

Advance Housing and Support Ltd

Osborne House

Inspection report

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Date of inspection visit: 23 September 2015
Date of publication: 19/11/2015

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 

Overall summary

Osborne House is registered to provide care for up to nine adults with learning disabilities or autism spectrum disorder. On the day of our visit there were 9 people using the service.

The registered manager has been in post since April 2014 but was on annual leave at the time of our visit. 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 and associated Regulations about how the service is run.

People spoke positively about the care they received. Comments included, "They treat me good, they are very patient, I am not rushed" and "They are very really nice, if I have a problem with anything they will help me."

Summary of findings

Staff positively engaged with people and was observed being attentive towards people who needed help. The atmosphere in the home was relaxed and people moved freely around the home, talking to each other in communal areas or spending time in their rooms.

People felt the care provided was centred on their needs and preferences. This was evidenced in rooms which were decorated to people's personal preferences. Care plans captured people's personal histories; important relationships; social interests and spiritual and cultural needs.

People said they felt safe at Osborne House and knew who to speak with if they felt unsafe. One person commented, "They treat me well and if I have a problem I will talk to a member of staff." Staff demonstrated a good understanding of how to protect people from abuse and explained the procedure they would follow if they suspected abuse had occurred.

There was sufficient numbers of staff to keep people safe and meet their needs. We heard comments such as, "When staff is sick there is someone to replace them" and "If we need staff we press the intercom and they will come."

Necessary recruitment processes and checks were in place and being followed.

People received support from staff with their medicines to ensure they were managed safely. Staff administered and recorded medicines in line with the service's medicines policy.

Staff was aware of the implication for their care practice in regards to the Mental Capacity Act 2005 (MCA). Where people were not able to make specific decisions, care records showed who had legal powers to make important decisions on their behalf. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People took part in social activities and were supported to follow their interests. On the day of our visit, we observed people preparing to go out for an evening of activity. People appeared enthusiastic and were heard talking to staff about what they should wear and asking what time they were going to leave.

People said they knew how to make a complaint and felt comfortable to do this. Staff knew how to handle complaints and confidently spoke about the procedures they would follow. This was in line with the service's complaints policy.

People were supported to maintain good health and had access to healthcare services.

Quality assurance systems were in place to improve the quality and safety of people who used the service.

Summary of findings

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 safe.

People said they felt safe from abuse and knew what to do if they had concerns.

Necessary recruitment processes and checks were in place and being followed.

There was sufficient numbers of staff to keep people safe and meet their needs.

Good



Is the service effective?

The service was effective.

People received care from staff who had the knowledge and skills to carry out their job roles.

Staff obtained consent from people before care and support was delivered.

People were supported to maintain good health and had access to healthcare services.

Good



Is the service caring?

The service was caring.

People spoke positively about the care they received.

Staff were heard speaking politely and with kindness to people.

Staff promoted people's independence and supported them to exercise choice.

Good



Is the service responsive?

The service was responsive.

Care plans were person-centred and focussed on people's individual needs.

People took part in social activities and were supported to follow their interests.

People said they knew how to make a complaint and felt comfortable to do this.

Good



Is the service well-led?

The service was well-led.

People said the home was managed well and they were informed of management changes.

Staff was aware of the vision of the service and felt supported by management.

Quality assurance systems were in place to improve the quality and safety of people who used the service.

Good



Osborne House

Detailed findings

Background to this inspection

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

This was an unannounced inspection which was carried out by one inspector and took place on 22 September 2015.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

We looked at the provider information return (PIR) which the provider sent to us. 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 also looked at all the information we have collected about the service.

We observed how staff interacted with people. We spoke with two people, two staff members, acting deputy manager and the area manager. We looked at two care records, three staff records and records relating to the management of the service.

Is the service safe?

Our findings

People said they felt safe at Osborne House and knew who to speak with if they felt unsafe. One person commented, “They treat me well and if I have a problem I will talk to a member of staff.” An easy read poster was clearly displayed in the communal area which informed people what they should do if they had concerns.

Staff demonstrated a good understanding of how to protect people from abuse and explained the procedure they would follow, if they suspected abuse had occurred. One staff commented, “I am not here to safeguard staff but our customers.”

Safeguarding incidents reviewed were reported and appropriate action was taken. This was in line with the Berkshire Safeguarding Adults procedure that was available and clearly displayed in the staff office.

Staff said they felt confident to report any bad work practices and knew what procedures to follow. Staff had signed to confirm they had read the whistle blowing policy. This policy informed staff how to report bad practices in the workplace.

People said there was sufficient numbers of staff to keep them safe and meet their needs. We heard comments such as, “When staff are sick there is someone to replace them” and “If we need staff we press the intercom and they will come.”

Staff rosters showed there was sufficient staff to support people. We noted excessive hours had been worked by casual staff. The area manager informed us this had been addressed with the registered manager in a supervision meeting and casual staff had now been given guidelines in regards to how many hours they could work. Furthermore, a recruitment drive for a permanent member of staff was underway. A review of the registered manager’s supervision notes supported what the area manager had said.

Necessary recruitment processes and checks were in place and being followed. Staff records included evidence of pre-employment checks including Disclosure and Barring Service (DBS) checks. These ensured staff employed were suitable to provide care and support to people who used the service.

Risk assessments were undertaken and in place to ensure people’s safety. Care records showed where people were identified at risk appropriate measures were put in place. For example, one person had a risk assessment to ensure there was no injury whilst cooking in the kitchen.

People’s finances were managed appropriately with their monies kept securely in the staff office.

People received support from staff with their medicines to ensure they were managed safely. We heard comments such as, “I get my medicines on time. My medicines are managed properly, staff gives me the right dose” and “I have my medicines in the morning at 8am, 5pm and 8.30pm. They manage it well.” Care records evidenced where people’s medicines were stored and how staff should administer them. We observed staff had administered and recorded people’s medicines in line with the home’s medicines policy.

People said the home was clean and staff always wore aprons and gloves when carrying out care tasks. One person commented, “The home is clean, it’s our job to do that because it’s our house.” We noted a weekly rota was in place where people were assigned various cleaning tasks.

An emergency fire plan was clearly displayed in the office. This advised staff on what action to take if there was a fire; how people should be warned if there was a fire; how to evacuate people from the building and the procedure for checking whether the service has been evacuated. This ensured people would be appropriately evacuated in the event of an emergency.

Is the service effective?

Our findings

People felt staff were experienced and skilled to provide care to them. One person commented, “They do their job alright.”

Staff received appropriate induction, training and supervision. Staff spoke positively about their induction. One staff member commented, “The induction taught me how to speak to customers; treat them with respect and dignity and carry out personal care. I had to read all their care records in order to know their preferences and how to best support them.”

Staff said the training they had received met their needs and they were supported to attend specialist courses, if there was an identified training need. We heard comments such as, “The training is sufficient for me but some new staff might benefit from both face to face training and e-learning” and “There has been a need for dementia training because some of our customers are showing signs of the early stages of dementia.”

Staff were complementary of the support they received and told us supervision meetings took place regularly. A review of the staff supervision matrix supported this. One staff commented, “I have found the deputy manager very supportive whilst the registered manager has been away.”

Staff were aware of the implication for their care practice in regards to the Mental Capacity Act 2005 (MCA). This is important legislation which establishes people’s right to take decisions over their own lives whenever possible and to be included in such decisions at all times. Staff demonstrated a good understanding of the act and knew whether people had the capacity to make informed decisions and if not, what practices and procedures they should follow.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a lawful way to deprive someone of their liberty, provided it is in their own best interest or it is necessary to keep them from harm. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Where people were not able to make specific decisions, care records showed who had legal powers to make important decisions on their behalf.

People said staff sought their consent and involved them in decisions. One person commented, “They (staff) ask if I need help with anything. I will tell them if I do or don’t.” Care records evidenced people gave the registered manager authorisation to discuss support issues with other health or social care professionals.

The service provided support to people who were considering entering new relationships. They referred people to relevant health and community services and supported people through this process. This showed that the service supported people to make informed choices and respected the decisions they made.

People said they were supported to have sufficient food to eat and drink, and were actively involved in making choices in regards to food. We heard comments such as, “I make a list of what I want to eat, and some food I can’t eat because it’s not healthy” and “We go out to the supermarket and buy what’s on our shopping list. We decide what we want and staff help us to get them.” This was supported by the staff we spoke with. Care records contained people’s nutritional needs; what their food preferences were and what support they required. For example, one person disliked spicy foods and required support with preparing meals.

During our visit we observed people being supported by staff to prepare their meals. People were able to independently prepare their own drinks throughout the day. We reviewed ‘residents meal records’ which showed what people ate for breakfast, lunch and dinner. This showed people were offered a selection of healthy balanced meals.

People were supported to maintain good health and had access to healthcare services. People in the home had health action plans (HAP). These were personal plans about what a person with a learning disability can do to be healthy. The HAPs we reviewed listed what help people might need to do things and the support they required to be healthy. For instance, one HAP noted in order for one person to maintain good health, they had to take their medicines regularly; manage their own personal care and keep attending their medical appointments.

Is the service caring?

Our findings

People spoke positively about the care they received. Comments included, “They treat me good, they are very patient, I am not rushed” and “They are very really nice, if I have a problem with anything they will help me.”

Staff were positively engaged with people and was observed being attentive towards people who needed help. The atmosphere in the home was relaxed and people moved freely around the home, talking to each other in communal areas or spending time in their rooms.

People were involved and supported in planning and making decisions about their care. One person commented, “I have a support plan, they (staff) write what we do and what they have done for us.”

People said the service met their communication needs. One person commented, “Staff explains things to me if I don’t understand.” This was supported by our observation of a staff member explaining the details of a letter a person had received. The staff member ensured the person was

able to understand the information given. Health action plans were written in an easy read format. We noted evidence of people saying staff had explained what they were and they understood the information in them.

People said staff respected their need for privacy. Comments included, “They knock on my door before they enter to ensure I am decent” and “I go in to my room. They (staff) always knock first before coming in.” This was supported by the staff we spoke with.

Staff promoted people’s independence and supported them to exercise choice. One staff member commented, “When I first started working here I used to do everything for people. I learnt very quickly this was not helping people. We assess to see what people can do for themselves and support them in areas they require help.” Staff told us people made choices daily in various aspects of their lives. This covered areas such as food; activities they wanted to do or clothes they wanted to wear.

The service captured people’s preferences in regards to end of life and where people were not ready to discuss this area, this was clearly recorded. After our visit, the registered manager provided us with information which confirmed staff had received relevant training.

Is the service responsive?

Our findings

People felt the care provided was centred on their needs and preferences. This was evidenced in the way people's rooms, which were decorated to people's personal preferences. For example, some rooms were decorated either in the colours of people's choice or in the colours of their favourite football teams.

Assessments of people's support needs were comprehensive, captured people's preferences; choices and provided them with sufficient information about the service. For instance, we noted one person had indicated they had been given enough information about the service during their assessment. The person signed the assessment to confirm staff had spoken to them about their care and support needs; choices; wishes and preferences.

Care plans were person-centred and focussed on people's individual needs. These captured people's personal histories; important relationships; social interests and spiritual and cultural needs. Preferences in respect of daily routines and any particular care or health issues were detailed in order that they could be taken into account in the way care and support was provided.

Care records showed people's care needs and risk assessments were regularly reviewed. We noted a review meeting on 3 February 2015 attended by a person; their relative; a staff member and all relevant health and social care professionals involved in the person's care. The review meeting detailed the person's progress and what further support was required.

Staff told us how they responded to people's needs. For instance, one staff member commented, "One person who has a medical condition had an infection. We ensured the appropriate medicine was regularly administered and the infection eventually went away."

People took part in social activities and were supported to follow their interests. We heard comments such as, "If I want to go for a day out, all I need to do is tell staff and they will arrange it" and "I use to work on an allotment with my parents. I bought some roses in a pot and I water them every day." One person liked to go to the cinema but was not confident taking public transport by themselves. The service arranged for the person to attend a course on how to use public transport and road safety. The person successfully completed the course and can now independently visit the cinema.

On the day of our visit, we observed people preparing to go out for an evening of activity. People appeared enthusiastic and were heard talking to staff about what they should wear and asking what time they were going to leave.

People said they knew how to make a complaint and felt comfortable to do this. One person commented, "I feel alright so far, I will go straight to the manager if I was not happy." Another person commented, "If I want to complain I know what I should do."

Information in regards to how to make a complaint was in easy format and visibly displayed in the communal notice board. Staff knew how to handle complaints and confidently spoke about the procedures they would follow. This was in line with the service's complaints policy.

Is the service well-led?

Our findings

People said the home was managed well and they were informed of management changes. We heard comments such as, “They (staff) are doing well” and “It’s managed very well. The manager (registered) listens to what we have to say.”

Staff said they knew the vision of the service. One staff member commented, “I definitely think all staff are aware of the aims of the service. We promote and support people to live independently.” This was supported by a poster displayed in the staff office which showed the aims and objectives of the service, which was to develop people’s individual skills with a view of increasing their independence.

Staff felt supported in their job roles and said they were kept up to date with changes within the service. One staff member commented, “If there’s an issue I need to know about, I am kept informed. Likewise, I can talk to management about any concerns I have.” We noted policies such as safeguarding adults and whistle blowing signed and dated by staff to confirm they had read and understood them.

People confirmed they were asked for their views about the service at weekly house meetings. We reviewed the minutes of a house meeting held on 23 May 2015 which supported what people had said. This evidenced discussions held with people regarding changes in senior management; maintenance issues and what people thought about the service. We noted people’s feedback was positive.

One person did not think the service always acted on feedback given, as they had not received any response to a suggestion they had made at a house meeting. We reviewed the minutes of house meeting held in July 2015 which recorded what the person had suggested. The area manager informed us this had been brought to their attention by the registered manager in a supervision meeting. It was agreed that there was sufficient budget to act on the person’s idea and once the registered manager returns from annual leave, they will provide feedback to the person. A review of the registered manager’s supervision meeting note confirmed what the area manager had said.

Quality assurance systems were in place to improve the quality and safety of people who used the service. Health and safety inspections were undertaken by the registered manager to ensure people and staff were kept safe. A review of an inspection carried out in May 2015 showed various checks were carried out in various parts of the building to ensure fire security precautions were in place; halls, stairs and kitchen were safe. Accidents/incidents/near misses were captured and recorded, with dates and times events happened; dates they were reported and what action was taken. The staff communication book ensured all staff was kept up to date in regards to what’s happening in the service. We noted clear instructions for staff to read the book before they started their shifts.

The service had systems in place to capture complaints. A review of the complaints log showed all complaints received were responded to appropriately.