Advance Housing and Support Ltd

Advanced Housing and Support Ltd

Inspection report

Unit A37 9 Nimrod Way
Ferndown
Dorset
BH21 7UH

Tel: 01202871714

Date of inspection visit:
23 May 2016
24 May 2016

Date of publication:
03 August 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 24 May and was announced. The inspection continued on 25 May 2016.

Advanced Housing and Support deliver domiciliary personal care to people with learning disabilities and autism. Personal care was provided to 5 people at three separate locations. These locations were shared supported living set ups which had communal kitchens, living and dining areas. There was a central office base which had a shared toilet and a small kitchenette facility.

The service had a registered manager in place. 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.

Advance Housing and Support worked with the Local Authority in assessing people's capacity but the service did not complete their own capacity assessments or record best interest decisions. This potentially put people at risk of decisions being made which may not be in the person's best interest. The registered and service manager acknowledged this and told us that they would complete capacity assessments and record any best interest decisions as and when appropriate. We found that no one had come to any harm as a result of this.

Staff records did not hold up to date staff induction records. The registered and service manager started to collate these for the central files during the inspection. We saw that these were completed which ensured staff had the skills to and understanding to do their job.

People and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding adults.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they chose to live their lives. Each person had a care file which also included guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

Medicines were managed safely, securely stored in people's homes, correctly recorded and only administered by staff that were trained to give medicines.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example, autism, epilepsy and learning disability.

Staff told us they received regular supervisions which were carried out senior management. We reviewed records which confirmed this. A staff member told us, "I receive regular supervisions".

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this.

People were supported with cooking and preparation of meals in their home. People were supported to choose meals through weekly menu planning meetings. The training record showed that staff had attended food hygiene training.

People were supported to access healthcare appointments as and when required and staff followed GP and District Nurses advice when supporting people with ongoing care needs.

People told us that staff were caring. During home visits we observed positive interactions between staff and people. This showed us that people felt comfortable with staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs. Information was available in various easy read and pictorial formats. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before using the service and care packages reflected needs identified in these. We saw that these were regularly reviewed by the service with people, families and health professionals when available.

People, staff and relatives were encouraged to feedback. We reviewed the people satisfaction survey report for April 2016 which contained mainly positive feedback. This report reflected results from feedback questionnaires sent to people. The results had been analysed and actions were set for the registered and service manager to follow up. We saw that the actions identified from this were being addressed.

There was an active system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints in place. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

People and staff felt that the service was well led. The registered and service manager both encouraged an open working environment. A staff member told us, "The service manager is very passionate about their job. It's all about the people".

The service understood its reporting responsibilities to CQC and other regulatory bodies they provided information in a timely way.

Quality monitoring visits at the locations were completed by the registered manager and audits completed by the service manager. The registered manager logged data from incident reports monthly which included medication errors, incidents, complaints or falls to name a few. This data was then logged onto an on line system which analysed the detail and identified trends and learning which was then shared. This showed that there were good monitoring systems in place to ensure safe quality care and support was provided to people.

Advanced Housing and Support had a set of five behaviours; partnership, respect, innovation, drive and efficiency (PRIDE) which staff were expected to follow and demonstrate during their day to day work. Staff

we spoke to were aware of and positive about these behaviours. The registered manager showed us how the organisation had grouped CQC key lines of enquiry under the different behaviours which supported staff to understand how these linked to the care and support they were delivering.

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. There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and emergency contingency plans were in place and up to date.

People were at a reduced risk of harm because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines

Is the service effective?

Good

The service was mostly effective. Capacity assessments were not completed and best interest meetings were not recorded by the service. This meant people may be at risk of decisions being made that were not in their best interest.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Staff received training to give them the skills to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People were supported to access health care services.

Is the service caring?

Good

The service was caring. People were supported by staff spent time with them.

People were supported by staff that used person centred approaches to deliver the care and support they provide.

Staff had a good understanding of the people they cared for and

supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive. Care file's, guidelines and risk assessments were up to date and regularly reviewed.

People were supported by staff that recognised and responded to their changing needs.

People were supported to access the community and take part in activities as part of their agreed timetables.

A complaints procedure was in place. People and their families were aware of the complaints procedure and felt able to raise concerns with staff.

Is the service well-led?

Good

The service was well led. The registered and service manager promoted and encouraged an open working environment.

Some staff records required better auditing, induction records needed to be recorded on staffs central records.

The service manager was flexible and worked care shifts when necessary.

Regular quality audits and staff competency checks were carried out to make sure the service is safe and that staff had the skills they need to do their job.

Advanced Housing and Support Ltd

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 was planned to check 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.

This inspection took place on 24 May and was announced. The inspection continued on 25 May 2016. The provider was given 48 hours' notice. This is so that we could be sure the manager or senior person in charge was available when we visited. The inspection was carried out by a single inspector.

This was the first inspection that the service had had since registering with CQC. Before the inspection we looked at notifications we had received about the service. We spoke with the local authority quality improvement team to get information on their experience of the service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We sent out feedback questionnaires to people, staff, relatives and health professionals prior to our inspection. We received responses from one person who used the service, six staff, one relative and one health professional.

We spoke with two people who use the service and met with two staff.

We spoke with the registered manager and service manager. We reviewed three people's care files, policies, risk assessments, quality audits and the 2015 quality survey results. We visited two locations and met with two people in their own homes. We observed staff interactions with people. We looked at four staff files, the recruitment process, staff meeting notes, people's house meeting notes, training, supervision and appraisal

records.

Good

Is the service safe?

Our findings

People and staff told us that they felt the service was safe. A person said, "I'm happy here, it's not bad at all and I'm safe". Another person told us, "I like it here, I feel safe".

A staff member told us, "This is a safe service, I meet with people and go through emergency guidance and ask people questions reflective of their needs. These cover areas like; strangers, gas safety and being left alone". Another staff member said, "Yes it's safe here, there has been nothing that has made me question safety or practice". A community professional fed back to us through our survey that people were safe from abuse and harm.

During our visits to the two locations we observed emergency contact information displayed for people and staff which covered local safe guarding, complaints and internal contacts. This information was provided in an easy read pictorial format which people told us supports them to understand information.

People were protected from avoidable harm. Staff were able to tell us how they would recognise signs of potential abuse and who they would report it to. Staff told us they had received safeguarding training. We reviewed the training records which confirmed this. A staff member said, "changes in behaviour, unexplained bruising and someone being withdrawn may be signs of abuse. I would report concerns to the manager or go higher if necessary or to the local authority or CQC". We reviewed the local safeguarding policy which was up to date, comprehensive and reflected the six key safeguarding principles introduced by the Care Act 2014. We also reviewed the local whistleblowing policy this reflected a clear purpose which was to encourage and promote all employees to raise concerns and detailed a process in which to do this.

We reviewed three people's care files which identified people's individual risks and detailed control measures staff needed to follow to ensure risks were managed and people were kept safe. We observed that a person with mobility needs had a walking aid, raised toilet seat, support rails and a hydraulic bath in his room to support his independence and keep him safe from falls. The person told us, "I like my new bathroom" they went onto say, "I use my frame to get around my home and have a nice new wheelchair which helps me go out safely". This showed us people were at a reduced risk of harm and that the service was safely promoting independence and supporting people to access the community.

People had Personal Emergency Evacuation Plans which were up to date. These plans detailed how people should be supported in the event of a fire. Each location had a business continuity plan in place which were reviewed annually and up to date. These plans were used in situations such as fire, explosions, floods, failure of utilities and break ins. They reflected clear guidelines for staff to follow in order to keep people safe and ensure appropriate actions were taken and recorded.

We reviewed a recent meeting notes which identified that Health and Safety had been discussed including use of the services intercom and requesting visitors to show identification. During a visit to one of the locations we observed a staff member asking an external maintenance person for their identification before allowing them entry into the home. The same staff member also asked us to show them our identification

badge before granting us access. This showed us that people were safe from strangers entering the service.

A person told us, "Yes there are enough staff to help me". Another person said, "There are enough staff, I like them all". A staff member told us, "I believe there are enough staff. Shifts are always covered". The service used a staff dependency tool which worked out staffing hours needed to meet people's allocated support and one to one hours. The service manager told us that rotas are always covered and constantly change to meet people's needs and fit in with their activities. We reviewed the rota which confirmed that shifts were covered. We saw that Advanced Housing had their own bank / casual staff to maintain consistency across the services. The service manager said that in extreme circumstances we may need to use agency staff to cover multiple sicknesses. Profiles of agency staff were kept on file in the services.

Recruitment was carried out safely. We reviewed three staff files, two of which had identification photos in them. The registered manager told us they will ensure a photo is obtained for the third person. Details about recruitment which included application forms, employment history, job offers and contracts were on file. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS). Induction records were in place. We saw that lone working risk assessments were also completed for each staff member and kept in these files.

Medicines were stored and managed safely. Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from there pharmacy packaging which indicated they had been given as prescribed. We reviewed the last four weeks of MAR sheets which were completed correctly and showed no gaps. Staff were required to complete medication e-learning and class room training as well as undergo a competency test by management before administering medicines. There was a comprehensive up to date medicines policy in place which staff was aware of and had read.

Good

Is the service effective?

Our findings

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 registered and service manager told us that they did not complete capacity assessments or record best interest decisions made internally. People who were supported to take medicine and receive personal care had not had a mental capacity assessment. The service manager told us that they worked closely with the local authority that had recently completed a capacity assessment for a person who is planning to move services. The outcome of this was that the person had capacity and they were fully involved in the moving process. Advanced Housing and Support Ltd had an up to date comprehensive Mental Capacity policy, assessment procedure and tool in place but this was not used by the service. This potentially put people at risk of decisions being made which may not be in the person's best interest or the least restrictive. The registered and service manager acknowledged this and told us that they would introduce regular use of the tool to ensure people's capacity was assessed and any best interest decisions were fully recorded. We found that no one had come to any harm as a result of this.

Staff were aware of the Mental Capacity Act and told us they had received Mental Capacity training. The training record we reviewed confirmed this. A staff member told us, "MCA is in place to make sure people can do things. We assume everyone has capacity unless proven otherwise".

We were told that one person was due to have a knee operation. We reviewed this person's care file and saw that the service had worked with a local Speech and Language Therapist who had created easy read pictorial information to support the person to understand the procedure and give consent. This demonstrated that the service worked effectively with other health professionals.

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. We reviewed the training record's which confirmed that staff had received training in topics such as nutrition, moving and handling and first aid. We noted that staff were offered training specific to the people they supported for example epilepsy, challenging behaviour and learning disabilities. In addition to this staff had completed or were working towards their diplomas in Health and Social Care. A community professional fed back to us through our survey that the service makes sure staff are competent to provide care and support to people.

A staff member told us, "I feel I receive enough training to do my job. I recently did challenging behaviour training which I found really interesting". Another staff member said, "I definately have opportunities to receive enough training. I did first aid last month. There is a mix of on line and classroom training. I have also completed my level one, two and three in Health and Social Care".

We reviewed staff files which evidenced that regular supervisions and appraisals took place and were carried out by senior management. The appraisal process covered Advanced Housing and Support behaviours and how staff met these. Objectives were set as part of a work plan and outcomes achieved were evidenced. Learning and development was identified and steps to achieve these were recorded.

People receiving personal care were supported with cooking and preparation of meals in their homes. The training record showed that all staff had completed food hygiene training. We reviewed two locations menu plans and saw that these were visual and meals were well balanced with a variety of nutritious options. A person told us, "I can choose my food. I like faggots and everything really". Another person said, "I like cooking, my favourite is chicken korma. We cook for ourselves and eat at the table". A staff member told us, "People are involved in food shops and menu planning". Another staff member said, "People choose their own meals. We encourage people to cook from fresh which most enjoy".

People were supported to maintain good health and have access to healthcare services. A person said, "Staff support me to appointments". A staff member told us, "People are supported to access health professional like dentist; GP's and district nurses when required". We saw that heath care visits were recorded in people's care files.

People had access to advocacy services and we saw that contact information was available in an easy read format at each location. The service manager told us one person receives advocacy services from the local team and has meetings with them weekly. We saw that the advocate also attended review meetings.

Good

Is the service caring?

Our findings

We observed staff being respectful in their interactions with people. During both visits the atmosphere in people's homes was relaxed and homely. A staff member said, "I feel I am caring, I am patient and have a good sense of humour which people seem to appreciate". One person told us, "Staff are good. I have a key worker. They are friendly and care". Another person said, "Staff are ok, they are nice and help me". A staff member said, "I'm caring, I treat people like I would want to be treated". Another staff member told us, "All staff are passionate and care about people's needs. We all want what's best for the people". They went onto say, "I care about people achieving their goals and progressing with their independence".

A community professional fed back through our survey that they felt the staff they have met were kind and caring towards the people who use the service.

The care files we reviewed held pen profiles of people, recorded key professionals involved in their care, how to support them, people's likes and dislikes and medical conditions. This information supported new, agency and experienced staff to understand important information about the people they were supporting.

The service manager told us that new staff complete two to three shadow shifts which helps them get to know people and build relationships with them. They went onto explain that new staff are given time to read and understand people's care files, goals and interests.

We observed the service manager popping into a location to pick up some paperwork. During the quick visit the service manager made a conscious effort to say hello to the people and good bye. This showed us that people and staff had positive interactions with the service manager.

People used different methods to communicate and understand information such as; pictures, text and words. We reviewed people's communication passports in their care and support files. These reflected people's preferences in how they wanted to be addressed and how they wished to be spoken to.

A person told us, "Yes staff help me make choices and decisions". Another person said, "Staff give me information to make decisions". A staff member told us, "We break down information to make decision making easier for people". Another staff member said, "I listen to people and give options with information which helps the person to make an informed decision".

We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. For example, we were told that one person did not like water in their face and their bathing guidelines clearly reflected this.

People's privacy and dignity was respected by staff. People had locks on their doors and held their own keys. Communal toilets and bathrooms had locks on them. People's individual records were kept securely in locked cabinets to ensure sensitive information was kept confidential.

Staff we observed during home visits were polite and treated people in a dignified manner throughout the course of our visit. We asked staff how they respected people's privacy and dignity. One staff member said, "One person likes their door to be kept open so I call out to them and wait for a response before entering the room. I close bathroom doors when delivering personal care and use towels to cover private areas. I also encourage people to wash themselves where possible". Another staff member told us, "I knock on people's doors and put myself in their shoes. I give choice and cover areas". Another staff member said, "I make sure information is locked away and do not discuss people away from the home. I also knock on doors and ask if I can enter".

Good

Is the service responsive?

Our findings

We saw that support plans, risk assessments and people's likes and dislikes were reviewed with them regularly through key worker meetings with staff. People's needs were regularly assessed, changes in their needs were identified and guidelines up dated. We reviewed assessments linked to washing, tooth brushing, dressing and administration of medicines which had clear guidelines for staff to follow. We saw that one person had recently had a dementia assessment completed by a learning disability nurse following staff concerns. The outcome of this was that there was no psychological input required at this time and a reassessment would be completed in 12 months' time.

A person with mobility needs had recently had an occupational needs assessment. The outcome of this was that the person found a frame easier to use around the home. We reviewed this person care file and saw that the risk assessment and staff guidelines had recently been reviewed and updated to reflect the use of the mobility frame rather than a walking stick.

Staff used a communication book to handover information to other staff working different shifts. We reviewed this book and saw that people a person's inhaler needed replacing. A staff member had ordered a new one and writtenwhen it will be ready for collection. We also saw that this activity had been recorded in the diary.

We saw that people had a structured day based on their agreed preferences and needs which involved a variety of activities which included day centre, life skills for example; cooking and cleaning, food shops, cinema, clubs and swimming. A person told us, "I've been to a day centre today and enjoyed it". Another person said, "I'm watching TV this afternoon". We observed a staff member looking through old photographs of past activities and holidays with a person. The person appeared to enjoy this, was relaxed and happy talking about old memories.

We saw that people's activity boards had recently been introduced into the services which enabled people to write and plan activities they wished to participate in. The service manager told us one person had really engaged in this and enjoyed doing it. We observed this person completing their board and taking it to show the service manager during one of our visits. We saw that people were supported to visit their family and that families were welcome to visit people in the homes and flats.

Monthly people meetings were arranged and agenda put on people's notice boards in advance so that they had an opportunity to add to it in advance. We saw that in April's meeting it was recorded that the downstairs shower hose was leaking an action to fix this had been set. Further review of the file showed us that in the May meeting it was recorded that the hose had been fixed and that people were happy. Other topics discussed in the meetings included upcoming events, appointments, getting a new computer and party invitations. A staff member said, "Customer monthly meetings take place. People are able to choose to attend these or not".

People were listened to and lessons were learnt from their feedback and concerns. We reviewed the customer/people annual quality survey results April 2016. This survey had been sent out to people who use the service. We saw that the surveys were visual and asked questions such as; people happy with their support, if they feel safe in their home and listened to. There was also an any other comments section. One person had written; "Staff are good" and another had said, "I the house looks nice now the changes have been made". All feedback was generally positive however the registered manager had identified two actions to follow up on following an analysis of the data returned. One person had said they did not know how to complain and an action has been set to meet with this person and discuss the process with them. Another person had said some staff are nice. The registered manager has set an action for the service manager to meet with this person and check that they are ok. The registered manager told us, "The system works very well and the service manager is very good at seeing actions through".

The service had a complaints system in place which captured complaints and reflected the steps taken to resolve them. People and staff we spoke to all said that they would feel able to raise any concerns they may have. A person said, "If I was concerned or had a complaint I'd see staff". We reviewed one concern a person had raised regarding another person who always turned the hallway light off at night. The record showed that the service manager had met with the person who periodically stopped doing it but then started again. As a result the manager has now installed a sensor light so that it automatically turns on when the person walks up the stairs or goes to the bathroom at night. This had proved to be a satisfactory solution for both people.

Good

Is the service well-led?

Our findings

Whilst reviewing staff records we identified that one relatively new staff member did not have an identification photo in their file. We also identified that staff member's induction records were not kept in their central file's either. The service manager assured us that staff had received a three day corporate induction and a full service induction in addition to this. The registered manager printed off copies of staff members corporate inductions while we were in the office and the service manager said that they will bring copies of staff member's service records when she is next in the central office.

We reviewed the staff meetings file and saw that regular meetings took place with staff. Recent items that had been covered included health and safety, safeguarding, storage of foods and promoting choice. We noted that a recent positive behaviour support training course had been covered and staff who attended it had fed back. We also saw that people's care and support needs were discussed as well as planned trips and staffing required. These meetings demonstrated that the service was well managed and that staff had the opportunity to share ideas and learning with eachother.

The service has a registered manager in place. 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.

We found that both the registered manager and service manager had good knowledge and were open to learning and further developing the service. They were both responsive throughout the inspection and supported us with questions we had and gathering the evidence we required.

A community professional fed back to us through our survey that they felt the service was well managed and that it tries hard to continuously improve the quality of care and support they provide to people.

People and staff all fed back that they felt the service was well managed. A person told us, "The manager is very good, I like them". A staff member said, "The service manager is one of the best managers I've worked under. Always approachable and always puts people first. I have no management concerns". Another staff member told us, "The services are well led. The service manager is always here for people and me". They went onto say, "The service manager is a good team leader. They have implemented positive changes and leads by example". The service manager said, "I like to work with staff to find solutions".

The registered manager visited services and met with people. A staff member told us, "The registered manager is nice and approachable. I've not really had a lot to do with them". Another staff member told us, "The registered manager seems very nice. I don't know them very well though". The service manager said, "The registered manager has been very supportive and is always approachable. They have given me the tools I need to be a competent manager".

The service manager was flexible and worked care shifts when these could not be covered because of

sickness or vacancies. The senior management encouraged an open working environment, for example we observed on several occasions staff coming up to them or calling to discuss matters with them.

The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

We saw that quality monitoring across the services took place regularly. These included medication audits, people and staff file sample reviews, safeguarding, service monitoring visits and staff observations. We saw that the registered manager logged data from incident reports monthly which included medication errors, incidents, complaints or falls. This data was then logged on an online system which enabled them to gather an overall analysis and look for trends and learning which could then be shared. This showed that people received a service that improved due to effective quality monitoring.

Advanced Housing and Support had a set of five behaviours; partnership, respect, innovation, drive and efficiency (PRIDE) which staff were expected to follow and demonstrate during their day to day work. Staff we spoke to were aware of and positive about these behaviours. The registered manager showed us how the organisation had grouped CQC key lines of enquiry under the different behaviours which supported staff to understand how these linked to the care and support they were delivering.