives personal care such as physical help or any supervision and prompting to carry out daily living tasks themselves, we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission, who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This inspection was announced. We gave the provider 48 hours' notice of the inspection to seek permission for us to visit the people being supported and ensure that people were at home.

**What we did:** Prior to the inspection, we reviewed information we already held about the service.

We asked the provider for a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We visited the registered office of to review records, policies and procedures. We spoke with the provider/registered manager, office manager and the services manager/deputy. We also spoke with two senior team leaders and a support worker. We reviewed three people's care records, three staff personnel files and records related to the safety and quality of the service. We also visited four people in their own home. After our site visit, we received emails from eight members of staff sharing positive views of the service and their employer. We also asked two external professionals for their feedback.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were highly skilled at recognising risks and signs of abuse. They were confident to report any concerns to the provider/registered manager. Staff told us the provider/registered manager was extremely proactive at reducing people's risk of harm and exploitation. They used creative ways to enable people to be independent. For example, following an incident, one person now had a phone with only four numbers, so they were clear about who to call in an emergency and were using the phone safely. Staff got to know staff at various regular clubs, so they could promote successful visits for people, so their needs were known.
- There was a proactive, comprehensive approach to safeguarding which enabled people to take positive risks and maximise control over their life. This included a sensitive and proportionate approach to an issue relating to people's relationships. The family had been very concerned, but all parties had been open about the risks and any potential risks were managed well. The provider/registered manager had developed a sex education workbook with six training sessions. This covered when to say 'no', sexually transmitted diseases risk and symptoms and the anatomy. Feedback workbooks enabled staff to see what people had understood. People were able to have safe, positive relationships with their peer group and partners.
- People were fully involved in making decisions about their safety. Staff fully understood and respected their wishes. For example, to enable people to answer their front door safely, a pictorial 'Knock at the Door' procedure was devised so that people knew who to let in.

Assessing risk, safety monitoring and management

- There were comprehensive risk assessments in place to keep people as safe as possible in all aspects of their life. Staff empowered people to manage their own risks with minimal support from them. One relative praised the service saying, "They allow more 'risks' to be taken than we would have done at home, but in a very gradual, safe way. [Person's name] now goes on buses by themselves and things we could never have imagined. But it's always discussed with us first." Another relative said, "I feel [person's name] is really safe and cared for with Advance. They had quite a traumatic experience in a home in the past. We were really worried about him being in supported housing, we didn't think he'd manage, but he hasn't looked back since being with Advance. If that's what supported housing looks like, bring it on!"
- Staff supported people to maintain health and safety in their home. Staff were proactive in spotting potential risks and highlighting learning. For example, one person was supported with clear pictorial instructions about how to take a shower. They proudly showed us how they followed the pictures and how they no longer were afraid to get their hair wet which had made them become unsafe in the shower previously. The new method enabled the person to shower independently whilst ensuring they had an



effective shower. Their family were shown how to manage personal care. The provider/registered manager said, "[Person's name] now goes home and there are no issues of any note, they all have a lovely time as a family. It is important to listen and be consistent." Another person was unable to have a wet shave at the barbers due to behaviour which could be challenging for others. Staff had found a way to relax the person at home, so they could do a barber shop shave at home.

- Best practice guidance was embedded into the service to sustain good practices. For example, staff had noticed one person might have had some swallowing difficulties. With the person's consent they visited the person's workplace where they often ate to discuss this with the staff and explain what food was safe for them to choose to have.

#### Staffing and recruitment

- People took an active part in the recruitment process. The registered manager listened to and acted on people's and preferences before deciding to employ someone new.
- There were more than enough staff in the team to keep people safe and enjoy accessing the community. Effective emergency plans were in place which both staff and the person had confidence in. People had all they needed to minimise risk. For example, people had individualised travel training. This included what not to forget to take in their bags in pictorial form, travel training sessions with competency workbooks and regular reviews. People were able to go out independently with staff understanding any barriers and limits such as particular anxieties. One person now travelled to work with discreet support worker presence, having followed practice runs with their independence progressing each time. Another person registered as blind used large print laminates of the bus letters to hold up, so the bus driver would stop for them.
- Staff told us they received excellent support from the provider/registered manager and their colleagues to maintain people's safety. A relative said, "Probably one of the most fantastic things has been raising [person's name]'s level of independence – it's taken a period of time, but now they are travel trained they've got a part time job which involves two buses and [person's name] walks the staff dog in the park. If they are going out alone they always calls staff when they arrive and leave. Staff know to phone if the person forgot to check they were ok."

#### Using medicines safely

- Staff had worked very closely with medical professionals to support people to achieve a goal of reducing their need for prescription medicines. Staff had also ensured each person had annual reviews with their GP, sourcing surgeries where this was offered.
- Staff supported people to manage and store their medicines as they wished. They used various communication methods to make sure people knew what they were doing and why. Medicine administration records were in place and successful routines were established to remind people to take them if they were able.

#### Preventing and controlling infection

- Staff gave people advice about good food hygiene practices. This gave people increased self-sufficiency in the kitchen.
- Staff had received effective training in infection control and wore personal protective equipment appropriately. People were fully involved in how to prevent infection, keep areas clean and understood hand washing techniques.

#### Learning lessons when things go wrong

- The provider/registered manager showed high regard to all near misses and concerns raised. They acted in an open and transparent manner to address any issues raised.
- The lack of incidents and the quality of the actions taken to mitigate risks showed that learning from past events had been successful. Reflective practices were initiated with staff and people, so they could discuss

together how things could have been done better.

- The provider/registered manager studied external publications such as national best practice and the CQC reports of other providers. They used this information to share learning with staff to enhance the safety of their service.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

Outstanding: This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- Staff had an exceptionally holistic attitude to assessing, planning and delivering support. Staff and management met with people and their families repeatedly in their previous settings, family home and there were as many visits to the tenancy as needed. This made sure people had realistic expectations, met with others and that staff and families could discuss needs and what may be required. Peoples' needs, wishes and choices were continually assessed to ensure the service met their needs.
- Care and support needs were carefully assessed to ensure people were happy living with each other and that everyone's needs could be met well. A relative said, "Advance must have a waiting list because of their fantastic reputation, but when they had to change things round, because of funding for overnight care, they spent months finding just the right person who would 'fit' into the little family in that particular house – and everyone's settled now." All family members mentioned how smooth and well managed the transition was into the service, with excellent advice and communication from the provider/registered manager and the team.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked extremely well in collaboration with other professionals involved in people's complex care provision. This included a person who developed type1 diabetes. Their relative told us, "Advance's response was really fantastic – they trained all the staff, liaised with us, the GP and diabetes clinic. They ensure that [person's name] knew as much as possible about her adapted diet, medications and so on - in a way they sort of taught us about the condition too." The staff had developed the care plan with the consultant. Meetings with parents had discussed risk and they had also attended the training to avoid too low or high blood sugar readings, which had now reduced.
- Staff told us that the provider/registered manager was extremely proactive in contacting other professionals about people's needs. Staff spoke passionately about the importance of consistent and timely interventions to make sure people got the support they were entitled to. One relative said, "[Person's name] was ill and prescribed an antibiotic, but it was a staff member who checked the notes and found that they had a sensitivity so phoned the GP." Another staff member had recognised that a person with small stature required reduced medicine doses.

Supporting people to live healthier lives, access healthcare services and support

- Staff had developed excellent links with other health and social care professionals to enhance people's

well-being. This had worked exceedingly well. Health professional comments in the recent quality assurance survey were, "Care plans very clear, staff always respond and always seek out our team for support and advice if needed", "Advance strive to ensure individuals have every opportunity to live life to the fullest" and "Very person centred and high standards." One person had a map showing where they needed to inject themselves daily.

- There was clear information about what to do in any situation. Their relative said, "I'm amazed how well they have done. Like a new woman, more independent." Another person had obsessed about teeth cleaning but now they were happy using a set timer showing them when to stop.
- Staff promoted independence and an awareness of personal hygiene and infection control. This helped people successfully identify and reduce any risks themselves. This included clear training in a variety of health risks such as breast screening and self-examination. People had completed workbooks to reassure staff they understood, for example in cervical screening and 'what happens at the dentist'. Staff had completed a long de-sensitisation programme for one person who would not access a dentist. The person was due some treatment and the process was starting again so their appointment would be as successful as previously.
- Staff fully supported people's interest in healthy living. For example, the service had hired a Zumba (exercise) trainer and venue. This enabled people and their peer group to exercise where they felt comfortable with people who understood their needs. Another person since completing their travel training was now able to go to the local gym on their own.
- Care and attention was taken to ensure people fully understood information given to help them achieve their goals. Staff used general chat to gauge what people knew about a topic and regularly discussed issues to keep them fresh.

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

- There was a strong focus on eating and drinking well. Staff supported people to manage their shopping lists and menu plans. People used picture cards of all sorts of items. They took these out shopping, so they could match visually in the shop or show shop staff what they wanted themselves. Any particular brands were turned into picture cards for individuals to use.
- Staff educated people on healthy living initiatives such as eating five portions of fruit or vegetables each day and managing a medical condition well. Some people had learnt how to make diabetic recipes for their house mate, so they also understood. Red or green stickers had been put on foods in the kitchen to alert people to which foods were high or low in sugar.
- People were helped to feel they 'fitted in'. For example, one person had a 'soft diet' packed lunch to take to work so they could eat with colleagues but in a safe way. Another person trying to lose weight had measuring cups and portion control plates, staff said, "We try to make everything no big deal, just normal life."
- Another person did not like many foods or eating with others, so staff created their favourite Disney characters in a recipe book. Now they ate, 'Lady and the Tramp Bolognese' with themed colouring in books and sent invitations to friends to eat in their named café.
- Cooking was made fun for people with achievable goals. For Christmas people all made their loved ones food hampers including limoncello, flavoured olive oil and sloe gin.

Staff support: induction, training, skills and experience

- The staff team were highly skilled, experienced and well trained. They demonstrated excellent knowledge of each person's particular needs. Staff training was focussed around people's individual needs. Most of the time, training was carried out in the people's homes with them being involved in the course content. One person told us how they were teaching staff Makaton (a simple signing communication method). There was a 'sign of the week'. They told us they had taught the staff the word 'gold'.
- Staff told us they were very well supported by the provider/registered manager. They attended regular,

meaningful supervision and appraisal sessions which checked their competence, identified continual learning needs and explored development areas. Staff comments included, "We're training all the time really. If anyone has a 'new' need, everyone gets trained up in that as well as all the mandatory training" and "[The provider/registered manager] always makes sure we know what we're doing and why we're doing it, for example 'travel training.'"

- Supporting parents and relatives to understand people's needs was also high on the agenda as most people were able to go and stay with their families. However, this could be unsettling for people. Staff had worked with one family in their home and the family had spent time in their child's home with staff support. This had ensured consistency with clear boundaries and showed why and how things were done to avoid negative triggers, for example. The person and their family now had successful visits home. Another relative had support with role modelling training for when their daughter visited. The person had previously shown some negative behaviours and had wanted to leave. Now the family were finding it easier to manage expectations of their daughter's abilities and had reviews with the staff to discuss successful activities, such as singing lessons.
- The ethos was people as well as staff should have as much information, in the right way, as possible. Therefore, people received tutoring on literacy, money management, recipes, using the library, handwriting and telling the time. All promoting independent living and achieving personal goals.

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

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

- Staff were fully trained in the MCA and confident about applying the principles to the support they delivered. They used creative ways to fully involve people in decisions about their care, such as including them in training sessions and staff meetings and our inspection. This ensured people's legal and human rights were upheld. Best interest decisions were made in accordance with legislation and peoples' wishes.
- Staff assessed people's capacity to make specific decisions and involved them. Staff were highly skilled in how they obtained consent. This included involving people in record keeping so they could be reminded of their decisions and the choices they had made.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's feedback told us they received high quality, personalised, creative and compassionate care. All the people, relatives and staff we spoke with gave us positive feedback about the caring nature of the service, quality of the staff and thoughtful support they received. Comments included, "[Person's name] visits their family home a couple of times a week but is always very happy to return to their own home [with the staff that support them]". The staff make sure people are living in a wonderful family atmosphere [where the care is discreet]", "We're welcomed anytime, it's just like going to a good friends' where despite the staff being there, it doesn't feel like an intrusion. People just have care in their own home".
- Staff used creative ways of reflecting people's personal histories and interests. A regular disco night enabled people who used the service to meet people from outside their usual friendship groups. Where people wished staff had supported them to meet again so they could develop their friendships, especially during the summer holidays when clubs were not on, for example. People told us all about their boyfriends, how they liked to see them and how staff helped them arrange dates.
- Staff were focussed on maintaining open and honest relationships with people and their families. We saw that staff understood the importance of promoting equality and diversity and people were treated as individuals when care was being provided. One relative said, "We've got other daughters who live away and we visit their houses, do things with them, and now this daughter has got her own home with Advance, we do exactly the same with her – it kind of normalises everything." Furthermore, the provider recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender. One person had enjoyed a trip to a LGBT+ Pride event with staff whilst working on increasing their low self-esteem.
- We observed staff interacted positively with people who used the service. A member of staff told us, "I love working here. It's so rewarding in every way, seeing people develop and grow. It's where I want to be, making a difference."

Respecting and promoting people's privacy, dignity and independence

- Staff were highly motivated and keen to support people to the best of their ability, treating them with dignity and respect. There were many examples of people's quality of life improving because of the management and staff support. For example, one person had a relative who lived with dementia and lived in a care home a long way away. They had no other family so staff helped the person visit their relative.

- Staff told us how they supported people with bereavements, "One person had a very good friend who died so we found a rose called their name and planted it for her. We picked the first bloom with the person, pressed and framed it and sent it over to the sister abroad. They still keep in touch on that and ask about everyone. We took the person to have some quiet time there and explain things to her and have a pray". Staff said, "Another person had a relative a long way away but we took the person to visit once or twice a year. When our person was ill, two staff supported them to go by train". Another staff member said, "Even when the dog died, who used to visit, we put up a plaque to him in the garden for people to remember the good times." Another staff member added, "The trust people have in us is amazing, but we've worked hard to build that up over the years".
- Staff were particularly sensitive to times when people needed caring and compassionate support. The service manager/deputy had a pet dog who was loved by the people the service supported. The service manager/deputy had gone the extra mile and the dog had been officially registered and trained as a 'Pets as Therapy' dog. The dog was also able to walk at 'zimmer frame' speed with one person. People smiled and hugged the dog throughout our inspection and were clearly calmed by their presence and not so worried about meeting us.
- Staff had explored people's needs and preferences in relation to both their personal and family support in order to ensure they were able to meet their needs according to their preferences. For example, there had been clear plans about communicating family divorce or separations and loss. One family had downloaded the person's bedtime routine from the service to ensure consistency in split households. The person was now happy to visit both parents who understood how their separation had affected the person's behaviours.
- The way the provider cared for people meant that they could make positive changes in their lives. There was no 'them and us' with people and staff. They enjoyed spending time with each other's families and children, sharing experiences together. A relative said, "They are all, every one of them from the top down, incredibly helpful, friendly, patient, polite, conscientious. They've been able to convince us that [person's name] is as independent as they could possibly be. It's a huge relief."
- Staff made sure people sharing the same house understood each other. People were encouraged to be open about their feelings, using bespoke communication methods. Staff supported people to be good friends with each other, fostering positive times, understanding of behaviours and helping people mark birthdays with cards and parties.
- We found that suitable arrangements had been maintained to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff.

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

- People were supported to talk with their friends and family about their care and life choices. They safely shared experiences and photographs using a closed Facebook group. There were weekly phone calls with parents, people and staff and six weekly face to face meetings or emails depending on what people wanted. One family had wanted more input with health professionals. They now had a text system to communicate around appointments.
- People had six weekly house meetings with an action plan. For example, to buy new garden furniture or what to grow in the gardens. People took part in monthly reviews. Topics included whether people were happy with their relationships and activities, how they felt about staff and work placements and their health.
- Where people were unable to communicate easily there were clear resources to help people. For example, communication passports were also in place. This meant if people were with staff or professionals who were not familiar with their care and needs they would be able to see how to communicate with a person and what was important to them.



## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question was rated as Good due to evidence used in other areas.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support in a way that was truly flexible and responsive to their needs. Staff were committed to advocating and championing rights for people with disabilities. For example, a staff member told us, "If someone's poorly we always arrange for someone to stay behind to look after them. If there's a problem, everyone always jumps in to help." Another staff member said, "We had a person who was really unwell for about a year, but they really didn't want to go into hospital. To support them we [staff] all arranged a rota so that there was always someone with them in hospital. It was difficult, but we managed it. Eventually their anxiety decreased, and we built up their trust. When the psychiatrist visited, he said he just couldn't believe how wonderful the service was." The person was now less anxious about hospitals.
- Care plans were fully devised with people and were very detailed. Goals were discussed with people and care was very flexible. This could depend on people's changing health, changing family dynamics or a relationship. For example, care plans included plans relating to managing family bereavement, separation and issues with partners. Each person had a Person Centre Plan (PCP) which was relevant and accessible. Each had a format that suited people using text or photos and had been put together with each person in the way they wanted it. Weekly one to one meetings enabled people to achieve realistic goals and people had achieved numerous goals such as exercising more in a comfortable environment or accessing the LGBT+ community. A Circle of Support recognised who was important for people and this could be family friends or work colleagues. If people had few contacts staff endeavoured to help them make relationships with people, often accompanying people to clubs and work until people felt comfortable. For example, each activity was assessed to ensure people were happy. Issues such as noise levels, like-minded people and timings were looked at, so people had the most positive experience. For example, the decision to organise bespoke exercise classes after trying community ones.
- Care and support were extended to consider people's emotional wellbeing. One relative said, "They ensure that each person has their own life, but at the same time is part of this other family. They've built up [person's name]'s confidence to a much greater level than we could have done at home." For example, people were supported to manage their own budgets as much as possible, this could be learning about coins and money or using pictures and practicing using money. Staff all spoke about how they supported families to understand their children were young adults. They worked closely with families to ensure people achieved their full potential, for example exploring behaviours that could be challenging within different environments.
- Staff ensured people had company when they needed it and were able to access things they wanted to do. For example, people had clear routines in pictorial formats showing all the things they were doing which reduced their anxiety. For example, staff supported people to hold pamper sessions before the disco, nail painting, sports, crafts, walking the dog independently, practising on the trike and going to



regular clubs. Staff enabled people to meet their peer groups, going to aqua aerobics, celebrating birthdays or playing 'best dancer' on a computer game. People had been able to go from voluntary employment to paid roles with staff support. Staff had helped people practice and talk about what was expected of them at work such as practising their practical skills for their work in a shop or café. Staff were clearly proud of people's achievements. Staff used all sorts of ideas to promote independence such as laminated pictures to aid choice of food or to use to make their needs known to others outside their home.

- Staff were also forward thinking and responsive to people's needs. For example, promoting positive visits home by understanding that environment too. Staff often visited people's family homes to assist with planning and transition to the different space. Families told us how they now understood how their loved ones saw the world and how to promote positive, enjoyable visits to the family home. One person was now able to stay for longer periods with their family due to suggestions and explanations. For example, how to promote better sleep or manage a health condition or routine. Their family now did not have to worry that they were doing something wrong.
- People's communication needs were identified, and information was provided in different formats if necessary to meet the Accessible Information Standard (ensures people with a disability or sensory loss are given information in a way they can understand). For example, people had easy read tenancy agreements and one person had an easy read gym training plan and there were pictures showing people how to clean their rooms and do household chores. One person had a simpler daily planner, so they could break up the day and tick off each activity without getting overwhelmed with information. People had weekly one to one meetings, with staff using a format which included feelings, issues, family and any worries. Anything was actioned such as an itchy skin area or worries about a boyfriend. People said they could talk with staff at any time in private. Staff then used any issues to devise bespoke training, often that was helpful for others too. For example, sex education and relationships, travel and female health and checks. The ethos was that the service could be more responsive the better the communication. This included in depth induction for staff and getting to know people well.
- Staff supported people to use assistive technology, such as maps and voice recognition systems on their phones. For example, people were supported to use software to find their own way to work. Another person was anxious when their family were away. Staff helped the person and the family to find ways to keep in touch using Skype or text to alleviate anxiety. The care plan was clear about when the family were away and when to use the care plan instructions.

#### End of life care and support

- Where people's end of life wishes were known, staff were passionate about ensuring these were honoured. Information was collected gradually in a sensitive way as most people were of a younger age.
- Staff understood the importance of ensuring people's last days were pain free and as peaceful as possible. They worked closely with other professionals and knew what to do to ensure this happened.

#### Improving care quality in response to complaints or concerns

- People and their relatives said they felt the agency was responsive and listened to their views. They said they would be able to make their concerns known and be confident they would be addressed. Relatives stated they received an annual feedback form. However, they also said they felt comfortable in discussing anything positive or negative on an informal basis with the provider/registered manager. They were confident they would follow it up.
- The service always sent out an annual survey. The results of these were extremely positive with comments such as, "I have no concerns regarding the promptness in managing their health and well being", "They always respond and care plans are very clear" and "It's a lovely homely environment, people are respected in all areas."
- There had been no complaints in the last 12 months but there was a clear process to follow to ensure issues would be fully investigated and resolved. One person had asked for feedback following health

appointments and regular emails were now sent.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider/registered manager had an inclusive culture. Their ethos was team work in all instances which have been demonstrated through this report. Staff felt involved and that their opinions and voice mattered.
- People were cared for by staff who were fully supported. There was consistent and constructive engagement with staff. Staff were asked for their views at team meetings, supervisions and events. Staff told us they felt valued. Regular staff meetings were held to ensure staff were kept informed of changes and developments within the service.
- There was a structured approach to gathering feedback on what mattered most to people and to identify ways in which to improve the quality of the service to benefit their well-being. We found that people who used the service, their relatives and members of staff had been engaged in the running of the service. This was tailored to people's communication methods, so they could be supported to engage as much as possible.
- More locally, locations held home meetings which were used to plan what people wanted to do and review day to day support. Staff told us that in some areas for example where people live in different houses but nearby they would join up for the meeting and turn it into a social event where people could meetup and exchange ideas.
- People were also involved in the recruitment of their support staff. This varied according to their needs and wishes, for example some people would be part of an interview and others preferred to meet potential staff in a more informal arrangement such as over a cup of tea. People were supported to be involved in the inspection.

Working in partnership with others

- The provider/registered manager worked collaboratively with other organisations, charities, health and community professionals to plan and discuss people's on-going support within the service and looked at ways on how to improve people's quality of life. They used the information they gathered to make positive and life affirming changes to people's daily living. For example, staff had received support from external organisations with specific expertise to support them with meeting people's individual needs. For example, by ensuring information and support needed for a person with diabetes was gathered and shared with the person and their families to ensure consistency.

- The service had a track record of being an excellent role model for other services. It worked in partnership with others to build seamless experiences for people based on good practice and people's informed preferences. Working relationships had been developed with other professionals to access advice and support. This included GPs and social workers, in order to resolve complex issues for people. Staff also ensured that people's needs were known when they attended various clubs or employment to promote positive experiences.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. Staff told us how 'passionate' they were about providing a high quality and personalised service to people, and people were very much at the heart of the service. Comments by staff and relatives all spoke of how people had been able to live a good quality of life, explore challenges and achievable goals and be as independent as they could be.
- The service had a very motivated, stable and committed staff team. Staff members told us they thought the provider/registered manager was very good to work for and the management team supported them. The provider/registered manager was also responsive to staff needs. They told us how it was important for staff to be happy and have a good work/life balance. For example, the staff rota was completed a month in advance which also enabled people to know and process and plan ahead. One staff member typed, rather than handwrote, their daily records to stick in the diaries. There were numerous examples of staff working above and beyond their remit to ensure people received the best quality of care. Staff used creative ways to promote people's independence and ensure people were well informed to make choices.
- There were systems in place to monitor the quality of care people received and to drive improvements. Regular checks were in place for a variety of issues including environment, health and safety, fire, moving and handling, accidents and training. Trends could be identified to avoid incidents occurring again.

Continuous learning and improving care

- The provider/registered manager ensured national guidance was followed. For example, the policy for medicines reflected best practice guidance and there was excellent support for medical conditions.
- There was a system to analyse accidents and incidents. The information allowed the provider/registered manager to have oversight of logged incidents. This assisted with making changes to improve the quality of the service.
- The provider/registered manager had engaged with external organisations to provide advice and training to staff on issues which affected people who received support.

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

- Care and support provided had been in line with the values that underpinned Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.
- The provider/registered manager ensured resources were available and working effectively to support high quality care and staff in their role. For example, care plans contained excellent, detailed information to ensure each person followed a routine they were happy with. Where people had wanted a safe place to exercise, a hall and zumba teacher had been employed for people and their peers.
- Records showed that the registered persons had correctly told us about significant events that had occurred in the service, such as accidents, incidents and injuries.