Advance Support and Enabling Service

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

Advance Support and Enabling Service provides a supported living service to people with a learning disability. A supported living service is one where people live in their own home and receive care and support in order to promote their independence. At the time of our inspection the service was providing support to 15 people living in 4 shared homes in the Exeter area. Everyone receiving a service required support to meet their personal care needs. The support provided by Advance Support and Enabling varied depending upon each person's needs and could be up to 24 hours a day.

We carried out this announced inspection on 04, 07 and 08 November 2016. The last inspection took place in February 2014 during which we found no breaches in the regulations.

There was a registered manager in post who was also the owner of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager worked closely with the service manager, who had day to day oversight of care provision and the office manager, who held responsibility for the administrative side of the business and human resources.

The registered manager was passionate about supporting the rights of people with learning disability to lead happy and fulfilling lives and to achieve as much independence as possible. They said "Our vision is about enabling people to receive their maximum potential - and never assuming they've reached it". The registered manager, working closely with the office manager and service manager, demonstrated their commitment to providing high quality, well-led and inclusive support to each person receiving a service. They had effective systems in place to assess people's needs, recruit and train dedicated staff and to monitor the quality of the support services they provided.

People either told us directly, or indicated through their demeanour, they felt safe, were happy and staff were caring. We saw people approaching staff with confidence and smiling and laughing, indicating they felt safe in their presence. One person said about their home, "It's safe, cosy, funky and fantastic". Relatives had a high level of confidence in the service providing a safe environment for their relatives to live. One relative said "Everyone living in the house is secure, happy and confident. I trust them all implicitly with my daughter's safety". We saw staff treating people with great respect, kindness and patience throughout our inspection.

People benefitted from detailed planning and assessment before they were offered a service. This ensured the compatibility of people living together in each house. Support was developed based on people's needs and aspirations. Great emphasis was placed on people's rights to make their own decisions and choices as far as they possibly could and people were supported to do this. For example, through the use of skilled communication, advocacy and involvement of people's circle of support. People and relatives we spoke

with expressed a high level of satisfaction.

Person centred plans were developed with the person and people who knew them well. They were personalised and contained a range of formats including symbols, pictures and words to help the person understand their plan. Care plans guided staff in relation to the detailed support people needed to manage their day to day needs. They offered clear guidance for staff in relation to people's individual social and personal care needs at different times of the day. This included their likes, dislikes, medicines, any healthcare needs and potential areas of risk.

Attention was given to people's physical and emotional care needs. For example, some people had serious long term health conditions such as diabetes and epilepsy and their care plans gave staff detailed guidance on managing this. Staff were all confident about how they supported these aspects of peoples care needs. Alongside this, some people had specific emotional care needs. For example, following the passing of a much loved parent. Care plans showed one person was receiving individual therapy to support with issues of change and loss and guided staff about supporting their emotional wellbeing. For example, by planting flowers and lighting a candle on significant anniversary of their parent's death and having time with their family.

Risks to people's safety and well-being had been assessed and were clearly identified. Management plans had been developed to ensure staff knew how to support people safely and in a way that was individual to that person. Staff were confident and knowledgeable in this area. Relatives we spoke with were pleased with the service's approach to managing risk without limiting people's independence. One relative said "The support for increasing [name of relative's] independence is managed perfectly and with clear achievable goals; never compromising her safety". Another relative said "She can take risks in a safe way. She's done so much more here than I would have ever allowed and that is brilliant for her. She is a young woman after all. It's the right thing."

The service promoted improving people's independent living skills to become less dependent upon staff and enjoy more fulfilling lives. We saw and were told about many examples of people achieving levels of independence they or their relatives had not thought possible. For example, people had learnt to use 'smart' mobile phones which enabled them to maintain their safety by keeping in touch with staff when they were out.

Relatives praised how staff enabled people to grow in confidence and independence. One relative said, "They've given her independence and self-determination. They've worked with her to understand her responsibilities and to grow in confidence to try so many new things".

Staff worked with families to enable people to achieve their full potential. Relatives told us how their relationships with their adult children had improved through the support the service offered. This enabled them to spend positive and relaxing time with them, which they had not been able to before.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GP for an annual health check and everyone had a 'hospital passport' containing important information, should they need to go into hospital. People were accompanied to appointments by staff wherever necessary. Relatives told us staff were very quick to pick up on any changes to people's health. One person had recently been diagnosed with Type 1 diabetes and this had been identified quickly by the registered manager. This relative said "They [staff] have handled it absolutely brilliantly. I was concerned her independence would be curbed, but that hasn't happened at all. Staff have supported her to manage blood tests, kept an eye on healthy eating and diet. Just brilliant".

Where able, and risk assessed as safe, people were involved in administering their own medicines. Records of medicines administered confirmed people had received their medicines as they had been prescribed. Staff had received training to administer people's medicines safely and were knowledgeable about people's medicines. Records showed senior managers had assessed staff's competency to administer medicines.

People benefited from having a stable staff group who they knew well. The registered manager told us they were able to maintain their principles and purpose by remaining a small organisation, with a stable, well trained staff group who they invested in and valued highly. Staff were safely recruited, well trained and happy and motivated within their jobs. One member of staff told us "We are a dynamic and passionate staff group. Always willing to learn and strive for the best for people – and that's the culture here".

Staff had received training in, and had an awareness, of the Mental Capacity Act 2005. People were supported to make decisions about where and how they wished to be supported. Where people were not able to make decisions about certain aspects of their care and support, best interest meetings had been held with them and the people who knew them well to decide on the most appropriate support.

People were involved in developing the service and were supported and encouraged to share their views about the support they received. The registered manager told us they monitored the quality of the service provided in a variety of ways including weekly meetings with people as well as management, staff and house meetings. Surveys were also used to gain people's views.

People had access to the complaints procedure that was presented in accessible formats, including pictures and symbols to help them understand it. Staff checked with people at their weekly meetings if they were happy with the service they were receiving. Relatives told us there was an open door policy that meant they could contact the registered manager at any time of the day or night if they had any concerns. They had total confidence that, should they have any issues or concerns; these would be dealt with openly and transparently.

Health and social care professionals told us the service was committed to providing person-centred support and championing the rights of people with disabilities. They told us staff at the service always went "the extra mile" to enable people to make choices and take as much control of their own life as possible.

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 the risk of abuse through the provision of safeguarding policies, procedures and staff training.

Risks were identified and managed in ways that enabled people to remain as safe as possible, whilst encouraging independence.

People were protected from the risks associated with medicines

Is the service effective?

Good

The service was effective.

People received care from staff who were well trained and had the knowledge and skills necessary to meet their responsibilities.

People made decisions about where, how and by whom they wished to be supported.

People's legal rights were protected because the registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005. Decisions were made in people's best interests.

People were supported to maintain good health and had access to healthcare or other specialist services to help them have their health needs met.

Is the service caring?

Good

The service was caring.

People's care and support needs were met by staff who had a warm and caring attitude and who treated people with respect, kindness and patience.

People lived in homes that were comfortable, relaxed and welcoming. They were able to receive visitors whenever they liked.

People were supported to be actively involved in their care planning and support through the use of a range of communication styles and tools.

Is the service responsive?

Outstanding ☆

The service was highly responsive.

People received person centred care and support that was highly individualised and responsive to their needs. Staff recognised people's physical and emotional care needs and worked with families to support people to achieve their full potential.

People were supported and encouraged to develop independent living skills based on their own identified goals and aspirations.

People were supported to engage in a wide range of activities of their choice and led fulfilling, active lives.

People and relatives felt able to speak out if they had a concern and that their complaint would be taken seriously and dealt with.

Is the service well-led?

Good ●

The service was well led.

People benefitted from a service that had very strong leadership and a firmly established culture that championed the rights of people with learning disability.

People's views were sought and taken into account in how the service was run.

People benefitted from a service that had monitoring systems in place to ensure the quality of the service and drive improvement and continual learning.

Advance Support and Enabling Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 visit took place on 04, 07 and 08 November 2016 and was announced. The provider was given 48 hours' notice because the location provided a supported living service for younger adults who were often out during the day; we needed to be sure that someone would be in. One social care inspector carried out this inspection.

Before the inspection we reviewed all the information we held about the service, including the Provider Information Return (PIR) and incident notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

On the first day of the inspection we visited the service's office and met with the registered manager and office manager who were also the owners of the service. We reviewed documentation relating to people's care and support needs, staff recruitment and training and how the service ensured the safety and quality of the support provided to people. During the second and third days of our inspection we visited eight people living in their own homes and spoke with five members of staff and three relatives. Following the inspection we received additional feedback from two relatives, an advocate and two health and social care professionals who were involved in commissioning services for people.

We looked at the care and support plans for the three of the people we visited and reviewed how their medicines were managed. We also looked at three staff recruitment and training files, the service's quality audits and their policies and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they liked their homes and felt happy and secure living there. People were confident and comfortable in their interactions with staff, which indicated they felt safe. One person said, "It's safe, cosy, funky and fantastic". Relatives had a high level of confidence in the service providing a safe environment for their relatives to live. One visiting relative said "I feel she is totally safe here. It's the best it could possibly be". Another said "Everyone living in the house is secure, happy and confident. I trust them all implicitly with my daughter's safety".

Care and attention was given by staff to making sure people's needs and any risks associated with their needs, were fully assessed before they started receiving support services. People met with the manager, staff, relatives and other people who were important to them, to discuss their support needs and how they wished these to be met. Risks associated with these needs, such as epilepsy, diabetes or behaviours that may be cause risk to themselves or others, were identified. Management plans were developed to ensure that, once someone started to receive a service, their support staff knew how to support them safely. Any areas of risk were clearly printed in red within people's care plans, which drew staff's attention to key areas of care and risk. For example, one person, who was at risk from seizures, had a clear statement highlighted in red to remind staff that "[name of person] should never be left in the shower or bath alone".

Guidance for staff was clear about how to deal with more urgent situations such as when someone suffered an epileptic seizure or if they became anxious which could lead to behaviour that challenged others or placed them at risk of harm. The circumstances and triggers which may lead people to place themselves or others at risk were described to enable staff, where possible, to prevent these triggers from occurring. For example, one person's support plan identified noisy situations or too much stimulus could cause them to become anxious. Staff were guided to predict and avoid noisy situations. Also to enable this person to have easy access to their bedroom and quiet time as necessary.

Risk assessments were in place for a broad range of activities inside and outside of the home. Staff were clear that risks should be managed wherever possible so as not to limit people's independence. People were encouraged to lead independent and fulfilling lives and not to be limited by their learning disability. For example, one person who had an unstable long term health condition, enjoyed many activities outside of the home. Their care plan gave clear instructions about the level of staffing that should always be present when they were outside of the home. There was also clear guidance for staff about the medication that should always accompany them if they were outside of the home and how to administer this. Staff we spoke with knew people well and were confident about how to manage these risks.

Relatives we spoke with were pleased with the service's approach to managing risk without limiting people's independence. One relative said "The support for increasing [name of relative's] independence is managed perfectly and with clear achievable goals; never compromising her safety". Another relative said "She can take risks in a safe way. She's done so much more here than I would have ever allowed and that is brilliant for her. She is a young woman after all. It's the right thing."

Should someone have an accident or display potentially harmful behaviours, these were clearly recorded. Records showed these events were reviewed to identify how the accident or behavioural incident came about and whether it could have been avoided. Risk assessments were reviewed at the time of the accident/incident and changes made, if necessary, to reduce the risk of a repeat. Health and social care professional told us the service managed risks well. They said they were very prompt in notifying specialist support services of changes to someone's behaviour and well-being. This enabled support to be provided to reduce the risk of further deterioration in the person's situation. We saw other examples of actions being taken in response to recognised areas of risk. For example, a pattern of slips and trips had been found outside one of the houses. Staff had recognised that the pathway could be slippery when wet. A long rubber mat had been put in place to cover the slippery pathway and this had prevented any further accidents occurring.

The registered provider had safe staff recruitment procedures in place. Staff files showed the relevant checks had been completed. This included obtaining references from previous employers and Disclosure and Barring checks to ensure as far as possible only suitable staff were recruited.

Staff had received training in safeguarding people and told us what they would do if they suspected anyone was at risk of abuse. Staff understood the signs of abuse, and how to report concerns within the service and to other agencies. Safeguarding policies and procedures were in place and staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. A recent incident that had occurred during an outside activity had been appropriately reported by the provider to the local safeguarding team and police. This was being investigated at the time of our inspection. One health and social care professional told us how impressed they had been with how the service had responded to this situation .

Staff were aware that people with learning disability may be at greater risk of some areas of potential abuse. For example, in relation to financial or sexual exploitation. The service manager had been proactive in seeking resources to help protect people. For example by arranging a bespoke course for women receiving services about sexual health, consent and relationships. Systems were in place to help reduce risks of financial exploitation. Where people lacked mental capacity to manage their finances, attorneys were appointed. Other people managed their finances independently with support from staff where necessary. Records for every transaction were kept, together with receipts. These were regularly checked by staff at the house and audited again by the office manager. People were encouraged to trust their instincts about strangers and not to feel they had to let anyone into their home. A sign on the back of the front door reminded people "If I feel unhappy about letting someone in I will: close the door; speak with the door closed, ask them to come later when staff are here".

There were different levels of staff at the different homes, depending on peoples assessed care needs. Each house had a member of staff who slept there overnight and could wake and respond to people's needs if necessary. People we spoke with and their relatives confirmed that staffing levels were sufficient and people had enough support to be able to undertake individual activities of their choice in line with their care plan. Staffing was well organised to ensure people were able to undertake these. Where the local authority had commissioned staffing to be provided 'one to one', we saw this was in place.

People told us how their medicines were managed. They were protected against the risks associated with medicines because appropriate arrangements were in place to manage their medicine. This included ordering, storage and administration. Support plans described each person's medicine and the reason it was prescribed. Clear instructions identified important information about the medicine's administration, such as whether the medicine had to be given at a certain time. Care plans contained protocols for staff

about the use of 'as required' medicine to ensure staff had a consistent approach in offering it and did not over-use. For example, one person sometimes became highly anxious around bed time and calming medicine was prescribed to use as required. The care plan described how the person behaved when they were experiencing this level of anxiety and the steps staff should be taken before offering medicine. For example, staff were advised to try to distract the person's direction of thought onto enjoyable experiences and memories. Other strategies included encouraging them to have a bath, giving a hand massage, a hot milky drink, and time to sit and relax.

Where able, and risk assessed as safe, people were involved in administering their own medicines. Records of medicines administered confirmed people had received their medicines as they had been prescribed. Staff had received training to administer people's medicines safely and were knowledgeable about people's medicines. Records showed senior managers had assessed staff's competency to administer medicines.

People were supported to ensure their rights as tenants were upheld. Staff ensured people understood how to contact the landlord, or contacted them on their behalf if they needed to. Some people would not be able to inform the landlord if there were problems with utilities such as gas, electrical safety or fire risks. The service ensured this was carried out on their behalf and if needed, issues report to the landlord. In two houses the care provider, Advance Support and Enabling, was also the landlord. Where this was the case, people's tenancy agreements made it clear people had the right to ask for another provider of support and this would not jeopardise their tenancy.

People's homes were well maintained and people had the adaptations and equipment they needed. People were clearly very proud of their homes and told us they enjoyed taking part in making improvements. For example, choosing décor and furnishings.

First aid boxes and fire extinguishing equipment were available in all homes. Staff carried out regular fire drills with people to practice what to do in an emergency situation. Everyone had a personal evacuation plan within their care records which noted the type of support they would need should they need to leave their home in an emergency situation.

Good

Is the service effective?

Our findings

People received support from staff who knew them very well and who were well trained. People said "I like (name), they are my friend" and "yes, I like them. Staff are brilliant." Relatives all spoke highly of staff. One relative said, "Staff are peerless. I cannot praise them highly enough for their skills and compassion; they are wonderful people" and another said "Staff are well trained and skilled. It feels like a family, but staff are very professional too".

The registered manager told us they placed high importance on training and support for staff. This enabled staff to support people well and also to develop their own skills. Regular training was provided through on line programmes and 'face to face' trainers. Training was provided in a wide range of areas including infection control; food hygiene, medicine administration; safeguarding; emergency first aid, fire safety and equality and diversity. Where people had specific care needs, staff had received appropriate training to support them. For example, in relation to autism, epilepsy, administration of epilepsy rescue medicine, dementia or diabetes.

Staff told us they received "excellent training" and felt that the service invested in them by providing good quality training. One member of staff, who had dyslexia, told us how they had been able to grown in confidence and skills because managers had recognised they needed extra time and support with completing their training, and had allowed this. Staff said they could identify any additional training they felt they needed and be confident this would be provided. For example, one person had suffered the loss of a parent and staff in their home had been able to access training from a psychologist about bereavement and loss. Staff said this helped them approach the subject sensitively and appropriately for the person, including planning celebrations and remembrance of important anniversaries.

A comprehensive staff induction programme included a day of service specific training based at the service prior to shadowing experienced staff in people's homes. Staff were provided with a handbook which detailed the service's person-centred philosophy as well as information about their employment rights. Newly employed staff were enrolled to undertake the Care Certificate. This is a recognised induction training plan for staff new to care. The first six months of staff's employment was considered probationary. Appraisals were completed at three and six months to ensure the staff member was competent. People using the service were involved in recruitment and in giving feedback about staff.

Records confirmed that once the probationary period had been completed, staff continued to receive regular supervision and appraisals of their work performance to ensure staff development and standards were maintained. Staff told us they regularly discussed training they had completed during supervision and this helped embed their learning. Certificates of completed training were seen in staff files. Staff were encouraged to undertake diplomas in health and social care, or management. The service manager was nearing completion of a level 5 Diploma in management and leadership.

Staff were committed to the principle that people should have as much choice and control over the decisions affecting their day to day lives as they could. One member of staff said "We need to remove as

many obstacles as possible to help service users make their own decisions and involve their circle of support when necessary". During our visits we saw that staff put this principle into practice. For example, one person found decision making very difficult and staff took steps to support them make their own decisions about what they wanted to eat for breakfast. Staff showed laminated picture cards of cereals, toast or eggs and the person was able to indicate they wanted toast. Staff then held up two jars of different spreads, which the person was able to choose from. Staff told us they never made assumptions about what people wanted as they knew their preferences changed, just as everybody else's did. All the relatives we spoke with noted how well the service worked to increase the amount of control people had over their lives. Another relative said "For the first time in her life she is making her own decisions. That has been achieved through good collaboration between her, staff and myself. Everyone working together in [name of person's] best interests". Another relative said "It's the right environment for people with learning disability to make their own decisions and lead fulfilling lives".

Where people were not able to make all of their own decisions, staff had received training in relation to the Mental Capacity Act (MCA) 2005 and knew how to apply this in order to protect people's rights. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. We saw mental capacity assessments and best interest decisions had been made appropriately in a wide range of circumstances. For example in relation to people's ability to make financial decisions and enter into tenancy agreements. Also, in relation to restricting one person's access to food as they ate compulsively and did not understand the risks this might present to their health. For one person, a best interest's decision had been reached about setting boundaries to the amount of time they had access to their electronic tablet, to enable them to sleep at night. For another person there had been a capacity assessment in relation to their understanding of risks when outside of the home unaccompanied. In all cases we could see that family and health and social care professionals had been appropriately consulted. Where decisions were reached in people's best interests, we saw that the least restrictive options were always sought. For example, for the person who had a best interest decision about restricting their access to their electronic tablet, staff were clear that this was only for a limited time.

Where people did not have a family representative to assist with making complex decisions, we saw that the service had involved an Independent Mental Capacity Advocate. For example, where a decision was being made about a possible change of accommodation. This was in line with the good practice requirements set out in the MCA Code of Practice.

Some people were unable to make their own decisions about where they wanted to live and required a high level of supervision from staff in order to safeguard them. For example, they could not go outside of their home unaccompanied by staff due to the risks this presented to them. The registered manager was aware that this could amount to a deprivation of people's liberty. They had been in touch with the Local Authority to request they assess whether applications to the Court of Protection were necessary in order to protect people's rights lawfully. This was good practice and showed the service was aware of legal guidance about protecting the rights of people living in supported living accommodation.

Throughout the inspection we saw people were supported to spend their time as they wished and were able to move freely around their home and engage in activities of their choice. Care plans gave staff clear guidance to staff about enabling people to have as much choice and control as possible. For example, some people were unable to understand verbal communication if spoken ordinarily. However, they could make decisions and choices if they were presented using signs, symbols and shortened, clear speech. Other people needed plenty of time to make decisions, particularly about any change to a regular routine. Staff

knew how important it was for these people to have plenty of time to think things through and not to 'spring' sudden changes upon them.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GP for an annual health check and everyone had a 'hospital passport' containing important information, should they need to go into hospital. People were accompanied to appointments by staff wherever necessary.

Other visits included the dentist, optician, chiropodist, occupational therapist and speech and language therapist. Relatives told us staff were very quick to pick up on any changes to people's health. One person had recently been diagnosed with diabetes and this had been identified quickly by the registered manager. This relative said "They [staff] have handled it absolutely brilliantly. I was concerned her independence would be curbed, but that hasn't happened at all. Staff have supported her to manage blood tests, kept an eye on healthy eating and diet. Just brilliant".

The service manager told us they believed that people with learning disabilities should have the same rights of access to healthcare as anyone else. With this in mind they had recently focused on improving access to sexual healthcare for a group of young women living in two of the houses. They were about to start a sexual health workshop that had been designed especially for them and was being provided by the Peninsular Medical School in Exeter. Women at some of the houses had also been supported by community nurses to learn how to complete their own breast checks, in order to spot signs of possible concerns and provide early treatment. Relatives told us how pleased they were with this proactive approach to their relative's health. An advocate told us about the work the service had done with their client to overcome a deeply-held phobia of hospitals and needles. This meant that, for the first time in their lives, this elderly person was going into hospital to have an operation which would directly improve their health and wellbeing.

People were supported to maintain a balanced diet. Staff knew people's food preferences and encouraged people to make their own choices for drinks and meals. Support plans were in place to identify assistance required in this area. People were involved in menu planning and they chose what they wanted to eat and drink. People wrote a shopping list, or used a pictorial list of food items, and went food shopping at the supermarket of their choice. During our inspection, we saw people preparing meals with support from staff who encouraged the person to do as much as they could for themselves.

Good

Is the service caring?

Our findings

People either told us directly, or indicated through their behaviour that they were happy and the staff were caring. One person said, "yes, I am happy, my staff are all very nice". We observed the way staff spoke with and interacted with people. We saw staff treating people with great respect, kindness and patience. They talked with people, gave lots of praise and listened to what people were saying. People were relaxed and comfortable with staff; freely approaching them, taking their hand or sitting next to them. One person was laughing and singing. This indicated people were happy in the relationships they had with the staff.

Relatives also told us how happy people were. One relative said "Whenever I have visited, she is smiling, happy and dancing". Another relative said "When I take her back she knows she's going home and she has that feeling that it is her true home. It really is happiness from the moment you walk through the door".

Staff told us how rewarding they found their job. One member of staff commented, "The girls living here can do so much for themselves. We just give them a bit of patience and care, a bit of support and guidance and a bit of love. They are amazing". Another said "I love making a difference to people's lives and I'm so proud of how much they achieve".

People were involved in making decisions about how their home was decorated and furnished. Staff were clear that it was people's home and should reflect their personalities and tastes. The houses we saw were all warm and comfortable and the decoration was individualised depending on the wishes of the people living there. People told us they enjoyed choose the colour of the walls and we saw vibrant colours everywhere. One person showed us their room proudly; with pink walls and a butterfly theme running throughout. People were also involved in choosing furnishings. At one of the houses we heard discussion about which wall clock to choose for the kitchen. People had also requested a change of colour scheme in the living room and were enjoying considering colour charts and discussing their options.

Support plans were personalised and contained a range of formats including symbols, pictures and words to help the person understand their plan. People confirmed they had been involved in their plan. Staff told us how they enabled people to make these decisions. For example, one person was supported through the use of laminated picture cards to make choices. Staff said they supported people to be as independent as possible. They recognised that being able to do something, such as making a drink or a meal, or learning to travel by bus independently gave the person a sense of great achievement and self-worth.

Some people supported by Advance displayed behaviours that placed themselves or others at risk when they were distressed or anxious. Staff were guided to recognise early signs of people's anxiety or frustration and how to support people to express these feelings. Care plans also gave staff information about why these behaviours may arise. For example, one person became highly anxious about the possibility of their clothing going missing in the laundry. Staff were advised this was because they had lived for many years in large institutions where their belongings had frequently disappeared. With this information in mind, staff were able to understand how important it was that this person was fully involved in every step of the laundry process. This helped reduce the risk of the person's anxieties escalating. Staff told us they always focussed

on positive behavioural approaches, and never had to use any physical interventions to keep people safe.

Staff maintained people's privacy and dignity. We saw staff never entered people's room without knocking, always asking for permission. Staff said one man, who was not able to express himself clearly verbally, had seemed embarrassed when female care staff assisted with their personal care. They now made sure they were assisted by a male member of staff and he appeared much more comfortable. Staff were clear that this was not their house, it belonged to the people who lived there and they respected this in how they acted. For example, staff did not answer the phone or answer the door, as it was not their home. However, they would support people to do this if needed. Staff never assumed they would eat meals with people, unless they were invited to. Relatives told us the enjoyed visiting and felt welcome, but knew it was people's home and respected this. They always checked it was ok to visit and did not assume they could visit at any time.

Staff confirmed they were reminded throughout their induction and during supervisions and meetings, about the importance of supporting people's privacy and dignity. Also, that they had a duty to maintain confidentiality about the people they supported. There was a private social media site where people could post photos of house activities and message each other. This was tightly managed so that people and staff supporting them could access it.

People were supported to access an advocate if they needed someone to speak to outside of their support team or family. An advocate is a person who represents and works with a person who may need support and encouragement to exercise their rights and to ensure that their rights are upheld. At the time of the inspection, one person was being supported by an advocate.

Staff recognised the importance of people's family relationships and supported this. For example, much time was given to working towards increasing independence so that people could visit their families easily. Where this was not possible, staff accompanied them and assisted with visiting arrangements.

Outstanding ☆

Is the service responsive?

Our findings

People told us they received the support and guidance they needed to live happily and achieve their own aspirations. For example, one person told us they were "brilliant at catching the bus" and another said they had a "real job for money". Relatives could not praise the support provided by the service highly enough in relation to how it had increased their relatives life opportunities. One relative said "She's achieved so much living here; really independent now. Getting around on the buses, learning to text, using mobile, doing more cooking and baking". Another said, "They've given her independence and self-determination. They've worked with her to understand her responsibilities and to grow in confidence to try so many new things." An advocate for one person said "She's blossomed here; she's so independent now. Her skills and self-esteem have increased tremendously. With the previous provider all she did was play cards. Now her life is so full".

We spoke with health and social care professionals who were responsible for commissioning services for people supported by Advance. They described them as being committed to providing person-centred support and championing the rights of people with disabilities. They told us staff at the service always went "the extra mile" to enable people to make choices and take as much control of their own life as possible. For example, one person had suffered a period of extreme ill health which would usually have necessitated admission to hospital. Staff knew hospital admission would be extremely detrimental to this person's emotional wellbeing. They worked closely as a team and with healthcare professionals to provide additional support to enable this person to be treated and recover at home. In another situation, staff had worked closely with a family to enable them to learn positive ways of supporting their relative. This meant the family could now enjoy relaxed time together in a way that had not been possible before.

Staff recognised they needed to work with families in order to achieve people's full potential. Some relatives told us how their relationships with their children had improved through the support the service offered. One relative commented, "They [staff] supported me to manage her behaviours differently, so that when she visits me I could manage and have the same boundaries as she has at home. They re-educated me and got us back on track together. They treat her as a young adult. There is no 'baby voice'. They treat her age appropriately and that has been a good role model for me to follow." Another relative talked about how difficult it had been to give up the caring role for their daughter once they became a young adult. They said, "As a parent you always think you can provide the best care, nobody else can. But they've proved me wrong and taught me a lot."

We saw and heard about many significant achievements people had made with the support of the service. For example, one person had needed staff to accompany them using public transport, but could now do this independently following completion of a programme of travel training. This meant they could now visit family and friends whenever they wished. Another person could now complete their own personal care, where they had needed full support previously. One person had had been supported by staff to find voluntary work with a national restaurant chain. This had gone so well that they had recently been promoted to a paid position, which they told us they were very proud of. Staff told us this had been achieved through supporting this person to develop their practical skills, as well as confidence and self-belief. Their relative told us "It's a huge achievement. I couldn't be happier. What they [staff] have done for my daughter

is a wonderful, wonderful thing".

People's care and support was planned proactively in partnership with them. Before a person started to use the service, they and people who were important to them, such as their relatives, were invited to share information about their needs and how they wished to be supported. These meetings were responsive to people's needs and abilities, allowing them to be involved and contribute at their own pace, such as holding several short meetings. Care and attention went into making sure that where people were receiving services in a shared house, they were compatible in terms of their personalities and needs. For example, in one of the houses four young, independently minded women lived together in a colourful and exuberant household. Another house was much quieter and calm. Staff explained how important this was for the people living there, as they found too much stimulus and noise distressing.

Staff provided people with information about housing and support options and personal budgets. This information was provided in formats suitable for people to understand, including written and pictorial formats. Once the person had agreed Advance could meet their needs, planning meetings and visits were held to arrange the person's move into their home and to develop their support team and relationships with other people receiving a support service. Staff told us they spent a lot of time with people and their "Circle of Support" focussing on their abilities and what they wanted to achieve (a Circle of Support is the group of people known to the person, including family and friends as well as staff, who, with permission from the person, meet together on a regular basis to help somebody accomplish their personal goals in life). We saw people's goals and ambitions were reviewed and added to as they achieved their aims and developed new skills. Staff knew that small changes could make big differences in people's lives. For example work to improve one person's sleep pattern had enabled that person to move on to leading a much more fulfilling life because they were energised and able to engage with activities during the day time. Relatives told us that the services focus on ability, rather than disability was a key factor in supporting people to recognise their potential; "They focus not on what people cannot do, but on what they can do. There are no barriers."

Staff used a series of laminated picture cards to support people's learning and independent living skills. For example people would choose a main meal they wanted to prepare from a series of picture cards, and then choose the vegetables they wanted to accompany it. The cards could also be used as a prompt or reminder when out shopping for the necessary ingredients. This system of laminated cards was also used to help people learn other tasks, such as doing the laundry or working the dishwasher. People were able to use the cards as many times as they needed until they were able to undertake parts of and eventually the whole task unsupported.

During the planning period, staff obtained as much information as possible about the person to enable them to develop a comprehensive care plan and person centred plan (PCP). These were regularly reviewed and updated to ensure they continued to meet people's needs and goals. Staff used a variety of communication tools including signing, symbols and pictures to ensure they involved and communicated as effectively as possible with the people they supported.

Care plans guided staff in relation to the detailed support people needed to manage their day to day needs. Staff told us they were very familiar with people's care plans and used them to inform the care they provided to people. For example, we saw staff using clear boundaries and uncomplicated language with one person which was in line with their care plan. All care plans were highly personalised, indicating staff knew people's individual ways and preferences well. They offered clear guidance for staff in relation to people's individual social and personal care needs at different times of the day. This included their likes, dislikes, medicines, any healthcare needs and potential areas of risk.

Attention was given to people's physical and emotional care needs. For example several people had serious long term health conditions such as diabetes and epilepsy and their care plans gave staff very detailed guidance on managing this. Staff we spoke with were all confident about how they supported these aspects of peoples care needs. Alongside this, some people had specific emotional care needs. For example, following the passing of a much loved parent. Care plans showed one person was receiving individual therapy to support with issues of change and loss and guided staff about supporting their emotional wellbeing. For example, by planting flowers and lighting a candle on significant anniversary of their parent's death and having time with their family.

Staff used individual ways of involving people so that they felt consulted, empowered, listened to and valued. People all had their own Person Centre Plan (PCP) and each was different in its content and organisation. This ensured the PCP was relevant and as accessible as possible to the person it belonged to. For example, for one person who could not read or write or interpret symbols, their plan was based entirely on photos. This included photos of staff and relatives in their circle of support, and photos of them engaged in activities they enjoyed. Staff told us they were able to use this as a basis for communication. Another person, who enjoyed working on their own PCP, had a plan that included pictures, photos, symbols and writing of things and people that were important to them and their future targets. People were offered weekly meetings with staff to focus on their PCP's. Any individual targets people identified with staff were noted on an outcome sheet, which was updated with progress and 'signed off' when achieved. For example, one person had that they wanted to complete more physical exercise and had started going swimming to achieve this. The registered manager told us this method gave people a tangible sense of achievement and kept people motivated and thinking about their own targets and increased independence. Targets and ambitions were reviewed and added to as people achieved their aims and developed new skills. For example, using the bus independently, shopping for groceries, making a meal, or doing the laundry.

Records of daily events were recorded in a daily diary either by the person themselves, or with their involvement. Some people liked to have these diaries read to them in the evening before bed. We saw these records were detailed to allow staff and relatives, where appropriate, to know what each person had done during the day.

The service recognised the Circles of Support already established in the person's life. Where a person did not have a Circle of Support prior to commencing a service from Advance, the service endeavoured to develop one to provide the person with support other than from staff. For example, for one person this included friends, family, staff and contacts from their work place.

We saw people engaged in a wide range of activities based on their individual preferences and interests. One person told us "I'm never bored. There is so much to do!" Relatives told us there was always a lot going on socially. One relative said, "Everyone is doing something different when I visit, they all have their own interests and are supported to follow them. They may come together for some communal activities or meals; but that's their choice, not anybody else's!"

Staff were always looking for new opportunities in the community that people may be interested in and benefit from. Sometimes, these didn't work out. For example one person had recently tried a new sports group, but found it too noisy and had not continued with it. However, staff were pleased they had tried and told us they would now be able to seek other opportunities, based on what they had learnt. People visited cafes, shops, and local places of interest, either with or without staff support. People told us they enjoyed the group activities, which they could take part in if they chose to, such as discos and clubs. However, there was a good balance of individual activity too. For example, one person had a trike and enjoyed individual support time with staff riding this along the canal paths. Others were going to art classes, cookery classes,

drama, learning to read and write, learning to budget, going swimming, or to sports activities. One person enjoyed gardening and staff had helped build raised bed in the garden. They were now enjoying growing a wide range of vegetables and had started an urban gardening course. Another told us they had recently given up baking because they wanted to go to a pottery class instead. This showed staff enabled people to live as full a life as possible.

Full house meetings for people and staff were held every six months. We could see from records that a wide range of subjects were discussed and that people's views were actively sought. For example in one house people were discussing colour schemes for re-decorating, plans for the garden, healthy eating and ideas for new meals to try. Sometimes groups of staff and people from different houses would meet together if there were areas of discussion that were relevant for everyone, such as holiday ideas and plans. Last year many of the people supported by Advance had gone on a holiday to Mallorca together with staff. Everyone told us how much they enjoyed this and people were keen to return next year.

Staff supported people to use assistive technology, such as maps and voice recognition systems on their phones. For example, one person had successfully used software to help them learn the route to and from their workplace. Other people used voice recognition software to be able to speak text messages into their phones in order to communicate with staff when they were away from their home.

People had access to the complaints procedure that was presented in accessible formats, including pictures and symbols to help them understand it. Staff checked with people at their weekly meetings if they were happy with the service they were receiving. Staff told us people would come and tell them if they were unhappy, or they would know from their behaviour. Relatives told us there was an open door policy that meant they could contact the registered manager at any time of the day or night if they had any concerns. They had total confidence that, should they have any issues or concerns; these would be dealt with openly and transparently. No formal complaints had been received in the past twelve months. Staff told us they always tried to respond to any low level concerns expressed by relatives as soon as they occurred, so they did not escalate into bigger concerns. For example, one relative had recently expressed their view that staff were not looking after plants in the garden of one of the houses as they should. In response to this the office manager had emailed relatives asking for their expertise and help with aspects of gardening. This had been enthusiastically taken on.

Good

Is the service well-led?

Our findings

The registered manager, working together with the office manager and service manager, demonstrated their commitment to providing high quality, well-led and inclusive support to each person receiving a service from Advance Support and Enabling. They had effective systems in place to assess people's needs, recruit and train dedicated staff and to monitor the quality of the support services they provided. The service was clearly structured, with the registered manager holding overall responsibility for management of the service, with support from a service manager who provided day-to-day management support. An office manager held responsibility for all administrative functions and human resources.

Once it was agreed Advance Support and Enabling would provide a service, the person became the focus of all decision making and all support was personalised to their needs and wishes. People had equal opportunities in relation to having a good quality of life and being empowered to believe in themselves and what they could achieve. People told us they had been able to say how and by whom they wished to be supported. For example, people had been involved in recruitment processes for their staff team. Relatives knew the registered manager well and were confident in the leadership. They said "The leadership is impressive; so fair and so focussed on what is right for people. There are no compromises" and, "What she (the manager) promises, she will deliver". They also noted that the communication from the service was "outstanding".

The registered manager and staff team had a strongly held vision about how the service supported people and the rights of people with disabilities to lead fulfilling lives. The registered manager said "Our vision is about enabling people to receive their maximum potential - and never assuming they've reached it!" A member of staff said "Advance is very forward thinking. It's a small organization, totally different from other companies I've worked for. It's all about person centred care and we are always pushing to get the best for people. The people we support all lead busy and fulfilling lives".

Health and social care professionals told us they were confident in the service and had a good relationship with the registered manager. One social care manager said "[Name of manager] is passionate about caring for people with learning disabilities and supporting their rights and she pushes us to make sure people get what they need. That is only right".

The registered manager told us they were able to maintain their principles and purpose by remaining a small organisation, with a stable, well trained staff group who they invested in. They wanted to ensure they knew everyone who received a service as well as every member of staff so that they could measure their effectiveness and ensure support was being provided to the high standard they expected. The registered manager strongly believed their investment in staff would benefit the people receiving a service. They said, "I am proud of happy homes and strong staff teams. We value people and staff 100%". Staff received an employee handbook which clearly set out the organisations expectation that people would be supported with a person centred approach that enabled them to express their views and wishes and achieve as much control as possible over their lives. Induction, training and supervision all emphasised person-centred support that promoted choice, respect, dignity and independence.

Staff demonstrated their understanding of the service's values in the way they described the people they supported and how their own learning and development had been supported. All the staff we spoke with said the service was "person-centred" and the people they supported were important to them: they were clearly proud to work for Advance Support and Enabling. Staff said they had a good relationship with the management team and felt listened to and respected. They confirmed the registered manager and service manager had an "open door" policy and they led by example. One member of staff told us "We are a dynamic and passionate staff group. Always willing to learn and strive for the best for people – and that's the culture here, it's all about [name of manage]'s philosophy and ideas. She will never limit people"

There was a culture of openness and honesty which encouraged learning and continual improvement. Staff said supervision and staff meetings enabled them to discuss their different ideas and to learn from each other. They said the registered manager encouraged them to talk about things that could have been done differently or better, in order to learn and improve their practice. For example, staff had recently been concerned that their follow up on the advice given by medical professionals was not always consistent. As a result of their discussions about this, a new form had been designed and introduced which ensured clear record keeping and communication.

The registered manager monitored the quality of the service in a variety of ways. They listened to people's views, made changes where necessary and reviewed development and progress for each person they supported. Weekly visits were made to meet with people at their home to ask their views about the support they received. Audits were also undertaken to ensure the safety of the home and maintenance of equipment. These audits included safe medicine practices, health and safety checks and receipts for people whom staff supported with their money. People had the opportunity to meet weekly with a member of their support team to review the effectiveness of their PCP. Senior care staff completed monthly reviews of care plans and any changes were notified to the registered manager who updated the plans. Team meetings were held regularly to allow staff to discuss their work, share good practice and identify any training needs. Management meetings allowed senior staff time to discuss issues regarding working practices, such as recruitment and duty rotas and to plan future service development. The registered manager and support manager 'stood in' for staff where necessary as there was a commitment to people only receiving support from staff they knew, which meant no agency staff were used.

Written surveys were used every three months to seek people's views about the quality of the service they received. People were supported by staff or other representatives to complete these. Questions included whether staff were friendly and approachable and listened to their view, whether people had any concerns or worries and if they felt they had enough activities. Feedback was analysed to gauge people's satisfaction with the service provision and all feedback was very positive. The registered manager and service manager were in the process of reviewing and improving the survey questions to ensure they were accessible and could be understood by all. This followed feedback from staff that indicated the level of questions may be too complex for some people. Family representatives were encouraged to give feedback about their views of the service as they arose. They were also sent a comprehensive quality questionnaire on an annual basis. The outcomes of this survey were analysed and feedback provided. Analysis showed a very high level of satisfaction with the service provided.