

Advanced Caring (Doncaster) Limited

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The service is a supported living service, providing support to people living in their own tenancies. 13 people were using the service at the time of the inspection.

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

Right Support

Staff provided effective support to identify people's aspirations and goals and assist people to plan how these would be met. Staff demonstrated a good understanding of people's strengths and promoted what they could do. There was an ethos of supporting people to develop new skills and achieve independence where possible.

People had choices about their living environment and made decisions about décor and how their properties were used.

Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision making.

Right Care

People could communicate easily with staff as staff understood their individual communication styles.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care from staff who respected people's privacy and dignity.

Staff understood how to protect people from abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could take part in activities and keep in touch with people who were important to them. They were supported to develop and maintain meaningful friendships and relationships in the wider community.

Right culture

The service had enabled people and those important to them to work with staff to develop the service.

Feedback was regularly sought from people, although a small number of relatives told us they did not always feel engaged and were not familiar with the management of the service. The provider told us they were taking steps to address this.

Staff and managers ensured the quality and safety of the service had been fully assessed to ensure people were safe. Safe recruitment practices were followed. Staff knew and understood people well. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

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Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector, a member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made telephone calls to relatives.

Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 28th April and ended on 11th May. We visited the office location on 29th April and visited people in their homes on 2nd May and 5th May.

What we did before inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people using the service and five people's relatives about their experience of the care provided. We spoke with eight members of staff including the registered managers. We reviewed a range of records. This included three people's care records and various medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to monitor and act upon any suspected abuse.
- Staff had received appropriate training to ensure people's safety, and told us they were confident in this area.
- People using the service and their relatives told us they had no concerns relating to their safety when receiving care and support. Where people were at specific risk of abuse, for example when out in the community, there were detailed risk assessments in place to ensure the risk of abuse was managed and minimised.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Risk was safely managed within the service.
- There were risk management plans in each person's care record, reflecting all the risks that a person may present or be vulnerable to. These were detailed and regularly reviewed.
- Where risks were identified, the provider implemented actions to minimise risks and make improvements to safety; for example, by working with the person to develop strategies to reduce risk, or engaging with external professionals.
- When people's needs changed, risk assessments were updated to reflect this.

Staffing and recruitment

- There were enough staff deployed to ensure people's needs were met.
- When people requested assistance staff were on hand to provide it, and where people needed one to one support we saw this was being provided.
- Staff were recruited safely, with the appropriate background checks being carried out before staff started work.

Using medicines safely

- There were secure systems in place to support people in managing their medicines safely.
- Staff worked alongside prescribers to ensure the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) or STAMP (supporting treatment and appropriate medication in paediatrics) were followed. People using the service, their advocates, staff and specialists were all involved in decisions made about the treatment given to a person.
- Staff handling medicines exhibited good knowledge about the medication systems, including how medication should be recorded, audited and stored.
- Where people required medication on an "as required" basis, often referred to as PRN, there should be

protocols in place setting out when these medicines should be used and what the outcome should be. We found that although some of these medicines had protocols, this was not the case for all of them. The provider implemented these when we identified their absence.

- Medicines, and records of medicines, were audited frequently. However, we noted that the audit system had not identified all shortfalls. The provider addressed these shortfalls on the day they were identified.

Preventing and controlling infection

- Personal protective equipment (PPE) was available for staff to use, and staff told us they were provided with a good level of supplies.

- The provider's records showed staff had received training regarding infection control and staff said they felt they had a good knowledge in this area.

- In our observations of support taking place, staff used PPE appropriately in order to keep people, and themselves, safe.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this

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

- Assessments of people's needs were undertaken before they began to receive care. People's relatives told us they had been involved in these assessments, and records we checked evidenced this.
- One of the registered managers told us about the process for someone to begin using the service, and described the in depth assessments carried out.
- Records showed the management team monitored care, by way of audits, to ensure it was in line with current guidance and meeting people's needs.

Staff support: induction, training, skills and experience

- Staff told us their inductions had been thorough and described the process as useful. They said training was relevant to their roles and gave them confidence to carry out their duties safely.
- Staff we spoke with described management as accessible and supportive. One staff member said: "Anytime you need help, advice, whatever, it's there."
- The provider's training records showed a wide range of training was offered across relevant areas. This included training on supporting people with learning disability, dementia and mental ill health.

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

- People were involved in choosing their food, shopping, and planning their meals. They told us they valued this and showed pride in taking this responsibility. One said: "Yes staff help me, but it's my choice." There were photographs available showing cooking events people had been involved in in their homes.
- People were able to eat and drink in line with their preferences, and their care plans showed the provider had gathered detailed information about such preferences.
- People's food diaries showed they were being supported to eat and drink in line with their stated preferences.

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Some people's relatives told us their relative's health had improved since they started using the service.
- People were supported to access health screenings and primary care appointments.
- Where external healthcare professionals were involved in people's care, their instructions and directions were incorporated into their care plans.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People gave consent to their care and treatment, and staff had a good understanding of this requirement.
- Throughout people's care plans there was an emphasis on supporting people to make their own decisions.
- The registered managers had ensured that people gave consent before inspectors visited their homes.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; respecting equality and diversity

- People using the service, and their relatives, told us staff treated them well. When asked if staff treated people well, on person's relative said: "Yeah they are [treated well]e, all the time. [My relative] can be really moody but they [the staff] know."
- People received kind and compassionate care from staff. We saw people chatted or communicated with staff and appeared to be very comfortable in the company of staff.
- Staff we spoke with understood people's needs very well, which meant the support they received was tailored to them personally, respecting their equality and diversity rights.

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

- The care process was highly focussed on ensuring people were supported to express their views and be involved in decisions about their care.
- When staff were interacting with people, they routinely ensured people's views and choices were supported.
- Each person's care was reviewed on a monthly basis. The review process encouraged people to consider the month under review, and reflect on what had gone well or not well, and identify any plans or goals for the subsequent months. This process centred the person concerned, and they were supported to decide who to have the review discussions with. This meant people were empowered to give feedback on their care and support.
- We asked one person about who made decisions and they said: "I do, it's up to me, that's important." Another person told us: "They [the staff team] give me good advice."

Respecting and promoting people's privacy, dignity and independence

- In our observations of support taking place we saw the staff took steps to uphold people's dignity and privacy, providing support in a kind and unhurried manner.
- Care plans showed independence was routinely promoted within the service, and we saw staff encouraging people to be independent in their day to day activities.
- Most people's relatives thought independence was promoted within the service, although a smaller number felt more could be done to support people's independence.
- Systems were in place to maintain confidentiality; people's records were stored securely within the home.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good: This meant people's needs were met through good organisation and delivery.

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

- People received care and support which was personalised to them, and took into consideration their needs and preferences. Staff were very familiar with people's likes and dislikes and people told us they valued this.
- People told us they were able to make every day decisions about their care and how they wished to spend their time. Two people told us about a large shopping trip they had been on the previous day, and one told us how much they enjoyed a part time job they had.
- The care planning and review system ensured people maintained choice and control over their lives, and this meant care was highly personalised reflecting people's preferences.

Meeting people's communication needs

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

- The provider had carried out assessments of people's communication needs, and appropriate support was provided where needed.
- There was information in people's care plans about the specific ways they communicated, and what steps staff should take to best support each person in communicating. Where appropriate signs and symbols had been used in people's care plans to assist them in understanding what their care plans contained.

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

- The provider placed emphasis on supporting people to maintain friendships and relationships so that people avoided social isolation and enjoyed full and meaningful lives.
- Staff told us that the COVID-19 lockdowns had been difficult and they had relied on lots of in-house activities, but said people were accessing the community and pursuing their interests once more.
- People's care plans showed they were supported to access a wide range of activities, employment and community facilities. Most of the relatives we spoke with were aware of the activities people took part in, with one saying "[my relative] is not restricted, they take [my relative] out all the time, [my relative] likes going shopping, they go on day trips and so [my relative] is really happy."
- One person said: "I do all sorts, whatever I want really." Another showed us their timetable, which they had devised with staff support, which reflected several activities. They said: "I'm usually really busy, lots to do."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, although it did not direct complainants to the correct source of external remedy.
- Most of the relatives we spoke with told us they would be confident to raise concerns or complaints, although one said they didn't think raising a complaint would be effective.
- The provider had received two verbal complaints in the 12 months prior to the inspection, and had maintained records of their investigation and outcome.

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.

This is the first inspection for this newly registered service. This key question has been rated good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People we spoke with told us their care met their needs and said they were enabled to achieve the outcomes they wanted. People's care records supported this.
- Staff told us they found the culture supportive, and said they felt empowered to achieve good outcomes with people.
- We did not identify any duty of candour incidents. However, the provider had appropriate arrangements if such an event occurred. A duty of candour incident is where an unintended or unexpected incident occurs which results in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team had a very in depth oversight of the service and how it was operating. This included a wide range of audits which took place to help ensure the quality of care was maintained, as well as gaining feedback from people using the service which they told us contributed to a culture of continuous improvement.
- Staff members and the management team shared a vision of continuous improvement; they responded positively to feedback and identified areas for improvement. For example, when we identified so shortfalls within the medication management system this was addressed straight away.
- Staff were very clear about their responsibilities. All the staff we spoke with demonstrated a good understanding of their roles and how they impacted upon people's wellbeing. Staff were passionate about the difference they made to people's lives, and told us this ensured the quality of the service remained high.
- People's care was reviewed frequently, so that if things weren't working well changes could be implemented .

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

- There were comprehensive systems in place to engage and involve people, including meetings and surveys; people told us they felt involved in decisions about their care.
- People's relatives gave us a mixed picture in this area. Some told us they felt involved but others told us

they did not feel engaged and said they didn't know who the managers were. The registered managers told us they were planning events for people's relatives to attend and meet the management team.

Working in partnership with others

- The provider sourced a range of community services to support people in being a meaningful part of their community. One person told us about their part time job which staff supported them to access.
- There was evidence within people's care records showing the provider worked alongside external healthcare providers to ensure people's health and care needs were effectively met.