

# Advance Housing and Support Ltd

# Advance Cornwall

## Inspection report

16 & 17 Woodbine Farm Business Park  
Truro Business Park  
Truro  
TR3 6BW

Tel: 01209610003

Website: [www.advanceuk.org](http://www.advanceuk.org)






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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people, and providers must have regard to it.

### About the service

Advance Cornwall is a domiciliary care agency. The service provides personal care to people living in their own homes and flats and to people living in a 'supported living' setting, so they can live as independently as possible. The service was supporting seven people who received personal care who lived at three different supported living settings, Tolvean, Albi Court and Phernyssick.

People's care and housing are provided under separate contractual arrangements. The CQC does not regulate premises used for supported living; this inspection looked at people's care and support.

Not everyone using the service received a regulated activity; CQC only inspects the service being received by people who are provided with the regulated activity of 'personal care', for example which includes help with tasks such as personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right Support, right care, right culture.

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.

### The Right support:

The model of care and setting maximised people's choice, control and independence. The supported living settings had easy access to the local community and amenities. Staff supported people to make choices about their daily lives and engage in activities that were tailored to their individual needs and promoted their independence. People were supported to maintain and develop relationships. Staff understood the importance of respecting people's diverse needs and promoting independence. People received support to maintain good health and were supported to maintain a balanced diet where this was part of their plan of care. Risks were identified and recorded. One person had been identified as, 'deteriorating' and 'at risk of falls,' and another person required two staff to use equipment during transfers. We requested a current moving and handling risk assessment and there was no record of recent review, to respond to reports of deterioration. Staff were not always provided with accurate direction and guidance to help reduce

recognised risks. We were provided with the required risk assessments following the inspection visit. The assessments were dated the 24 October 2022, the day of the inspection. People were supported by enough staff on duty who had been appropriately trained. People received their medicines in a safe way. However, there was some staff training which was out of date. People were protected from abuse and neglect. People's care plans were clear and up to date. However, some risk assessments had not always been consistently recorded and regularly reviewed.

#### Right care:

People were supported by staff who had been appropriately trained and were skilled in their role. People received good quality person-centred care that promoted their dignity, privacy and human rights. There was a strong person-centred culture within the staff team. Support plans had been created for each person to help ensure consistent approaches were used by staff when supporting people. Staff knew people well and demonstrated an understanding of people's individual care, behavioural and communication needs. This helped ensure people's views were heard and their diverse needs met.

#### Right culture:

The provider was in the process of implementing organisational and management changes. This involved a new management structure, focusing on compliance and standardising record keeping and consistent processes and procedures. New electronic systems were in the process of being implemented. However, we found inconsistencies in how information was currently being recorded, stored and monitored by staff and managers.

The service was working with many different systems and processes and there was not yet a consistent process in place which enabled effective overview and monitoring of the service by the registered manager.

There were sufficient staff to support people. The service was trying to recruit to four posts at the time of this inspection. People always received their planned support with no one reporting any failure in staff being present as expected.

The provider had implemented quality assurance systems to monitor the quality and safety of the care provided. People and relatives had been asked for their views and experiences of the service provided by Advance Cornwall.

Support workers' managers worked closely with them and carried out supervision to monitor their performance. Staff told us they felt well supported and enjoyed their work.

Staff created an environment that inspired people to understand and achieve their goals and ambitions.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection:

We registered this service on 24 September 2021 and this was the first inspection at a new location. The last inspection of this service, under the same provider, was rated good (published 24 January 2018)

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

**Good** 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** 

# Advance Cornwall

## Detailed findings

### Background to this inspection

#### Inspection team

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

#### Inspection team

The inspection was carried out by one inspector

#### Service and service type

This service provides care and support to people living in three 'supported living' settings. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager registered in post.

#### Notice of inspection

We gave the service three days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

Before the inspection, we reviewed information we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information

about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

During the inspection we reviewed four people's care plans and risk assessments. We reviewed staff training and supervision. We also reviewed other records relating to the management of the service. We spoke with two people who were supported by the service, 10 staff including the registered manager, the head of operations for the South West, who is also a registered manager, and the operations manager for the east of Cornwall.

We spoke on the phone with two relatives of people who were receiving support from Advance Cornwall, about their experience of the care provided. We spoke with three healthcare professionals.

# 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 of this newly registered service. We have rated this key question requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks associated with people's care needs were identified, assessed and recorded. However, one person recently identified as, 'deteriorating' and 'at risk of falls,' and another person who required two staff to use equipment during transfers, did not have the required risk assessments present in their support plans. The registered manager was unable to find a current moving and handling risk assessment for either of these people. We asked for staff to be contacted at people's homes to check if this assessment was present in their support plans. It was agreed that the risk assessments were not present. This meant risks were not regularly recorded as reviewed and updated and staff were not provided with accurate direction and guidance to help reduce recognised risks. This concern had not been identified prior to this inspection. The registered manager took action to create these risk assessments for both people following the inspection. We found no evidence of harm to people as a result of this concern.

The failure of the provider to ensure systems and processes were implemented, established and operated to assess, monitor and mitigate the risks relating to the health, safety and welfare of the service users is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- One person had been identified as being at risk of choking. There was a risk assessment recorded detailing the action staff were to take to help ensure this risk was reduced.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- A rota system was used effectively and consistently, which resulted in people receiving safe and timely care. People had agreed the times of their support and no one reported ever having had any missed support hours.

### Using medicines safely

- Some people had been prescribed medicines. Most people were able to take these independently. Some needed prompting and some needed support to access medicines and apply creams. Staff completed Medicine Administration Records (MAR's). We were told these were checked regularly however, there was no recorded evidence of this being done formally.
- There was no formal audit process in place for the registered manager to effectively and regularly monitor all aspects of the recording and management of medicines. This meant any errors would not be identified in

a timely manner.

- Not all staff had received training in medicines administration. It was agreed with the registered manager and the head of operations for the South West, that six staff were over a year overdue for their medicine's management update training. Staff were able to complete this training online. We were told staff training was monitored by the provider. This had not been identified prior to this inspection. This meant we were not assured that staff training was effectively monitored. We found no evidence of harm to people as a result of this concern.

The failure of the provider to effectively assess, monitor and mitigate risks relating to the health, safety and welfare of service users contributed to the breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- People and relatives confirmed that medicines administration was supported well by staff. No one reporting not receiving their medicines as prescribed.

#### Staffing and recruitment

- There were sufficient staff employed to meet people's needs. People, relatives and healthcare professionals confirmed this.
- The staff said they covered any sickness or annual leave and worked additional hours were possible, so people had staff they knew and trusted. However, the service had used agency staff to cover vacant posts.
- Recruitment processes and procedures were all handled by head office. Personnel records were held at head office and were not available for review at the office of Advance Cornwall. Interviews were carried out at the person's home with their involvement. Staff confirmed they had an induction and a period of shadowing until they felt confident working with people alone.

#### Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. Relatives were confident their loved ones were safe being supported by Advance Cornwall.
- Staff had received training in safeguarding and whistleblowing. Staff understood to report any concerns they had to the management team.
- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

#### Preventing and controlling infection

- Staff had been provided with infection control training and followed good infection control practices. Staff confirmed they held sufficient stocks of personal protective equipment (PPE).
- People and relatives confirmed staff always wore PPE to support them when delivering personal care.

#### Learning lessons when things go wrong

- There were processes in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.
- The registered manager told us they would be aware of any complaints or concerns raised. No complaints were in process at this time



# 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 of this newly registered service. We have rated this key question good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessment of people's needs met the requirements of the Equality Act. This meant that practices in the service took steps to ensure there was equal access to good quality care and support to all people who used the service, irrespective of any protected characteristics such as disability, gender, race etc.
- Needs assessments reflected people's physical, mental and any additional needs. They reflected people's individual choices and guided staff on how to effectively provide support that suited people.
- People, their families and relevant health and social care professionals were all involved in creating the support plan which helped ensure that the person's needs were understood and could be met.

Staff support: induction, training, skills and experience

- People received effective care and treatment. Most staff had received required training. Staff explained that there was an electronic system that recorded all their training and prompted them when an update was due. Staff told us, "There are regular training updates that need to be done, we get a message when they are due."
- There was an electronic system that recorded staff training. However, as detailed in the Safe section of this report it was not always effective in ensuring all staff training was completed in a timely manner.
- New staff were supported to complete induction training. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.
- Staff meetings took place. Staff felt they were well supported.
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place between staff and their managers. The provider shared their plans to improve the staff supervision record template to ensure all aspects of staff support are considered.

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

- People were supported with their dietary needs where this was part of their plan of care.
- People's preferences and dietary requirements were recorded in their support plan. Experienced staff knew people's needs well. One staff member told us, "(Person's name) is very keen to go out for a burger" and "(Person's name) loves to go to Aldi to get their shopping and then we help them to make a meal."
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. One healthcare professional told us, "I was pleased when staff contacted us as they were concerned (Person's name) was choking when eating and drinking. I carried out an assessment and provided them with some support."

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported in accordance to the requirements of MCA. Staff took the least restrictive option when supporting people to stay safe and independent. They sought people's consent before they delivered care and support to them.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's best interests.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff promptly referred people to other professionals when their needs changed. This helped ensure people could get support as required from health or social care professionals. We spoke with two healthcare professionals who confirmed they had been contacted appropriately in a timely manner for guidance and support.
- People's preferences, likes, dislikes, were recorded in their support plans.

# 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 of this newly registered service. At this inspection we have rated this key question good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were friendly, polite and respectful. People were treated with kindness and compassion and their privacy and dignity were promoted. Staff respected people's equality and diversity.
- Where people were unable to express their needs and choices, support plans detailed their ways of communicating. Staff were knowledgeable about how people communicated.
- Experienced staff knew people well and had established positive and caring relationships with the people they supported which helped them to deliver good, person-centred care that met people's needs.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. Comments included, "They (Staff) are kind" and "I am happy with them."
- Relatives told us that staff promoted people's independence and respected their right to make choices for themselves. Healthcare professionals also confirmed this.

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

- People were supported to express their views and be actively involved in making decisions about their care and support. The provider had conducted a survey of people views and experiences and an action plan had been created to address any issues that came from this process. People's responses were mostly positive.
- People were able to choose how they spent their time. We were told how people were supported to go kayaking, swimming and have holidays. Relative's comments included, "(Person's name) is always out, they don't like to be in too much."
- The provider carried out regular reviews of people's views and experiences and audited the responses.
- Most staff had worked for the service for many years and told us they were well supported, and their views were sought at meeting and one to one's. Staff we spoke with were happy working at the service and positive about Advance Cornwall.

# 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 of this newly registered service. The rating for this key question is good.

This meant people's needs were met through good organisation and delivery.

### Planning personalised care

- There was information held in care plans which showed people's needs, routines and preferences. Care plans were detailed and personalised.
- Staff and relatives confirmed that a support plan was present in people's homes. We found that information held in people's homes on paper, was not always consistent with what was held electronically by the registered manager. We were assured that the provider's improvement plan is focusing on standardising recording practices and this would be prioritized.
- People and families were involved in the review of support plans. One staff member told us, "At the last review we had a conference call with (Person's name) on loud speaker so they could share their views and plans."
- People told us staff supported them well.
- Staff were confident that they knew people well and were meeting their needs. They were aware of changes which took place in their mood or care needs and knew how to support them in the way which suited the person.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included their communication needs and how best to achieve effective communication. Some people were not able to fully communicate verbally and so support plans detailed how the person communicated and how they liked to receive information.
- People, relatives, staff and healthcare professionals confirmed that information was provided by staff to people in a manner that they could understand and process it easily.

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

- People were supported to access activities within and outside the service. People had restarted some activities following the lifting of COVID-19 restrictions.
- Staff supported people to maintain relationships with their family and friends.
- Staff were committed to supporting people to live as full a life as possible by helping people to fulfil their wishes and aspirations. Staff told us, "We recently supported a person to learn a new skill. We did this over a

period of time, and now the person does not need us to support them anymore."

- Support plans recorded information about people's interests, past hobbies and what they enjoyed doing with their time.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to complain if they needed to. Relatives told us, "I just have to pick up the phone and it is sorted."
- No complaints were in process by the service at the time of this inspection. Many compliments had been received from people and their families in a recent survey.

End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection.

# 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 of this newly registered service. We have rated this key question requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider was in the process of implementing organisational and management changes, by putting additional support networks in place. This process had commenced in January 2022 and meant that all management staff had been required to apply for new posts. New electronic systems were also in the process of being implemented. We found inconsistencies in how information was currently being recorded, stored and monitored by staff and managers.
- Comments from staff included, "We did get training on how to use the new electronic care record system but I have to admit I still need to find out what should be in the homes, on the electronic system, or both. So, I am not clear at the moment" and "It has been tricky, we are not there yet."
- There was a difference across the various areas regarding how information was held. One staff member told us they had all their support plans with risk assessments on the electronic system with no paper records held except where agency staff were being used or where a person is having 24/7 care provided. Another told us they did not yet have a clear understanding of how all information should be held and where.
- No support plans were held on paper at the office. The registered manager had access to electronically held information.
- New auditing and monitoring programmes had been set by the provider to focus on compliance and quality. The head of operations South West confirmed what was intended to be produced by the managers. One of the registered managers had been in post for 8 weeks, however, the second of the two registered managers (now also Head of Operations) nor a third (also new to post) were unable to provide evidence of audits they had completed at Advance Cornwall.
- We were told that the new electronic staff training system, generated reports directly to the registered managers indicating when staff required training updates. However, this had not highlighted that six staff were over a year out of date with their medicines training. The registered manager immediately arranged for these staff to complete this electronic training, but this concern had not been identified prior to this inspection.

The failure of the provider to ensure systems and processes were effectively established and operated to assess, monitor and improve the quality and safety of the services provided is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The service had a manager registered with CQC.

#### Continuous learning and improving care

- The provider had created an operational improvement plan to monitor the implementation of the new management roles and improved oversight processes. The plan had set completion dates for each issue which demonstrated an intention to complete necessary improvements in the next few months.
- The head of operations South West was keen to assure us that they were aware of the concerns we identified at this inspection and that they were working on improving oversight and monitoring of consistent systems and processes.

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

- People, relatives and healthcare professionals were complimentary about the service provided by Advance Cornwall staff.
- The culture of the service was open and transparent. Concerns identified during this inspection was responded to immediately by the registered manager.
- The registered manager was very committed to providing the best care and support to people.
- Staff were positive about the management support provided to them.

#### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour requirements and ensured information was shared with the relevant people when concerns were identified.
- The registered manager had notified CQC of any incidents in line with the regulations.

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

- People had been asked for their views on the service. People's feedback was positive.
- We spoke with healthcare professionals, people and staff. Comments included, "They are organised and refer to me if there are any concerns," "They (Staff) are very helpful," "I feel very well supported," "We are like a family, we all support each other" and "I am very happy here it is good."
- Staff told us that they felt valued and supported by the management team. Staff had regular opportunities to share information and their views. They told us they enjoyed working at the service. Staff comments included, "(Manager's name) is my 'go to' person if ever I need any help with anything" and "I am very happy that's why I have stayed for so many years with this company."

#### Working in partnership with others

- The service had established good working relationships with professionals including health and social care professionals and commissioners of care to ensure good outcomes for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems and processes were effectively established and operated to assess, monitor and improve the quality and safety of the services provided, and mitigate risks.</p>