

Advance Housing and Support Ltd

Advance Fareham

Inspection report

Lancaster Court
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Tel: 01489668197

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20 January 2016

21 January 2016

29 January 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 20, 21 and 29 January 2016. We gave notice of our intention to visit Advance Fareham's office and two of the homes where they supported people to make sure people we needed to speak with were available.

Advance Fareham is registered to provide personal care services in their own homes to people who may be living with a learning disability, a mental health condition or dementia. Advance Housing and Support Ltd provides a range of social care services, not all of which are regulated by the Care Quality Commission. At the time of our inspection there were eight people whose personal care and support came under the scope of this inspection, although other people received services from Advance Fareham which were not regulated.

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.

Advance Fareham registered with us in July 2015 when they took over a number of services from another provider. The registered manager and support workers transferred to Advance Housing and Support Ltd at this time.

The provider made sure support workers were informed about the risks of abuse and avoidable harm and had procedures in place for staff to report concerns. They took steps to manage other risks to people's health and wellbeing. There were enough support workers to support people safely according to their needs. Recruitment procedures were in place to make sure support workers employed were suitable to work in a care setting. Procedures and processes were in place to make sure people were supported with medicines safely.

Support workers received support to obtain and maintain the skills and knowledge they required to help people according to their needs. Support workers had appropriate training, and formal and informal supervision. They were aware of the need to obtain consent from people for their care and support, and of their legal responsibilities if a person lacked capacity to make a particular decision. Where appropriate, support workers helped and prompted people to eat and drink healthily, and helped them to access other healthcare services when needed.

The registered manager encouraged caring relationships between support workers and the people they supported. People were able to influence and be involved in the service they received. Support workers respected and promoted people's dignity and privacy.

People's care and support met their needs and took their choices into account. Care plans were individual

to the person. People were supported to assess and review their own care plans. Plans were reviewed every six months or when people's needs changed. Procedures were in place to make sure people's care was as agreed in their plans. People were supported to take part in activities in the community and to go on holiday. There was a complaints procedure in place. People were aware of it, but they had not needed to use it.

People and support workers found the registered manager was open to comments and suggestions. There were good channels of communication and the registered manager was easy to contact. Support workers told us there was good team working to support people. Systems were in place to monitor and improve the quality of service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider checked staff were suitable to work in a care setting.

People received appropriate support with their medicines from trained and competent staff at the prescribed times.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the necessary skills and knowledge.

Staff made sure people understood and consented to their care and support.

Where appropriate, people were supported or prompted to maintain a healthy diet, and to attend appointments with other healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People found their support workers to be friendly and supportive.

People were supported to get involved in and influence the service they received.

People's dignity and privacy were promoted and they were treated with respect.

Is the service responsive?

Good ●

The service was responsive.

People's care and support were planned and delivered to meet their needs.

Care plans were reviewed regularly and updated to meet people's changing needs.

People found the service to be responsive to comments and requests. There was a complaints procedure, but people had not used it.

Is the service well-led?

The service was well led.

There was an open culture which fostered good teamwork and focused on meeting people's individual needs.

The provider communicated their vision and provided clear leadership.

Processes were in place to make sure high quality care was delivered.

Good ●

Advance Fareham

Detailed findings

Background to this inspection

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

The inspection took place on 20, 21 and 29 January 2016. We gave the service notice of our visits to make sure people we needed to speak with would be available. One inspector carried out the inspection.

This was the first inspection since Advance Housing and Support Ltd registered Advance Fareham with us in July 2015. Before the inspection, the provider completed a Provider Information Return. 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 spoke with five people who used the service at two supported living schemes to understand the service from their point of view. We spoke with the registered manager and four support workers

We looked at the care plans and associated records of five people. We reviewed other records relating to the management of the service, including quality survey questionnaire forms, audit reports, training records, policies, procedures, minutes of meetings and two staff records.

Is the service safe?

Our findings

People we spoke with were satisfied the service provided care and support which kept them safe. One person told us they felt safe at night because they knew there was a support worker sleeping in their home, and they knew the support worker checked the door was locked. People were happy they were supported by a regular team of support workers who were able to meet their needs, and they were supported to take their prescribed medicines at the right time.

Support workers told us the provider supported them to protect people against avoidable harm and abuse. They were informed about the types of abuse and signs to look out for. They were aware of the provider's procedures for reporting concerns about people. Support workers told us they were confident any concerns they might raise would be investigated and handled properly, but they had not had reason to do so. They knew there were other contacts they could go to both inside and outside the organisation in the event their concerns were not handled in a timely, appropriate fashion. They had regular refresher training in the safeguarding of adults.

The provider's policies and procedures contained information about safeguarding and whistle blowing, the types of abuse, and signs to look out for. The registered manager reinforced safeguarding messages from the mandatory training in individual supervision meetings with support workers and in team meetings. There was an out of hours on-call manager system so that support workers always had a contact in the organisation where they could raise concerns. The provider's whistle blowing policy allowed for support workers to raise concerns anonymously via computer. Support workers could raise concerns directly with the provider's chief executive officer if they needed to.

The provider identified and assessed risks to people's safety and wellbeing. Risk assessments included a description of the hazard and risk, control measures in place, new control measures identified by the assessment, and actions to be taken to manage the risk. Support workers took the information in risk assessments into account in people's care and support plans. Examples of these included risks associated with medical conditions such as diabetes and heart disease, blindness, medicines and accessing the community safely. Staff were aware of risks associated with the people they supported and what actions to take to prevent or react to the risk.

The provider identified and assessed risks associated with where people lived. Examples of these included environmental risks, fire, electricity and security. The provider raised any health and safety concerns with the landlord on people's behalf.

There were enough support workers to cover the rota and support people according to their needs and support plans. People had support workers they were familiar with and who arrived on time and stayed for the agreed time. Support workers told us their workload was manageable. The provider covered absences by using their own bank of temporary staff with occasional agency support. This meant there was a degree of continuity for people.

The registered manager described a robust recruitment process designed to ensure support workers were suitable to work in a care setting. Staff records contained evidence the necessary checks were made. These included proof of identity, employment history, evidence of satisfactory conduct from previous employers and Disclosure and Barring Service (DBS) checks. Where the registered manager used agency staff, they received a profile from the agency which included the staff member's DBS checks and qualifications.

Where people were supported or prompted to take medicines, they told us this was done according to their agreed plans and at the correct time. Medicines support plans included individual information about how the person preferred to take their medicines and appropriate risk assessments.

Support workers received training in medicines, and the provider supplemented this with a medicines policy. Support workers recorded that people had taken their prescribed medicines on medicine administration records (MARs). The records were checked by a second support worker and any errors were reported to the registered manager. We saw two examples of people's MARs, both of which had been completed with no gaps or errors.

Is the service effective?

Our findings

People were satisfied their support workers had the necessary skills and knowledge to support them. One person said, "You just have to ask for help, and they help you." Another person described their support workers as "ever so helpful".

There was a programme of mandatory computer-based training which included fire safety, mental capacity, safeguarding adults, infection control, food hygiene, first aid and medicines. There was training for supporting people with specific medical conditions, such as epilepsy. The registered manager had records of training completed.

Support workers confirmed they received refresher training when it was due. They found the training to be relevant and fit for purpose. They felt adequately prepared to deliver care and support according to people's needs. They were able to raise training needs with the registered manager but had not identified any gaps in their training.

Staff were supported by observations, supervisions and team meetings. The registered manager told us support workers had an individual supervision meeting approximately every six weeks. At the appropriate time this would include the annual appraisal, but it was still less than a year since they and the support workers had started working for Advance Housing and Support Ltd. Support workers told us they received guidance and advice through these formal meetings and through informal support when the registered manager visited their scheme. One person told us the registered manager "visits and keeps an eye on things".

The programme of training included the Mental Capacity Act 2005. The Act 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 decisions made on their behalf must be in their best interests and the least restrictive possible. People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Act.

Staff were aware of their responsibilities under the Mental Capacity Act 2005, including the assumption that people had capacity, and if they did not decisions should be made in their best interests. None of the people using the service at the time of our inspection had a formal capacity assessment in place.

People were satisfied support workers took steps to obtain consent when supporting them. They told us they signed their care plan to show they agreed with it. Records showed support workers obtained people's consent for photographs to be taken, for medicines to be administered and for other support.

Support workers supported people to maintain a healthy diet by means of advice on nutrition and assistance with meal planning and shopping. This advice was individual to the person, for instance one

person had a speech and language therapist recommendation they should be encouraged to eat slowly. Their support workers reminded them of this at mealtimes. One person told us their support workers helped them cook and serve up their meals, and gave them suggestions if they were "stuck" for meal ideas.

People were assisted to make and attend healthcare appointments, such as with their doctor, dentist, psychiatrist and specialist hospital outpatient treatments. Support workers accompanied people to appointments with their agreement. This meant they could support the person to understand any advice given and make sure any necessary changes were made to their care plans.

Is the service caring?

Our findings

We observed people had friendly, open relationships with their support workers. People described their support workers as "a very nice lady" and "ever so nice and friendly". People said nothing was too much for their support workers. They said their support workers behaved properly and respected their wishes. They said if they wanted to go out they just had to ask. People and their support workers spoke of "having a good laugh" and making everyday tasks fun.

The registered manager and the support workers we spoke with said they had agreed to transfer to Advance Housing and Support Ltd when the provider took over these services so that people would have continuity of support. Support workers knew people well and had built up good relationships with them over time. They said they could recognise when people needed privacy and time to themselves. At these times people could go to their own rooms to be undisturbed. They paid attention to people's privacy and individuality. They saw their role as allowing people to reach their potential and develop their life skills and independence.

People told us they were involved in the writing of their care plans, and were confident their plans were appropriate to their needs. The provider sought people's consent to have family members or independent advocates join them in discussions about their care to help them make sure their views and interests were taken into account. Support workers listened to people's preferences, for instance if they declined aspects of their personal care on a certain day.

Support workers responded to people's wishes on a day to day basis, for instance by supporting them to go out for a coffee or to the pub. People told us they were supported to go out for walks, and to take part in leisure activities, such as swimming and visits to a local leisure centre. They could go and visit friends and have friends visit them. Staff supported them to visit their families. They told us of supported trips to nearby towns and cities, and to attractions including a zoo and a country park.

At the time of our visit, two people were planning a holiday with the help of their support workers. They told us how their support worker would go with them to make sure they were safe and to help them in unfamiliar surroundings. Support workers told us of other holidays and trips to visit people's families where they had accompanied people. Support workers helped people to maintain their independence. For instance, they accompanied one person who had a volunteer job in a charity shop to make sure they arrived and came home safely. Another person went out during the day to an activities centre. Their support workers received a written diary from the staff at the day centre so they knew what the person had been doing and could talk about it with them.

The registered manager told us that support workers had stayed beyond their normal working hours when people were ill, and on one occasion a support worker had stayed overnight when a person was recovering from an operation.

None of the people supported at the time of our visit had individual needs arising from their religious or

cultural background. However, the provider's assessment process took such needs into account and support workers had received training in equality and diversity. The registered manager discussed religious and spiritual needs with people, but no particular needs had been identified. They described one occasion when they had arranged a private local religious ceremony for a person following a bereavement. They had also supported another person to visit a family member's grave regularly.

Is the service responsive?

Our findings

People were satisfied they received care and support that met their needs and took their choices and preferences into account. When asked, people said they had "no complaints" and they could not think of anything they would change about the service. Another person said the service was "quite all right".

People's care plans were based on their interests, preferred activities and other choices. The plans contained information about the person's aims, the desired outcomes of their support, and actions for both support workers and the person themselves to achieve their aims. Where there were risk assessments associated with particular conditions such as diabetes or blindness, actions identified to reduce the risk were carried over into people's care plans. Care plans were written to take into account the person's own needs and preferences. They contained phrases such as "How I want to be supported" which indicated the person's own choices were taken into account. There were plans in place to show how to support people in areas such as housing and income, daily living, life skills, relationships, decisions, health and personal care.

Care plans were also in place to support people to participate in leisure activities and to pursue their own interests. These included plans concerning recreation, leisure and community, safety, education, employment and day activities. During our visit we saw some people arrive home from activities in the community and others engaged in hobbies and activities. Plans were reviewed and updated every six months or as people's needs changed.

Support workers made sure there were records of people's care in individual and personal diaries of daily support. Where they wanted to, people were encouraged to participate in the writing of the diaries and to write the entries themselves. The registered manager checked people received care and support according to their plans by reviewing these diaries and other records kept, such as shift handover records. They also carried out regular observation and supervision of staff while they supported people in their homes. Processes were in place to make sure people received care and supported according to their plans.

The service had a complaints procedure which was available to people in an easy read format. There was also a video which explained to people how they could complain. There were no recent complaints recorded.

People told us they were aware of the complaints process but had not needed to use it. They all said they were sure any complaints would be listened to. They said they would speak to their support workers first. One person said, "You just tell staff and they get on the phone for you."

Is the service well-led?

Our findings

People found the service to be friendly and caring. They told us they felt their support workers and the registered manager listened to them and their opinions were respected. Support workers described an open and empowering culture. One said, "There is good communication in our team. I feel we all value and respect each other. My manager is very approachable and fair. My opinion is valued. My colleagues all work hard to minimise disruption (to people they support) but this is not always easy." All the support workers we spoke with appreciated that the registered manager had transferred with them from the previous provider. One said the manager had helped them "stay strong" during the transfer and keep any impact on people to a minimum. The registered manager in turn felt they had received support from their support workers, and they had "stuck together" during the transfer.

The registered manager said they were supported by their line manager and they had regular supervisions. They were aware of initiatives of the provider to assist them to improve the quality of the service provided. These were included in regular management briefings they received. They included "Check Mates", a programme to help people who use the service to assess each other's support, and "PRIDE", a process to recognise staff who exhibited the provider's behaviours of partnership, respect, innovation, drive and efficiency. There were opportunities for the registered manager to meet with their peer managers in the organisation and share experiences and ideas.

The registered manager used a combination of formal and informal methods to manage the service. They spent time at the homes and flats where people were supported, which gave them opportunities for informal observations and feedback from both people and their support workers. The manager also used formal team meetings and meetings with individual support workers. We saw records of team meetings from August, October and December 2015. Support workers told us they found this management system appropriate and effective.

There were systems in place to monitor the quality of service provided. The registered manager had prepared an easy to read questionnaire for people and their families to assess the service. This covered areas such as their support, safety, complaints, communications and positive feedback. There had been no returns at the time of our visit.

The registered manager carried out monthly spot checks and other audits. These included medication records, cash records, rotas, and support workers' time recording. Each quarter they reviewed a sample of staff files and people's care files. These reviews covered support planning, risk assessments, complaints and incidents. They also looked for evidence the person was involved and included in their care planning. The results of these audits were reported to the provider, and any actions added to the manager's continuous improvement plan.

The registered manager updated the continuous improvement plan each month. The plan was audited by their line manager and completed actions were recorded as resolved. Examples of actions tracked by this method included compliance with the provider's training requirements and the transfer of support plans

from the previous provider.

In addition to the checks and audits undertaken by the registered manager, there were regular checks by the provider's head office and financial department. The provider's pharmacist had carried out an external review of the management of medicines at one of the locations where people were supported. Actions arising from these checks had been recorded and managed to completion.