

Advance Housing and Support Ltd

# Advance Lincolnshire

## Inspection report

Kitwood Road  
Boston  
Lincolnshire  
PE21 0PX

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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

### About the service

Advance Lincolnshire is a domiciliary care service providing care and support to older people and younger adults, as well as people who may be living with a learning disabilities or autistic spectrum disorder, dementia, mental health need, or a physical disability.

Not everyone using the service receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection only one person was being supported with personal care.

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

People continued to receive a good service. They were safe from harm. Systems and appropriately recruited staff supported this. People's risks were safely managed. Sufficient numbers of staff were employed to support them in taking risks. People were safely supported with handling medicines and keeping their homes clean.

Staff were trained, skilled and well supported by the provider. People had good relationships with the staff who protected their rights to lead a normal life. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us staff were kind and caring. People were respected, staff championed their privacy and dignity and encouraged their independence in all aspects of life.

Staff were motivated to provide person-centred care based on people's choices and preferences. They were dedicated and praised for this by health and social care professionals. People were supported to do the things they wanted to. Any dissatisfaction in receiving the service was addressed and resolved.

People had the benefit of a service that was positive, inclusive and forward-looking. There was a registered manager and a management team who maintained checks on how well the service was provided. Documents held in the office were secure to ensure confidentiality of people's information.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service continued to meet the characteristics of good in all areas.

For more details, please see the full report which is on the CQC's website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

At the last inspection service was rated Good (report published 9 July 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our Safe findings below.

**Good** ●

### **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 well-led.

Details are in our Well-led findings below.

**Good** ●

# Advance Lincolnshire

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Notice of inspection

We gave 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection. Inspection activity started and finished on 3 July 2019, when we visited the office location.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person that used the service, the registered manager, unit manager and two support staff. We looked at one person's care records in full. This included medication administration records and daily notes. We looked at six staff's recruitment, induction, training and supervision records as well as other records relating to the management of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. Staff were trained in safeguarding people from abuse and the systems in place safely managed any safeguarding incidents. This was confirmed by conversations with staff and records seen.
- Staff demonstrated knowledge of their safeguarding responsibilities. Office staff were competent in handling safeguarding incidents and referring them to the local authority safeguarding team.
- Notifications were sent to CQCs of events and incidents the provider was legally required to send.

Assessing risk, safety monitoring and management

- Risk assessments reduced people's risk of harm. Staff monitored people's safety and reported any concerns to the unit manager to act on. They amended risk assessments and practice as necessary.
- Accidents and incidents were monitored and analysed for trends to reduce their reoccurrence.

Staffing and recruitment

- The provider operated a safe recruitment system and made sure security checks were completed before staff worked with people.
- Staffing numbers were sufficient to meet people's needs. Staff continuity was maintained with visits, as the staff team was small and staff turnover was low.
- Rotas were well managed by the unit manager. Staff covered each other's absences.

Using medicines safely

- The provider was not responsible for managing people's medicines. However, they maintained records of when people took their medicines. This was to ensure people were monitored for any future support they may need and to help with remembering to take medication.

Preventing and controlling infection

- People were protected from the risks of harm by staff operating good infection prevention and control practices and following good food hygiene guidelines.
- People confirmed they received the safe support they needed with personal hygiene and handling food.

Learning lessons when things go wrong

- The provider encouraged staff to learn lessons from any events or incidents that resulted in poor outcomes for people, to make sure they did not reoccur. While such outcomes were few the approach from the whole staff team was one of unity.
- Records were maintained of any errors that had occurred as well as ways to prevent their reoccurrence.

Conversations with staff and viewing the records held confirmed lessons were learnt to avoid further errors.

# 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.

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

- People received effective, safe care. People had a comprehensive assessment of their needs carried out and these were consistently documented. Care plans provided enough information to guide staff and support good practice.
- People gave positive feedback about the effective support they received. They told us, "The carers do a good job. They are thorough and help me with whatever I need."
- Staff monitored people's needs and provided flexible support, for example, to make sure they attended medical appointments or sought emergency medical attention if needed. Their rights were respected and their diverse needs were supported in a way that made sure they were not discriminated against.
- People's environment was assessed and reviewed where necessary to ensure it was suitable.

Staff support: induction, training, skills and experience

- People were supported by staff that had the experience and knowledge to effectively carry out their roles. Staff completed an induction and appropriate training. They received supervision and annual checks of their performance.
- Staff confirmed the training they completed in conversations with us. Documents we saw provided further evidence that staff training and supervision was monitored, reviewed and updated.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were effectively supported with food planning and preparation and making healthy choices with their nutritional needs. They told us they decided on their own meal arrangements. Where anyone had specific dietary needs, these were well supported.
- Services of healthcare professionals were accessed as required and staff maintained good working relationships with healthcare professionals for the benefit of people they supported.
- Staff supported people to maintain healthy lifestyles of their choosing.

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

- Staff worked well with other agencies, health care professionals and social service officers. They spoke of examples where people had received the service for a length of time before successfully moving to independent living.
- The unit manager and staff worked closely with Mencap and the Lincolnshire Partnership Trust. (A step-down service that commissioned with the service, where people received support from six months to a year after leaving hospital before going home again.)



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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- The provider met the requirements of the legislation. People were involved with important decisions about their care. Staff gained people's consent before supporting them. No one was the subject of a court order at the time of the inspection.

# 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.

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 received the care and support they needed from caring staff. People said, "Staff are really nice. They care about me."
- Staff confirmed the approach they use with people, explained they cared for people how they would wish to be cared for themselves and demonstrated empathy. Staff had life experiences to draw on to help them in the support of people.
- Staff demonstrated good understanding of people's diverse needs and stated people and staff were respected and valued whatever their race, religion, disability, gender or sexual orientation.

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

- People told us they led the way in how they wanted their care and support delivered. They made choices about personal care, any domestic needs and what they wanted to eat and when.
- People told us they expressed their likes or dislikes for personal support, nutrition and interaction and staff respected these. Support plans contained clear information on how care was to be delivered.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected and they received support, especially personal care, in the privacy of their bedroom or bathroom. Independence was fully encouraged. A person remarked, "Staff are polite and discreet. They always respect my dignity."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

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

- People received person-centred care which was responsive to their needs. A person explained, "The staff are really good. They give me plenty of time and help me where I need it."
- Staff had a good understanding of the people they supported, their likes, dislikes and personal preferences.
- People had regular reviews to make sure the care and support continued to meet their needs.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's communication needs and how best to share information in a way they would understand.
- The provider made sure people had accessible information, for example, about how to complain about the service and what they could expect from staff. Staff talked about examples where people had been supported with information in a format they could understand.

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 fully supported with relationships and engaging in activities and pastimes. Staff understood people's needs to prevent isolation and had explored avenues and technology to help improve their experiences.
- Staff also acted as befrienders where people had no family or friend connections and demonstrated a genuine concern to ensure people received visitors or were supported out. Staff encouraged people to take up education or work opportunities.
- People who did establish and build relationships were supported in these.

Improving care quality in response to complaints or concerns

- The provider effectively managed people's complaints. They had listened and responded to complaints. Systems included a policy, a procedure, records of complaints made to the service and responding to people in writing once an investigation was complete.
- People felt confident speaking with the provider and told us they knew how to complain if they needed to.

One person explained, "If I have a problem I speak to the staff or the unit manager. They always deal with it."

#### End of life care and support

- We were told there had been very few incidents of people coming to the end of their life while receiving a service from Advance Lincolnshire. Information we received showed people would be sensitively supported and provided with the equipment, medical intervention and medication they needed for a peaceful death.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider promoted a positive, open and person-centred culture. The expected values and behaviours of the service, PRIDE values, were known and signed-up to by staff. In 2017 the service had achieved an internal PRIDE award.
- Staff worked well as a team and were proud of their performance in maintaining a good quality service.

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 provider was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

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

- Staff were clear about their roles. They received information on induction and throughout training about what was expected from them. New staff were introduced to people who used the service while shadowing other staff members.
- Various quality checks were made on service delivery: using telephone calls, spot checks, audits and surveys.
- The provider was aware of their registration requirements. They had informed appropriate agencies and organisations of events that happened at the service or to people while being supported by staff.

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

- People were engaged and involved in their care with full consideration of their diverse needs. Difference was fully understood and respected. People told us they were involved in discussions about their care and experienced good communication with staff. Everyone understood each other's expectations for sharing information.
- There were satisfaction surveys for people to complete and these had been analysed each year to show levels of satisfaction. Results for 2018 showed responses were positive in more than 85% of cases for the service and where shortfalls were identified, an action plan was set up to address them.
- The provider operated a staff reward scheme and showed appreciation of staff commitment with an annual PRIDE award celebration involving the organisation. There was soon to be a more specific 20-year celebration for Advance Lincolnshire.

- The provider held internal management meetings to discuss operational matters and staff meetings to share their agreed vision and intentions for future care delivery.

#### Continuous learning and improving care

- The service's internal quality audit tools helped the provider rate the service's performance and look to planning ways of improving future delivery. Senior staff also attended 'away days' on improving quality.
- Internal quality audits showed the service consistently achieved its targets. An action plan was produced to address any shortfalls.
- Staff learned from experience and shared their learning in meetings. They were signed up to reflecting on their performance and improving it where possible.

#### Working in partnership with others

- The provider and staff worked well with other health and social care professionals. They attended the care forum meetings run by the local authority.
- The local authority contracted with the service and purchased care packages. They were satisfied with the relationship they held with Advance Lincolnshire.