

Creative Support Limited

Creative Support -

Doncaster Personalised

Services

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Creative Support – Doncaster personalised services is a supported living service offering care and support to people. Accommodation is situated throughout Doncaster. The service supports people with a learning disability, autism and mental health needs. Three registered managers oversee and are responsible for their own specific geographical area. An area manager has oversight of all services. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Seventy seven people were being supported with personal care at the time of our inspection.

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

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

People were encouraged to live as full a life as possible and supported to achieve the best possible outcomes. Staff had formed positive relationships with the people they supported and looked for ways to make them feel valued. People were genuinely encouraged to express their goals and wishes, and the service looked for ways to make these happen. Staff knew people exceptionally well and used this knowledge to support them to achieve their goals. Staff were considerate of people's feeling at all times and treated people with the utmost respect and dignity.

People were exceptionally safe using the service. There were established relationships of trust and support between staff which enabled people to stay safe. People were empowered to make decisions about their safety, which helped avoid unnecessary restrictions being placed on people and maximised their independence. Staff were very sensitive to the vulnerabilities of people living in the community. They acted proactively when concerns were identified and supported people to protect themselves. A strong sense of security and safety had been created for people by the use of technology and personal awareness. People were supported by a creative and inclusive approach which helped them understand potential risks and make decisions.

People received highly effective care and support from a consistent staff team who knew them well and were well trained. People's rights to make their own decisions were protected. Staff worked well together for the benefit of people and were completely focused on meeting the personal, health and social care needs of people living at the service. People were supported by staff who understood the importance of safe medicine administration. This included ensuring people had regular reviews of their medicines. People were

supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed. There was evidence the service went the extra mile to ensure people were supported to make decisions.

The service clearly demonstrated how it consistently met the characteristics of providing outstanding care. People were at the heart of the service and the registered managers and staff were fully committed to providing high-quality person-centred care. Staff were clearly committed and compassionate, striving to provide outstanding care, with excellent outcomes at all times. People were treated with exceptional kindness, dignity and respect and received their care and support from a highly motivated and dedicated staff team.

Comprehensive plans of care had been developed and staff knew the people they were supporting extremely well. Staff worked hard to promote people's right to make their own decisions about their care where possible and respected the choices they made. People's consent was always obtained. People's needs were assessed holistically across a wide range of areas. This included needs in relation to people's protected characteristics such as gender and sexuality. People were supported by staff who had training and support to understand their needs. People were supported to plan and cook their meals, information was given to people on healthy eating. People's wishes at the end of their life were sought and followed and people received excellent end of life care. People had access to a wide range of personalised and group activities and were supported to have a say in all aspects of how the service was delivered.

People benefitted from a service that had dedicated leaders and staff whose experience was used to support people to lead full and meaningful lives. The values of the provider were consistently demonstrated by staff in their interactions with people and with each other. People's views were sought and acted upon. The provider worked with other organisations to enhance its service delivery. The management team analysed survey results with an openness and commitment to continuously improve. Extensive service auditing was clearly directed at reviewing any lessons learnt to maximise people's safety and quality of life.

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

Rating at last inspection

This service was registered with us on 1 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had yet to be rated since it registered with the CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Creative Support - Doncaster Personalised Services

Detailed findings

Background to this inspection

The 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.

Inspection team

This inspection was completed by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we had received from and about the service. We sought feedback from

professionals who commission the service on behalf of people. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service about their experience of the care provided. We spoke with 10 members of staff including the registered managers, members of the care and support team and the area manager. We reviewed a range of records. This included 12 people's care records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. After the site visit we telephoned and spoke with two health and social care professionals who regularly work with the service. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for the service under this provider. This key question has been rated outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Systems and processes to safeguard people from the risk of abuse

- Staff had very good knowledge about safeguarding and how to keep people safe. If concerns were raised, prompt investigations were undertaken, and referrals made to the local authorities. Staff had access to a safeguarding policy. Safeguarding was also regularly discussed at staff supervisions and team meetings. People had also completed 'back to basics' safeguarding training and both showed and discussed with the inspector the 'code red' posters displayed. These gave people simple and straightforward advice on what to do if they didn't feel safe.
- People were involved in decisions about their safety to the maximum possible extent and their wishes were respected. The service worked creatively with people using imaginative and innovative ways to understand their wishes. Staff invested time in educating and reminding people what being safe really meant and this contributed to people's wellbeing. For example, staff and people at one property had a discussion and interactive roleplay around stranger danger. This posed questions and scenarios which people were involved in, learnt and benefitted from.
- Investigations were transparent, and people using the service, relatives, staff and other health and social care professionals were involved at all levels. Outcomes of safeguarding investigations and any learning were shared across the whole service.
- Every person we spoke with told us the care they received was safe. Comments included, "I always feel very safe in the house and with staff" and "I am safer here than anywhere."
- The area and registered managers were able to share examples where they had used reflective meetings with staff following any safeguarding alerts. These meetings identified any cause, the effect or potential impact on people and any actions to avoid the issue being repeated. Staff told us this opportunity for reflection improved their empathy and understanding of the impact on people who used the service.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been comprehensively assessed. This enabled risks to be successfully managed and monitored. Risks assessed included those associated with people's ability to eat and drink and the risk of falls. Where concerns had been identified, appropriate actions had been taken to reduce the risks and keep people safe. For example, it was identified one person was frequently falling in their bedroom. The staff team worked in partnership with the person, GP, neurologist, falls team and physiotherapist. This resulted in developing the person's environment by the addition of handrails in their bedroom. This had an immediate effect in reducing the number of recorded falls the person experienced.
- Staff completed robust risk assessments relevant to people's needs that focused on how to support

people to maintain their independence and achieve their goals in the least restrictive way. Positive risk taking was promoted and people were empowered to take maximum control of their lives.

- People were assured their home was a safe place to live. The registered managers and staff worked with the housing association to seek out best practice and technologies which could be used to drive improvement and provided further reassurance for everyone using the service such as, floodlighting, CCTV and discreet motion sensors.
- The service actively sought out technology and other solutions to make sure that people lived with as few restrictions as possible. For example, one person had a voice reminder sensor installed. The person needed reminding to wash their hands after using the toilet, however the person became frustrated at being reminded which had led to becoming a trigger for challenging behaviour. The voice reminder was installed and delivered a message regarding hand washing when the door was activated. On hearing the message the person will now turn around, wash their hands and continue with their day, without frustration and raising anxiety from staff intervening.

Staffing and recruitment

- Staffing levels had been planned and organised in a way that met people's needs and kept them safe.
- Whenever possible, people were actively involved in decisions about the staff who provide their care and support, for example in relation to recruiting or choosing the staff who will work with them. This included people sitting on interview panels and asking questions which were important to them. Registered managers told us this was invaluable in assessing the values of potential staff were aligned with those of the person and the service. This also ensured people felt partners in the staffing of the service.
- Staff and people felt there were enough staff to meet people's needs in a holistic and meaningful manner. One staff member explained, "I believe we have enough staff. People's needs are met without us feeling rushed, so the balance is right." One person told us, "There are always staff around. It's nice to know."

Using medicines safely

- People received their medicines regularly from staff who had been trained in the safe administration of medicines. Medicine administration records were completed and audited regularly.
- Staff received updates and had competency checks undertaken to make sure they remained competent and followed good practice.
- Medicines were stored correctly, temperatures were regularly checked and medicines that were no longer required were destroyed safely.

Preventing and controlling infection

- Staff followed appropriate infection prevention and control practices to ensure people were safeguarded from the risk of infection.
- People told us their home was clean, tidy and fresh throughout. Staff followed daily and nightly cleaning schedules, encouraging people to assist and develop household skills. One person said, "My house and room is always clean. We can hoover and dust to help."
- Staff had received training on the prevention and control of infection and they followed the providers infection control policy. Personal protective equipment (PPE) such as gloves and aprons were readily available.

Learning lessons when things go wrong

- There was a genuinely open culture in which all safety concerns raised were highly valued as integral to learning and improvement.
- There was a system in place that provided an overview of risks, including accidents and incidents. Any concern or incident was fully reported by staff to the registered managers. Managers assessed accounts of

the issue, discussed any proposed actions that needed to be taken and any changes to policy or procedure were shared with all staff supporting the person involved.

- Staff told us the culture was supportive regarding incidents and learning lessons. One staff member told us, "We are always learning and have a very supportive culture. Learning from incidents, positive or otherwise is a constant at all meetings. It's just about us all wanting to improve."

Is the service effective?

Our findings

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

This is the first inspection for the service under this provider. This key question has been rated outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The service empowered people to make choices about their health and how it should be monitored and managed. For example, the service held a 'dignity and health' awareness day. The day was organised for people by staff and a health facilitator nurse. The health message was, how and when to check yourself for lumps and what to look for. There were interactive displays and models for people to use and a quiz was held at the end of the session. One person told us how much they enjoyed the event and could recall all of the information they received.
- People received regular health checks and referrals were made to relevant health services, when required.
- People were registered with GPs and dentists and had access to community-based health care professionals such as chiropodists, physiotherapists, opticians and dentists.

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

- People's needs, choices and preferences had been comprehensively and holistically assessed prior to moving into the service. Assessments covered people's health and social care needs, their life history, preferences, hobbies and interests. They also included any protected characteristics under the Equality Act 2010 and these were considered in people's care and support plans. For example, people's needs in relation to their age, gender, religion and disability were identified. All staff told us they recognised and respected people's diverse needs and these were discussed at the assessment stage. Staff had also completed training in equality and diversity and showed great respect and understanding of people's diverse needs.
- Staff had an exceptional understanding of people's backgrounds and the hobbies and leisure activities they enjoyed because of the thoroughness of the assessment process. People consistently received outstanding care and treatment because staff had very detailed information and used this to develop meaningful relationships with people.

Staff support: induction, training, skills and experience

- There was a proactive support and appraisal system for staff, which recognised continuing development of skills, competence and knowledge was integral to ensuring high-quality care and support.
- The provider had high training levels to gain extremely skilled staff. A staff member told us, "We are fortunate to have access to the volume of training we do. I believe we are extremely well trained." The registered manager assessed each employee's skills and created appropriate training programmes. A number of staff had recently completed a first aid course. The course was specific to administering first aid to people with a mental health condition. One registered manager told us, "Training for staff has to be about the potential impact on people. So if we can be really specific then so much the better."

- Training was available in varying formats to suit different learning styles. Face-to-face courses, short in-house sessions at team meetings, role-play, demonstrations, and case studies. Staff said this was an effective learning environment. One staff member said, "I definitely learn better by seeing and doing rather than a computer-based course. I get lots of valuable training"
- Staff received regular individual supervision and completed reflective practice and case studies to develop their skills. This provided an opportunity for the registered managers to meet with staff, discuss their training needs, identify any concerns, and offer support. Staff told us they felt supported by the management team and felt able to gain support from them at any time. One staff member told us, "There is always someone to offer support, advice or guidance. It really is one big team looking out for each other."

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

- There was a strong emphasis on the importance of eating and drinking well. Whenever possible, food and meal times were celebrated and used as an opportunity for people to come together.
- People were fully involved to help plan their meals with staff, taking nutritional advice into account. Staff were aware of people's individual preferences and patterns of eating and drinking and there was flexibility when needed or requested.
- We saw a good news story which had been publicised within the service. It showed how one person who had no previous cooking skills had worked hard, with the assistance of staff, on these particular life skills. They were now, proudly, producing spaghetti bolognese from scratch.
- People's care plans contained health, nutrition, diet information and health action plans. People told us they enjoyed the food they ate. One person told us, "I decide what I eat. Sometimes it's the same as other people in the house and sometimes it's different, but it's always delicious." Another person said, "There is always good food. If we go to meetings or training events there is always food available. I know what is healthy to eat and it's always healthy."

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

- Staff, managers and the provider were committed to working collaboratively and found innovative and efficient ways to deliver more joined-up care and support to people. The provider and registered managers had developed many excellent relationships with social care professionals, NHS staff, GP's, and the voluntary sector.
- There were champions within the service who actively supported staff to continually improve the care and support being provided. This was in areas such as, medication, dignity and mental health. This meant staff were able to support people in a way that reflected best practice.
- The provider sought other professionals' advice where this was required. For example, when a person required input from a learning disability nurse, staff worked alongside them to assess their needs and ensure the right support and care was in place. The learning disability nurse said of the service, "It is so person centred and staff bend over backwards to meet individual's needs. I find this service to be very honest."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had nominated champions for mental capacity, restraint and consent. They made sure staff were fully educated and trained and have a comprehensive understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
- Staff had an excellent understanding of the principles of mental capacity and how to promote maximum choice and control in people's everyday lives. People were offered suitable choices in all aspects of their care. Staff knew, for each person, the relevant people who needed to be involved in decisions about their care and understood how each person communicated their wishes and preferences. Due to this level of staff understanding, the service was able to be extremely responsive and flexible to any fluctuating changes in people's capacity on a daily basis.
- Communication difficulties were not considered a barrier to people being able to express their wishes. Staff understood how people expressed positives and negatives and how they displayed that they were happy or unhappy, in pain or upset. People's families and loved ones were involved appropriately in best interest decisions.
- Restrictions to people's freedoms and liberties were minimised. People were enabled to leave the home as they wished based on assessed risk. The home took the least restrictive approach with risk management and had a very flexible approach.

Is the service caring?

Our findings

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

This is the first inspection for the service under this provider. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider and staff embraced people's diversity and placed equal value on those with a protected characteristic as defined by the Equality Act 2010. Monthly training covered multiple areas, such as Lesbian, Gay, Bisexual and Trans human rights in care; dignity; challenging discrimination; and personalised care. One male at the service expressed a desire to wear female clothes. Staff supported him with his choice and accompanied him to shop and find his own unique style, something he had not been able to do freely at other placements. Other people were not immediately accepting of the person's choices. Staff worked with people using easy read materials and house meetings to support them to better understand and respect other people's wishes. Staff told us this was a slow process but now the person can confidently be who they want to be.
- People were provided with sensitive and compassionate support by a kind, committed and caring staff team. Without exception staff treated people with the utmost kindness and respect.
- People were supported by a small staff team who knew them exceptionally well. The staff team had worked with people since they had moved to the service. The familiarity between staff and people was evident in the way people interacted and trusted the staff supporting them. Staff knowledge of people was taken in to account when arranging support for people. For example, people were supported to go on holiday by staff who shared similar interests.
- We received consistently positive feedback about the caring nature of the service and staff's compassionate approach. Relatives and professionals referred to the trust, kindness, understanding and sensitivity to people's individual needs as reasons why they felt the service was exceptional. Comments included, "I have seen an impressive improvement in[person's] care", "The enthusiasm, passion and empathy for the people you care for is evident across the whole team", and, "I think it is a model service. It sets the highest standards and really demonstrates what is possible in adult social care and supported living."

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

- The service invested time and went above and beyond in getting to know people well and involving them in decisions about their care. We found positive evidence people were listened to and supported by staff to make choices about their care and support. For example, changes to activities in response to people's views gathered at house meetings and a 'you said, we did' initiative. People told us they felt involved in discussions about their support needs. One person told us, "I know everything about my plan because I sit down and talk about it with staff."
- Where necessary, families or advocates were consulted. This ensured people with limited capacity

understood options available to them.

- All staff encouraged people to explore their care and support options and supported them to explore sources of additional help and advice. For example, at one house meeting people identified the kitchen was in need of redecoration. With minimal staff support, people contacted the housing association to ask when redecoration was due. The housing association confirmed decoration was due and sent out decoration charts for people to pick from.

Respecting and promoting people's privacy, dignity and independence

- All staff were particularly sensitive to times when people need caring and compassionate support. They discussed this with them and helped people explore their needs and preferences in relation to personal and family support. For example, the provider facilitated access to bereavement support services for people following the death of a popular person at the scheme.
- Respect for privacy and dignity is at the heart of the service's culture and values. It is embedded in everything that the service and its staff do. People and staff feel respected, listened to, and influential. Following the death of a very popular person at the service people who lived at the same accommodation were encouraged to speak to staff. A learning disability nurse was also available if needed to provide any further support. People were made aware, through staff support, of further information including videos and easy read information regarding dying and bereavement. Staff also spoke to people and asked them in which way did they want to remember the person who had passed away. The collective decision was to have a memorial bench in which they could sit on and think of the memories of their friend.
- People were treated as individuals and staff respected their preferences and needs. These were identified in personalised care plans and updated monthly to ensure they were being met.
- Staff were respectful and ensured people's dignity and privacy was maintained. For example, staff ensured doors and curtains were closed when carrying out personal care.
- When people chose to speak with us, staff respected people's right to speak with us privately. Where people indicated they would like staff to be present when they spoke with us, they were supported by their preferred staff member.

Is the service responsive?

Our findings

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

This is the first inspection for the service under this provider. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The registered managers and staff team were highly creative and innovative in supporting people to actively access interests and activities that were important to them. Activities and events were organised for individuals, small and large groups. One person had expressed a wish to have a pet tortoise. Staff discussed the commitment, cost and responsibility of having a pet. The person took time to research various aspects of owning a tortoise whilst staff discussed the idea with the person's financial appointee. Staff then supported the person to write a letter to the housing provider. Further discussions were held with the other people who shared the house. The end result was agreement from the housing provider and the person told us she is a responsible pet owner of a tortoise called Tilly.
- Arrangements for social activities, and where appropriate, education and work, were innovative, met people's individual needs, and followed best practice guidance so people could live as full a life as possible. For example, the service employed the services of a drama teacher and people joined in to produce an in-house theatre performance. One person did not have an interest in performing. Instead, they became the theatre manager. They had a badge identifying them as theatre manager. They showed guests to their seats, organised various aspects of the event before and after the performance and gave out the food vouchers to the theatre and garden party guests. Their role was included in an edition of the newsletter.
- People told us that they enjoyed the activities on offer. One person said, "I have lots to do and I am going to Benidorm in the summer. I love it there. Another person was saving to fulfil a lifelong goal of going to America and watching live wrestling shows.
- Other activities celebrated in the newsletter included, a day at Doncaster races in a private box and one person going to Formula 1 racing at Silverstone to see their hero Lewis Hamilton do a victory lap of honour.

End of life care and support

- The service was particularly skilled at helping people and their families or carers to explore and record their wishes about care at the end of their life, and to plan how they will be met so that they feel consulted, empowered, listened to, and valued. One person, with the support of their family, ensured their specific wishes were recorded. Staff worked with palliative care professionals and developed an advanced care plan for the person's changing needs. Staff also worked with advocacy services to fulfil one of the person's final wishes of marrying their girlfriend. The person's end of life wishes were complete when they were laid to rest at Doncaster Rovers memorial garden. A letter from family members included, "We are so grateful that we were able to work in partnership with your team along the way and we will never forget the outstanding care and compassion shown, not just to [person] but to us in his final days."
- People were supported to make decisions about their preferences for end of life care. Care records

demonstrated discussions had taken place where possible with people and their relatives and their wishes were clearly recorded. Some people had chosen not to have this conversation at this time and this was documented in their care plans.

- Staff understood people's needs and were aware of good practice and guidance around how to deliver safe and compassionate end of life care. There was an end of life policy in place.

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

- The service delivered high quality person-centred care. People's care plans evidenced they were personalised and gave clear, detailed guidance for staff on how to direct people towards their desired goals. Care for people with long-term conditions and those receiving end of life care was clearly co-ordinated with the roles and responsibilities of other agencies clearly defined.
- People had been consulted and fully involved in the planning of their care. One person said, "I am always involved. Staff talk to me all the time, I know all about my care plan."
- Other agencies without exception said the service was very responsive to people's individual needs, comments about the service and staff member from one social worker included, "There was a visible relationship of trust and respect between the worker and client and [staff] is working in the most flexible and person centred way that I have had the pleasure of witnessing for some time. I think she is a real asset to your organisation."

Meeting people's communication needs

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

- The service thought creatively about how people could be supported to understand information. Three people had requested staff support to attend the polling station to vote. They had previously been assisted to access all the information they wanted on political parties and their manifestos, so they could make an informed choice.
- A wide range of information was provided to people in easy to read formats. This included people's care plans, services policies, procedures, events and activities.
- Staff knew people really well and were able to respond to their non-verbal cues about how they were feeling, such as body language, behaviours and general mood.

Improving care quality in response to complaints or concerns

- The provider actively listened to people and welcomed critique as an opportunity to improve. Registered managers and staff worked hard to ensure that any concerns or complaints were listened to and acted on.
- A complaints procedure was available describing how people could raise a complaint or concern and how the provider would respond and by when. This information was available in a format people could understand. One person told us, "If I had any problems I know I could talk to any staff or go straight to the manager."
- A range of forums were also available for people and relatives to raise any concerns about the service or people's care. This included, face to face meetings and periodic surveys and questionnaires. We saw the service had received one concern in the last year. We saw this had been handled in line with the providers complaints policy, thoroughly investigated and responded to appropriately. The registered manager used the outcomes of complaints to further improve the service provided.

Is the service well-led?

Our findings

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

This is the first inspection for the service under this provider. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, staff and others said the way the service was led was exceptional and distinctive. Its vision and values were imaginative and people were at the heart of the service. There was an excellent culture which always put people at the heart of everything. For example, initiatives and events such as 'expressive arts', 'get gardening' and 'getting active outdoors', were not offered to people as 'one size fits all' but with the flexibility and variation to meet people's varying needs. One person told us, "There is something for everyone here. There are posters telling me what events are on all year round. I love it."
- The area and registered managers were extremely passionate and dedicated to their roles and along with the staff team demonstrated a strong commitment to providing person-centred, high-quality care.
- There was a strong organisational commitment and effective action towards ensuring there was equality and inclusion across the workforce. There were high levels of satisfaction across all staff. The staff team were highly motivated and understood the provider's vision and values. They explained, "It would be easier for us as staff to simply do things for people. The hard work and skill is consistently promoting independence and ensuring the person is at the centre of every facet of their care. The easier way is never an option here and that's why people are so successful in achieving their goals."
- The systems and values within the service demonstrated their commitment to high standards of care for all people, this included challenging and supporting the wider community to care for and treat people with dignity. They did this through supporting and empowering established groups and organisations, and by creating new support networks. For example, people at the service raised money by participating in a Macmillan cancer support coffee morning. The provider also raised people's awareness of the LGBT+ community through local pride events so people could freely celebrate their identity.

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

- Performance management processes were effective, reviewed regularly, and reflected best practice. Leaders and managers provided feedback to staff and there was clear evidence this led to improvement. For example, a 'you said, we did' document showed, walkie talkies for night staff had been sourced so they were able to communicate to each other quickly in an emergency. Extra security lighting due to trespassers had also been actioned following a request from people. The area manager told us they regularly read other CQC inspection reports which had been rated as outstanding and used them as a benchmark to improve on the quality of the service.
- Governance was well-embedded into the running of the service. There was a strong framework of

accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. Leaders and managers saw this as a key responsibility. Daily, weekly and monthly audits had been carried out including on people's plans of care, medicine records and behavioural incidents. Records showed where issues had been identified, appropriate action had been taken in a timely manner. The service also strove for excellence through consultation, research and reflective practice. The service received the external accreditations of; Silver Accreditation by Investors in People, Investing in Volunteers quality standard, Skills for Care endorsed quality training provider and was a Disability Confident Employer.

- An exceptionally motivated and enthusiastic staff team was in place, led by a motivated management team that worked together to follow best practice and achieve very positive outcomes for people. For example, the managers had plans and contingencies in place for the amber flood warnings for areas of Doncaster. In the days prior to flooding one person was moved seamlessly and without raising their anxiety. The move proved to be successful and the person requested the move to become permanent. Despite moving approximately 11 miles the service organised for the same taxi driver to continue taking the person to the day centre to ensure continuity, safety and familiarity.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. Appropriate notifications had been received from them.

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

- There were consistently high levels of constructive engagement with staff and people who use the services. People had opportunities to be involved in and influence the running of the service. People met with staff on an individual and group basis. These various meetings were as formal as people wanted them to be. One person told us, "I have house meetings where we all might discuss things like, cleaning, shopping or decorating. I also talk to staff on my own. We talk about me and how things are and what I want to do. I always have an opportunity to talk to staff and tell them what I think."
- The provider had an open-door policy and all senior staff worked alongside the staff team to deliver care. Throughout the inspection we saw people interacting positively with all staff and management. It was evident the management team knew people well and fully understood how people needed to be supported.
- The provider and staff were innovative in their thinking about how people and relatives could be involved and kept informed about matters concerning their care. For example, the chief executive wrote a regular blog which was shared with services, and 'The creative life magazine' was regularly published and shared throughout the organisation with easy access for staff and people. It contained information ranging from legislative changes to good news stories from people. The Doncaster service had featured four times in the last edition. People spoke proudly of having their story published. One person said, "I went to town on the bus to meet my girlfriend. Look, it's there in black and white." Parents had also been interviewed and filmed for the magazine.

Continuous learning and improving care.

- There was a particularly strong emphasis on continuous improvement. The views of people using the service were at the core of quality monitoring and assurance arrangements. Informal suggestions, views and opinions at keyworker and house meetings and the results of regular surveys all fed into the regular analysis of how the service could improve.
- The service continuously sought to make improvements. There was a rigorous approach to monitoring incidents to support improvement. The service was monitored, through robust systems of governance. They collected management information of high quality via audits, feedback from people and other sources. This

supported effective decision making and allowed for prompt action where performance was outside defined parameters.

- The area and registered managers saw continuous learning as key to ensuring the best possible care and support was provided by a staff team who understood people's complex needs.
- Staff confirmed learning was a key part of their role. Debriefing sessions, lessons learnt from incidents throughout the organisation and detailed handovers took place. This ensured staff learnt from each other and worked in a consistent way with each person.

Working in partnership with others

- The service worked in partnership with others to build seamless experiences for people based on good practice and people's informed preferences. The service worked in partnership with a number of organisations such as the local authority, mental health teams and other health and social care professionals. This ensured staff had the skills and support to deliver good quality care to people.
- They worked collaboratively with professionals within and outside the health and social care sector to ensure people had access to relevant information and support. For example, they worked with a learning disability nurse to improve people's understanding and awareness of dignity, relationships and sex.