

Advanced Caring (Doncaster) Limited

The Quays

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

The Quays provides personal care to people living in the community in the Doncaster area. Support packages are flexible and based on people's assessed needs. At the time of our inspection the service was supporting five people. All of whom were quite young and were living with autism.

The service provides care and support to people living in a 'supported living' setting, so that they can live in their own home 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 was not operating for around 18 months, during which time it was redesigned and was registered to provide support to people living in supported living settings. The supported living service started operating in September 2017.

This comprehensive inspection took place on 14 and 18 June 2018. We gave the service 48 hours' notice of the inspection visit because the location provides services in people's home and we needed to be sure that someone would be at the office.

At the last inspection in August 2015 the service was rated good. You can read the report from our last inspections, by selecting the 'all reports' link for 'The Quays' on our website at www.cqc.org.uk.

At this inspection we found that evidence continued to support the rating of good with an outstanding rating in the responsive domain (question).

There was a registered manager in post. 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.

People's rights and choices were promoted and a positive approach to risk taking meant people could lead fulfilled lives and seek new opportunities.

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any person who used the service. People were safely supported with their medicines. There were sufficient numbers of staff to meet people's needs and it was evident that staff had been safely recruited, with people who used the service having a say as to the staff appointed.

The service supported people to maintain a healthy diet and people who required the involvement of health care professionals were assisted to obtain this. Staff told us they enjoyed working at the service and had

received support, training and supervision to help them to carry out their support role effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People said they were treated with respect and dignity, and staff supported them in a way which met their needs. People's care and support was exceptionally personalised and this meant that people were at the centre of their care. We found very clear evidence that people's care and support was planned and reviewed with them and not for them.

It was evident that staff worked hard to provide people with the support they needed to have a good and active lifestyle that suited their individual and cultural needs and aspirations. Staff were very committed to the promotion of people's rights and supported people to celebrate their diversity. People were supported to use public transport and to travel independently. This had increased their ability to be involved in the local community and gain useful life skills. Other benefits included increased access to their employment, education and leisure activities, as well as the boost in self-esteem, confidence and independence that came with this.

People were supported to follow their hobbies and interests and take part in activities that they liked and were socially and culturally relevant and appropriate to them. They received exceptionally effective support to have access to the wider community, adult education and paid and voluntary work opportunities. People were supported to achieve their aspirations and to continuously develop new goals, as they grew in confidence and became more adventurous.

There was an effective and accessible complaints procedure. Additionally, people's views were actively sought and they were encouraged to comment and influence how the service operated. People, and those who were important to them, were routinely consulted about their satisfaction in the service they received. People's comments and ideas were used to develop and improve the service. There was an effective system to monitor the quality of service delivery and of staff performance. The quality of the care and support people received was continually kept under review.

The culture and ethos within the service was that of honesty, growth and empowerment. This was achieved by encouraging people's involvement and ensuring they had access to information which supported and promoted their equality, diversity and human rights. Best practice guidelines were followed and staff were committed to the vision and values of the service. They had a comprehensive understanding of the legislation and policies that underpinned their approach to people's care and support. It was also evident that the team worked well in partnership with other professionals, to provide a person-centred service that met people's needs.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains Good.

Good ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service has improved to Outstanding.

Outstanding ☆

Is the service well-led?

The service remains Good.

Good ●

The Quays

Detailed findings

Background to this inspection

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

The inspection included visits to the agency's office on 14 and 18 June 2018. We gave the service 48 hours' notice of the inspection visit because the location provides a service for younger adults in a supported living setting. We needed to be sure that someone would be in the office. One adult social care inspector carried out the inspection.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. This including notifications submitted to us by the registered provider, and information gained from people who had contacted CQC to share feedback about the service. A Provider Information Return (PIR) had been sent to the registered provider for completion. This was returned within the timescale requested. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we visited the supported living setting and spoke with three of the people who were using the service. We also spoke with staff and managers including two directors of the company, the registered manager, the service manager, support workers and one visiting relative. We requested the views of other agencies that worked with the service, such as two social care professionals who had ongoing involvement with people who used the service. The feedback we received is reflected in and informed our report.

We looked at documentation relating to people who used the service, the staff and the management of the service. We checked two people's care and support records including their person-centred plans, risk assessments, health and day to day records. We looked at four staff files, which included recruitment, training and support records.

Is the service safe?

Our findings

We asked people about safety and what it meant to them. People told us they felt very safe and secure with the service they received. We saw that they were relaxed and happy in the company of the staff who were supporting them and with members of the management team. One person told us, "All the staff are good." The relative we spoke with thought people were safe, while being encouraged to be independent. Feedback from social workers we contacted was very positive. For instance, one social worker told us, "The Quays was an excellent service and offers a really safe environment for the young people living there."

People were protected from abuse. Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. People who used the service were aware of who they could speak to if they had concerns and understood about safeguarding. They were able to name the managers and the directors of the company. Staff showed a good awareness of safeguarding people. They knew who to report any concerns about abuse to, and who to approach outside the service if that was required.

Risk associated with people's care and support were managed well. People's support plans included detailed and informative risk assessments. These were individualised and provided staff with a clear description of any relevant risks and guidance on the support people needed. It was evident that staff understood the support people needed and how to promote their independence and freedom, yet minimise the risks. People were supported safely by staff to be as independent as they could with managing their medicines.

Where the risk had been identified that people might display behaviour which may be perceived as challenging, there was clear guidance to help staff to support people effectively. Staff had training in Positive Behaviour Support (PBS). The PBS system involves trying to truly understand the person and the reasons behind their behaviour, to outline strategies that respond to the person's needs, and to reduce or eliminate the use of restrictive practices. This is implemented through a personalised system of support that aims to improve people's quality of life. The staff we spoke with showed a very good understanding of the principles around PBS. The positive behaviour support plans we saw were prepared in consultation with the person.

We saw that PBS was being used to good effect with people who used the service, as there had been very few recorded incidents of behaviour that challenged. We saw that after one person had become upset they had been involved in a 'debriefing session' to reflect on what had happened. They had suggested ways that staff could better support them if anything similar happened again. Their plan had been updated so that staff were aware of their thoughts and requests. This, as well as other indications showed there was an emphasis on learning lessons and making improvements when things went wrong. Any accidents and incidents were closely monitored by the management team, who analysed the information for any trends to prevent recurrences.

Each person's support hours were funded in line with their individual needs and there were enough staff to meet people's needs. Everyone we spoke with confirmed there were enough staff available. The service had received feedback from two social care professionals that was very positive, although they wanted people to

be further encouraged to be more independent and to take more risks. During the inspection we saw that the service had worked hard to promote positive risk taking and people were becoming more confident in their new setting. As a result, the service had been able to significantly reduce the hours of support provided to most people, compared with when they had first started using the service, because of people's increasing independence. Conversely, if it was felt a person needed more hours of support due to their changing needs; the members of the management team discussed reassessment with the person's social worker to help make sure each person received the level of support that was right for them.

Our review of staff records showed the recruitment process followed safe procedures ensuring all checks, including a Disclosure and Barring Service (DBS) check, were completed before people started work. The DBS checks help employers make safer recruitment decisions and prevent unsuitable staff being employed.

Environmental risk assessments considered the safety of the individual and staff who were working with them, in the supported living setting as well as out in the community. We saw detailed Personal Emergency Evacuation Plans (PEEPs) were completed which showed the support each person required from staff if they needed to vacate the property in an emergency such as a fire. Staff understood their responsibilities in relation to infection control and hygiene. People took part in the assessment and planning around their personal safety and welfare, although there was room to develop their responsibilities further in relation to their tenancies. For instance, taking on more responsibility for the kinds of checks that ensured the safety of their shared home

Is the service effective?

Our findings

People expressed confidence in the support staff and felt they knew their needs and preferences. For instance, one person said, "[The staff] know me and know what I like." The relative we spoke with confirmed that people had developed positive relationships with their support staff, who knew them very well.

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. The management team told us staff completed training in the MCA and in consent, and records we saw confirmed this. The staff we spoke with were aware of good practice guidance. They told us they were always careful to maintain the principles of the MCA and people were supported to make decisions through the use of their support plans.

The Quays provides supported living within a community setting therefore, any decision to deprive a person of their liberty within the community must be legally authorised by the Court of Protection. We found that people's mental capacity to make decisions was assumed unless there was evidence to suggest otherwise. Where people did not have capacity to make a particular decision, meetings were held with people, those important to them and health and social care professionals to make sure that any decisions were made in people's best interests. This was in line with the Mental Capacity Act (2005) Code of Practice.

People could make decisions and choices for themselves and were free to come and go as they pleased. Therefore, the service had effective safeguarding and risk management strategies in place to help make sure they were as safe as possible. For example, protocols were in place if people had not returned by a certain time and people agreed to keep in contact via their mobile phones while out and about.

We looked at some people's tenancy agreements to make sure information was presented to people in an accessible format and that offers of accommodation were made in line with the MCA. The service had worked collaboratively with the landlord to make sure guidance about people's tenancy agreements were provided in an easy read format. It was also evident that people had been provided with the time and support they needed to help them understand the rights and responsibilities that came with their tenancies.

The service supported people to have a balanced diet and with any other dietary requirements related to their health and culture. In their PIR the registered provider told us support was provided to each person to complete a menu for the coming week. And support staff had undertaken an in-house workshop on healthy eating, which helped them to offer advice and support to people. When we visited people in the supported living setting we saw two people cooking their own meals with support and encouragement from the staff. They told us they went shopping for the ingredients to make the meal they had decided on. People we spoke with confirmed they were given good advice on healthy eating and healthy life choices. People had very active lives that included lots of exercise.

Staff understood people's social diversity, values and beliefs and these aspects of their care and support were planned proactively in partnership with them, and appropriate health professionals and other outside agencies. People were supported to have access to healthcare services for support. We saw referrals were made to healthcare professionals when required, such as GPs, speech and language therapy and a psychologist. We looked at support plans for two people and found they were supported appropriately with their health appointments.

There were high levels of constructive engagement with staff through on-going supervision, training, meetings and discussion. These were used as an opportunity to explore and expand staff's knowledge and awareness of key legislation and used to underpin the visions and values of the service. Staff spoke proudly about the service. They told us they felt well supported, received regular supervision and had access to plenty of training opportunities. We saw the service had a creative training programme and this was a driving force in delivering a person-centred service. We saw that the results of this programme had become embedded in the values of staff and was evident in their performance, providing high quality care and support. There was a focus on delivering training to all staff using creative methods, such as workshops and scenarios to develop learning and understanding related to people's specific needs. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively.

Is the service caring?

Our findings

The people we spoke with told us they got on very well with all members of the team. One person started listing for us the staff they particularly liked, naming everyone in their support team. People said they were treated with dignity and respect and they were involved in decisions about their lives and their support.

The service's ethos, vision and values promoted people's rights to make choices and live fulfilled and valued lives. This was well reflected in the care and support people received from a committed, passionate and caring group of staff. Throughout our inspection, we observed staff demonstrating care and respect and people were given time to express themselves fully. Staff knew people well and interactions were relaxed, cheerful and lively.

All members of the team spoke with real regard of the people they supported and some staff became quite emotional when talking about the challenges in people's lives and people's achievements so far.

It was evident that staff invested time and effort in building relationships that supported people, so people felt valued. People were confident, happy and lively and there was lots of banter and good natured teasing of the staff. Additionally, from our conversations with staff it was clear that they knew people's likes and dislikes and made sure people's preferences for support were respected. Staff told us of people's personal histories and things that were important to each person; this was in accord with the information in people's written records. Staff were also aware of sensitive times when people needed compassionate support and when to discuss issues with people with empathy and understanding.

People told us they were involved in planning their support and making choices. We looked at one person's support plans with them. The information in their plans matched what they told us. Their plan was comprehensive and included their wishes, goals and aspirations. Another person was involved in their review when we visited and spoke with us afterwards. They said they had learned a lot since they started using the service and were going to concentrate on learning more new skills, such as budgeting as they wanted to be more independent.

Staff were creative in ensuring people had accessible, bespoke packages of care, centred on the person. People had monthly 'all about me' meetings with their keyworker to discuss, review and update their plans. This helped people decide what they wanted to achieve and what support they needed. The records of the monthly meetings were presented in a vibrant, accessible way and highlighted the goals people had achieved. This reflected the positive approach of the service in helping people to recognise their personal achievements and showed that people had grown in confidence while using the service. The meetings identified planned goals for the next month, so there was a continued focus on developing people's independence and skills.

Staff encouraged people to explore their support options and supported them to explore sources of additional help and advice. For example, where relevant, people were supported to explore different services available locally, to support them with their mental health. Another instance was that people had

been provided with information about advocacy services available in the area. Advocates can help people with learning disabilities to make decisions and get their views and wishes heard. Information about this was in an easy read format and displayed on the notice board at the office.

Equality, diversity and human rights approach to supporting people's privacy and dignity was part of the culture of the service. People's individuality and diversity was celebrated, respected and recognised by staff. People were supported to lead a life that reflected their preferences and views. The registered provider was an equal opportunities employer and the team included staff from different backgrounds, cultures, genders and sexual identities. This, along with relevant training helped to make sure the staff team had a good understanding of, and valued people's diversity.

The management team had a commitment to promote understanding of people's rights in relation to how information about them was kept and used. For instance, the registered providers promoted awareness in the staff team about recent data protection legislation and this had been discussed in team meetings. People's right to privacy and confidentiality was proactively promoted by staff and people's electronic information and documents were securely stored.

Is the service responsive?

Our findings

People who used the service commented on how well their individual needs were met. One person said, "The staff are great. I really like living here." Another person told us, "We all [people and staff] get on really well. They [staff] listen to what I like and want and I get to do lots of things I like doing." Every member of the team, from support workers to company directors knew each person extremely well and were passionate about providing the best service possible to each individual. They gave us detailed examples of how they had provided support to meet the diverse needs of each person and this matched with what people told us about their experience of the service and what was in people's plans.

People had a wide range of individual assessments tailored to meet the needs of people living with autism and learning disability. People received person centred care from staff who promoted each person's well-being and independence. Each person had a person-centred plan that was tailored to meet their needs, including those related to their disability, gender, ethnicity, faith and sexual orientation. Support plans detailed the help people needed to maximise their independence and choice. People's records included an 'All about me' record, completed monthly with each person. The level of detail and presentation of information was particularly good and meant the person's personality; aspirations and goals were fully described. This showed a committed and proactive approach to making sure people were involved in their support planning and that they felt involved and valued.

The service provided to people was personalised and responsive, and focussed on making people's quality of life as positive as possible. Members of the team were committed to promoting people's independence and this had a direct impact on people's quality of life. We were told of several instances of people's increasing independence in travelling in the community without staff support. Where people had lacked confidence in using public transport in the past, they had progressed to travelling alone regularly since using the service. Staff had initially provided support, which had been reduced as people got to grips with using public transport and got to know their chosen routes. The benefit to people was increased access to their employment, education and leisure activities, as well as the boost in self-esteem, confidence and independence that came with this. One person told us they were now looking forward to more complex journeys involving changes of bus and train, to see their loved ones and friends.

All the members of the team we spoke with came across as very committed to the values of the service of putting the person at the centre of their support. They were enthusiastic when telling us about the ways they promoted people's opportunities to develop new skills and to lead active and fulfilled lives. They showed pride and commitment to their work and the outcomes they supported people to achieve.

People were very effectively supported to follow their hobbies and interests and take part in activities that they liked, and that were socially and culturally relevant and appropriate to them. This included having very good access to the wider community, adult education and work opportunities. People, family members and staff told us about what had already been achieved in the 10 months the supported living service had been operating. We heard several accounts of people accomplishing their goals and aspirations. We saw how the service had quickly made a significant positive impact to people's lives. For example, one person had

historically been fearful of and reluctant to engage in some functional living skills and activities. However, we saw how personal gains had been made with their activities around the house, such as meal preparation and laundry tasks, through support delivered by staff team. The frequency in which this person participated in activities in the community had also increased. This meant they had grown in confidence and developed new skills which promoted their independence.

It was evident that people were placed at the centre of their care and support, made to feel valued and actively involved in making decisions about their care and support. We heard how staff reviewed changes to people's needs and listened to people's preferences about their care and support. For instance, the service manager told us one person had needed staff support when getting ready in the mornings, but they said they would prefer staff not to watch them. They agreed to play a song they liked on their mobile phone, while they brushed their teeth. This way staff knew the person did not need to be prompted. They have since gone on to further their independence in this area.

People were well supported when transitioning between services. This included support provided before people started using the service. Records showed a multi-disciplinary approach was taken and that people's needs were comprehensively assessed before they moved to The Quays. We saw that meetings had taken place involving the supported person, people who were important to them and other professionals involved in their care and support. People's assessments and plans identified what was working well, areas for development along with strategies and plans for the future. It was evident that people all got on particularly well with each other, not least because they met prospective tenants and had a say in who should move into the supported living setting. There was also lots of laughter.

People were supported to make and maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. We were told how, because of their increased independence, one person had also become more confident and assertive in their other decisions, including making changes so they only maintained and cultivated relationships they felt were positive.

People were supported to access local events taking into account their individual interests and links with different communities. People had also undertaken most the social and leisure activities they had on their wish lists in quite a short time and were becoming more adventurous in their choices. This included swimming, cinema trips, paintballing, escape rooms, laser quest, go karting and kayaking.

In the PIR the registered provider told us they actively listened to the people who used the service, using their feedback to develop the support. They said they had an open-door policy and the concerns and complaints policy was displayed in the head office. We confirmed this at our inspection. People were actively encouraged to share their views and raise concerns or complaints. One person who used the service had raised a concern about noise levels and this had been investigated, addressed and dealt with to their satisfaction. Feedback was valued. Both company directors explained this was an important part of ensuring improvements were made where necessary. We saw a copy of the guide on how to make a complaint. This was in an easy read format with pictures to help people to understand and engage in the process. We also saw the open-door policy in operation. It was evident that people were actively encouraged to discuss their concerns and there were high levels of open engagement and we found this impacted positively on the number of received complaints.

Is the service well-led?

Our findings

The manager had been registered with the Care Quality Commission since March 2017 had a lot of experience in providing support to people with learning disabilities and held a diploma in Leadership for Health and Social Care at level 5. This meant they were well trained and experienced in their role. The registered manager was supported in the day to day running of the service by the service manager.

There was a clear vision and strategy to deliver high quality care and support. There was a positive culture that was person-centred, open, inclusive and empowering. This achieved good outcomes for people. The management team and support staff showed a shared responsibility for promoting people's wellbeing and development. Staff provided care and support in a way which put people at the heart of their service. The support staff and the managers told us the company directors were particularly approachable and supportive. They had based themselves at the office near to the supported setting while the service was establishing itself and saw and spoke with people who used the service and staff on an almost daily basis.

Members of the staff team were clear of their responsibilities. Minutes of staff meetings showed they were encouraged to express their ideas on how to develop the service. Every member of the management and staff team we spoke with said they loved their work. They felt people were supported particularly well by the team and they were proud of what people had achieved in the relatively short time they had been using the service. They said people had a very good quality of life and were encouraged and facilitated to take risks and to try many different, rewarding experiences.

The person-centred approach made sure people were at the heart of the service. Promoting independence, health promotion and safe risk taking were fundamental to the ethos of care and support provided. People were involved in the development and reviewing of their plans of care, setting goals and aspirations for themselves which were kept under review and discussed with their keyworker. The registered manager and staff were committed to helping people continue to develop social and life skills and to make informed choices that would enhance their lives.

There were consistently high levels of engagement with people who used the service. For instance, they had the opportunity to influence the service they received through regular tenants' meetings where people were encouraged to have a say on the day to day running of the service. This was in addition to people's individual, monthly 'All about me' review meetings and regular person-centred reviews. People and those who were important to them told us they were actively encouraged to share their views and provide feedback about the service by completing a questionnaire and the feedback gathered was used to improve the service.

It was clear that staff were encouraged to be open and honest and diversity and inclusion were celebrated within the team, underpinned by a commitment to equality and valuing diversity. There was diversity within the staff team and a strong organisational commitment towards ensuring there was equality and inclusion across the workforce. The service manager explained the importance for them of recruiting staff who shared the ethos and values of the organisation, which included being caring and passionate about their role and

promoting people's rights and independence. This was further facilitated by the involvement of people using the service in the recruitment of staff.

Quality performance, risks and regulatory requirements were understood and managed well. The registered provider told us in the PIR that the registered manager undertook a daily visit to the supported living setting assessing and acting immediately upon any newly identified risks. They told us the registered manager also completed a weekly manager's report, which was sent to all the company directors. We saw this kept the directors up to date with any changes, issues and challenges in the service so they could make sure action was taken to address any issues in a timely way. Feedback we received from other professionals and the very positive outcomes we saw had been achieved for and with people indicated that the service worked well in partnership with other agencies.

A range of audits were undertaken by the registered manager and the team, who had designated areas of responsibility to make sure the service delivered high quality care and support to people. The outcome of audits was discussed as part of staff meetings and supervision, to help make sure there was effective remedial action when necessary. In the PIR the registered provider also told us the directors carried out regular quality audits and gave feedback to the registered manager, who supported the service manager to address any shortfalls to improve the service. Performance management processes were effective and reflected good practice. The whole management team regularly observed staff practice and reviewed staff training to make sure all staff had the skills to do their job effectively.

There was a real emphasis on the service learning and improving. Systems were in place to continuously assess and monitor the quality of the service. These included detailed analysis of complaints, safeguarding concerns and incidents and accidents. The documentation we saw showed the management team took steps to learn from such events, effectively sharing any learning with all staff and putting measures in place which meant similar events were less likely to happen again.