Advance Housing and Support Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 22 and 30 March 2016 and was announced. At our last inspection on 16 September 2014 the service was meeting the regulations we checked.

Advance Housing and Support is a supported living service for people with learning disabilities who live in their own homes in the community. At the time of our inspection, the service was providing care and support to 37 people, of whom 33 lived in one of 11 supported living services with an onsite office.

The service had a registered manager. 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.

The provider used person centred planning and accessible communications to ensure that people's support met their needs and wishes. Where people did not have capacity to make decisions about their care and support, we could see that they were still involved as much as possible in the process and that staff were working in line with people's best interests. We saw that people were supported to make day to day choices and people's dignity was promoted and respected by staff.

Risks to people were assessed and reviewed regularly, and measures put in place in order to manage risks, such as choking and people who may be at risk of injury. The provider used safer recruitment processes and checking of financial records to reduce the risk that people may be abused. We saw that staff had a good awareness of their responsibilities to safeguard people. Relatives we spoke with felt that the service was safe and had never had a concern about their family member's wellbeing or safety.

Staff had received adequate training to allow them to carry out their roles. We saw that staff were skilled at supporting people, including people with behaviour which may challenge the service. This was done through the use of positive behaviour support plans and appropriate levels of support to keep people and others safe. People were supported through health action plans to maintain good health and nutrition and the provider worked closely with health professionals to maintain good health. Where people were at risk of malnutrition or dehydration, staff monitored people's food and fluid intake and managed these risks appropriately.

The provider had a detailed system of audits for maintaining good quality care which kept people safe. Medicines were recorded and managed appropriately, however in a small number of cases we found discrepancies in medicines records which had not been detected by audits.

People and their relatives were confident that they knew who to speak with if they had a complaint or a concern, and we saw that these were addressed appropriately in a timely manner. Staff were able to demonstrate that they met people's needs on a daily basis, and we saw that the provider adapted and

responded to people's changing needs. There was an open and positive culture between managers, staff, people who use the service and their relatives. This was maintained through good communication and regular staff meetings and supervision, as well as maintaining a strong management presence on each site.

We have made a recommendation about how the service carries out audits of how people's medicines are administered and recorded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe. In a small number of cases, we found discrepancies in the recording of medicines. There was not always a robust system of audit to ensure that these discrepancies were detected and addressed accordingly.

The provider had detailed measures in place to promote people's safety. This included detailed risk assessments which were reviewed regularly, and the use of behavioural support plans and guidelines for safer eating and drinking.

The provider followed safer recruitment processes to safeguard people who used the service. Staff understood their responsibilities under safeguarding. Relatives told us that they felt this was a safe service.

Is the service effective?

Good

The service was effective. Staff underwent an induction and attended regular training to ensure they had the correct skills for their roles.

Staff were working in line with the Mental Capacity Act 2005 and where people did not have capacity demonstrated that it was working in people's best interests.

People were supported to maintain a balanced diet, and where people were at risk of dehydration or malnutrition, the provider put guidelines in place and monitored people's weight, food and fluid intake.

The provider used health action plans to promote improved health outcomes for people who used the service.

Is the service caring?

Good

The service was caring. We saw that person centred planning was used effectively to promote people's choices and independence.

The provider used accessible formats to allow people to be involved in their support planning as much as possible. People were treated with respect, and equality and dignity were ensured

by staff. People were supported to maintain social contacts, access the community and go on holidays of their choice.

Communication passports were used to ensure good communication between people who used the service and staff.

Is the service responsive?

Good

The service was responsive. Staff used essential lifestyle planning to record people's dreams and wishes. Where people's needs had changed, the provider was able to provide additional support to allow people to remain in their homes safely. Support logs were bespoke and showed that people received the support they needed on a daily basis.

People felt confident in approaching managers to discuss a complaint or concern, and complaints were addressed and recorded appropriately.

Is the service well-led?

Good

The service was well led. There was a positive and open culture between staff, managers, people who use the services and their relatives.

Staff received appropriate monthly supervisions, appraisals and team meetings to discuss and develop their practice. Managers were visible and approachable throughout the service.

Quality assurance measures were strong in most areas of the service, but the auditing of medicines in some areas was not adequate to detect errors.

Advance Housing and Support Ltd

Detailed findings

Background to this inspection

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

This inspection took place on 22 and 30 March 2016 and was announced. The provider was given notice because the location provides a community based care service; we needed to be sure that someone would be in.

The inspection was carried out over two days by a single inspector. On the first day we visited the registered office, and on the second day we visited two of the dedicated blocks of flats where the service provides support to people. A second inspector made phone calls to staff and relatives of people who use the service.

Prior to the inspection we looked at information the Care Quality Commission (CQC) held about the service. This included notifications of significant events sent to CQC since the last inspection in September 2014. We reviewed the care files of 10 people who use the service and personnel records of four staff. We spoke with five people who used the service, four of their relatives and eight members of staff by telephone, and met with the registered manager, two deputy managers, two co-ordinators, and two scheme managers. We contacted four commissioners from local authorities who worked with the service. We reviewed records relating to the management of the service, including records of staff training, rotas, health and safety checks and audit records.

Requires Improvement

Is the service safe?

Our findings

All of the relatives we spoke with said they had never had a concern about their family member's safety, wellbeing or welfare. One relative said, "This is the best place they've ever lived. I never worry about them here, they're in good hands." Relatives told us how they would raise a concern with a manager if they had a concern relating to safeguarding and said they were confident they would be listened to. Each site had a manager based on site, this meant that the safety of the building could be monitored, and managers could be certain that staff had arrived when they were scheduled to do so.

All staff had received up to date training on safeguarding adults. All of the care workers and link workers we spoke with were able to tell us confidently about their responsibilities with regards to safeguarding. Staff told us that they had been given in-depth training on the principles of safeguarding and they knew who to contact for additional support if they had concerns about a person's welfare. One link worker told us, "There is no shortage of professionals to contact if we have a safeguarding concern. My manager is very approachable and I would have no problems contacting them. I could also contact the local authority safeguarding team if that was appropriate. What I'd do would really depend on the situation but I would always want [the person's] safety to come first."

Staff we spoke with had a good understanding of the provider's whistleblowing policy and were able to tell us how they would use it in practice. They told us that the culture of the organisation meant they felt confident and motivated to do so.

The staff files we reviewed showed that the service followed safer recruitment processes. This meant that staff were required to provide proof of their identity and eligibility to work, and that the provider had obtained a full work history and references from previous employers. The provider carried out Disclosure and Barring Service (DBS) checks before staff started working in the service and every three years after this point. The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions.

We saw that managers were carrying out fire drills monthly in each of the premises along with regular checks of the building's safety. A yearly fire inspection was carried out alongside checks of portable appliances and gas safety. Staff had a good awareness of safety processes, including their responsibilities in keeping living environments safe from hazards. We spoke with a relative about this. They said, "I can't fault them [staff] at all, the home feels very safe to me." Another relative described the living space as "very secure" and another said, "One of the reasons I chose this home was because of the high standard of security. There's an intercom and staff are really switched on about keeping everyone safe." Where a risk had been identified, staff had responded to this appropriately. We saw that risks to people who used the service covered areas such as accessing the community safely and safer moving and handling, these were very detailed and reviewed regularly and as the person's needs changed.

Where people displayed behaviour which may challenge the service, staff had assessed these risks and taken appropriate measures, such as providing two staff to allow the person to access the community

safely. The provider had drawn up positive behavioural support plans which were reviewed at least yearly. These provided information of a high standard as to the early signs that a person was at risk of becoming upset or angry, an outline plan to reinforce positive behaviour and how best to support people at these times to reduce the risk of the behaviour occurring.

When incidents had occurred, these were recorded in the ABC form. The Antecedent Behaviour Consequence form is used to assist health and social care staff with analysis of behaviour that challenges, giving information about the build-up to the incident as well as its resolution. This enabled staff to review the positive behavioural support plan if needed. Where a person was at risk of injury such as bruising to their skin, guidelines were in place for how to minimise this risk, and where it had occurred staff had thorough recording in place, including the use of body maps. This had lead in some cases to the guidelines being reviewed to reduce this risk further.

When people were at risk from choking, we saw that the service had worked with speech and language therapists in order to assess these risks and provide guidelines for staff on how to support people safely with eating and drinking. This included clear pictorial information on high risk foods and safer alternatives, and the appropriate use of pureed food and thickening powders. This information was clearly displayed in the kitchen where staff would be supporting people to prepare meals.

Where people were not able to leave their homes safely, the service had worked with the local authority to provide telecare equipment, for example we saw that a door sensor was in place which alerted staff should a person attempt to go out without support. Support plans had detailed information on the level of support that people required in order to stay safe in their own homes, this included staff sleeping in their homes overnight. The provider had a 24-hour on call line for people who used the service and staff. We saw that these numbers were clearly displayed throughout the service, and saw evidence that people were calling the on call number or visiting the onsite office if they felt unsafe or needed support.

Relatives described staff as "more than competent" at supporting people to manage their finances. One relative said, "Financial management is excellent. They keep every receipt for me and I sign everything. Not once has there ever been a discrepancy." Staff told us they had been trained to support people in managing day to day spending. One member of staff said, "It's helped [person] to gain some independence because I sit with them each week and we look at how much money they have and what they want to buy and where they want to go. It's very empowering to see they can take some responsibility with this themselves." Financial transactions were recorded at all times by two staff, and reconciled by staff at the end of the month. Managers carried out regular checks of money stored and transactions recorded, this varied between weekly and monthly. This meant that people were better protected from financial abuse or loss as a result of errors made.

We saw that all staff had medicines training and that the service had clear support agreements in place with each person on the level of support they wanted from staff to take their medicines. The provider maintained clear information on people's current medicines and details on the effects and side-effects of taking these. We saw that medicines were being ordered from the pharmacy and recorded on arrival at the service, and any unused medicines were safely returned to the pharmacy each month. The service used medicines administration record (MAR) charts in order to record when people had been given their medicines, these contained up to date information and were well maintained. However, at one site we visited we saw that some doses had not been signed for, and so we could not be certain that people's medicines were always given safely. This had not been picked up in audits of medicines, meaning that the service did not always have adequate measures in place for detecting and addressing errors and discrepancies.

We recommend that the provider take advice from a reputable source on ensuring a robust system of auditing the administration of medicines.

Good

Is the service effective?

Our findings

Care staff told us that their manager kept them up to date with mandatory training updates and scheduled training sessions in advance to help with planning. This reduced the risk that staff would be out of date with essential training in best practice and policies. We saw that staff received an induction on starting with the service, this covered areas such as safeguarding adults, health and safety, risk assessment, support planning, mental health and fire safety. The provider kept a record of all staff training received, this showed that all staff were up to date on mandatory training, including moving and handling, administering medicines and food hygiene. This meant that staff had received adequate training to allow them to carry out their roles effectively.

Staff had received training in obtaining consent according to the Mental Capacity Act 2005 (MCA). 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 made on their behalf must be in their best interests and as least restrictive as possible. We found that understanding of mental capacity was good and that staff had received training and been supported in their ability to determine each person's ability to understand and make decisions relating to their care. For example, one care worker told us, "I will make sure [person] understands the consequences of making choices. I will also let them know the things they are unable to choose from and explain the reason why."

The focus on working with people to support them in day-to-day decision making was confirmed during our conversations with relatives. For instance, one relative said, "[My family member] can't speak and so it can be difficult to interpret their needs. But staff had developed an excellent system of communication that makes sure [they] can be understood. I have seen them use it and it works very well. I have every confidence they know what they're doing and [my family member] is safe in their hands."

Where there was doubt about a person's capacity to make a decision for themselves in a particular area, staff had carried out an assessment of this person's capacity. Where people were not able to consent to their care and support, staff had arranged meetings in order to agree what was in the person's best interests; in these cases we saw evidence that advocates had been working with the person in order to advocate for their wishes. Where people could consent to their support, the provider had support agreements in place that the person had signed, these were in an accessible form where relevant in order to allow the person to understand its contents.

It was clear from our discussions with staff and relatives that people were supported to maintain a diet that they enjoyed and that met their health needs. Staff told us that any changes in weight or appetite were documented and people were referred to their GP if the changes were rapid or severe. Where a person was at risk of malnutrition or dehydration, the provider had guidelines in place to manage these risks and maintained thorough records of a person's food and fluid intake, and where necessary recorded people's weight monthly and provided guidelines on healthy eating and portion size.

Relatives we spoke with said they were happy with arrangements for food and said they felt staff were well equipped to ensure people received a balanced diet. One relative told us, "I'm really pleased that [person] has a much healthier diet now. They would just eat junk food all day long if they could. But their carers have built a great trusting relationship with them and now they eat much better and have a healthier weight." We found that staff were able to involve multidisciplinary nutrition professionals when needed. A relative told us, "Staff have been really involved with the speech and language therapy team so they can puree food and thicken fluids when needed. They seem confident in this and I've noticed that [person] is much happier now they have food that matches their need."

We saw that everyone using the service had a health action plan, these contained detailed information on how to improve people's health, including information on appointments such as opticians, dentists and audiologists and information on risks to their health such as dementia, dysphagia and dehydration. Where people had health appointments, the service documented that people had attended, and recorded appropriate information on the appointment and its outcomes.

Care staff had a proactive approach to working with multidisciplinary health and community professionals and told us they had positive working relationships with GPs, community mental health professionals, social workers, dentists and solicitors where a person needed financial or tenancy support. People with complex needs, including learning difficulties and physical disabilities, were supported to reduce their risk of social isolation and poor mental health by staff who encouraged them to engage with their local community and specialist support groups. Staff were able to assist people in arranging and booking holidays and were confident in doing so with the advice of healthcare professionals and their relatives.

Good

Is the service caring?

Our findings

We observed kind and respectful interactions between staff and people who used the service.

People were involved as far as possible in their care planning by staff who demonstrated competence in adapting communication methods with people so that they could be understood. This included developing the use of communication aids such as a communication passport and sign language in pictorial format. We saw that people had timetables and rotas in accessible formats. A relative told us, "Staff have done a great job of interpreting [person's] communication needs. They understand each other and it means he gets to do what he wants because he can make himself understood."

Care staff told us they asked people how they could best support them and found out what was important to people so that care was appropriate for them. Relatives we spoke with confirmed this. One relative said, "[My family member] has been involved every step of the way. They can't communicate verbally but staff worked wonders in building their trust and learning how they could still understand them and take their opinion and needs into account." Staff described their involvement of people in care planning and delivery as a strategy to empower them. One link worker said, "I empower [the person] and involve them in anything I do with them. I support people to make choices by asking them questions and encouraging them. For a non-verbal person, I do support them by giving choices and observing. For instance, when I support a non-verbal person to do activities, I will give them choice and observe if they are interested or not interested with the activities." We saw that support plans contained detailed information on how to support a person to make day to day choices and develop and maintain the person's independence. Each person had a person-centred plan which showed what was important to the person and what their preferred activities were. Several people we visited liked to keep pets, and were supported to look after animals such as fish and gerbils in their own homes. People told us that this was important to them.

Equality, respect and dignity were ensured in the care and support given to people by staff who told us they had received appropriate training and who ensured care planning included consideration of people's individual needs and rights. One care worker said, "As a professional support worker my duty is to respect and support [peoples'] wishes, choices and dignity. I am there to support them in order to achieve their dreams no matter their background." Staff told us they were able to explore new areas of interest for people, including helping people to develop new hobbies or try new activities. One care worker told us how they met the individual religious needs of people they looked after. They said, "For instance; I work with a personal who is Jewish. I support him/her to attend a Jewish club. I also have another person who is a Christian; I support him/her to attend church services on Sundays." Another care worker said, "To see that [people] live more independently like everyone else. They do what they like to make them feel better and improve their quality of life."

Where a change of staff had occurred, we were told that this had been handled sensitively and in the best interests of the person. One relative told us, "The day-to-day running is excellent. They introduced two new staff recently and did it as a stepped approach. So they started off by spending just short periods of time with [person] initially. This is because they are non-verbal and need personal care as well and they don't

always trust [staff] very easily. But this went really well, I was pleased that staff focused on giving [person] choices and got used to their routine quickly."

All of the relatives we spoke with told us they felt care workers were skilled at facilitating activities important to people that stimulated them to avoid social isolation. One relative said, "They're [person] very busy during the week, they're always off out somewhere. They go away once a year – last year the care staff took them to a residential holiday park, they absolutely loved it. I've seen the risk assessments the care staff have to do to take them away. It gives me confidence when I see how detailed they are." People were encouraged to form and maintain friendships. One relative said, "Staff have helped [person] to keep in touch with friends from a home they used to live in, which is really important to them. It also means they're part of a community and keep their mind active."

Good

Is the service responsive?

Our findings

From speaking with staff and relatives we found that the planning of care to meet individual needs was embedded in the working culture amongst care staff. Care staff with significant levels of responsibility in providing care and reablement for people, including providing pastoral, financial and medicines support, demonstrated a commitment to ensuring the care they provided was tailored to the individual. For example, one care worker had helped a person to build enough confidence to manage their own medical appointments, including scheduling, themselves. The care worker said, "I support them with every decision they make and help them to weigh up the costs and benefits. The other staff who work with me have made sure [person] is involved in their care planning, down to making sure we understand what interests them and what doesn't."

Care staff told us they felt confident in providing care that was safe and in line with health and safety legislation and specific risk assessments. Where the needs of a person changed, or an incident occurred that suggested a risk assessment needed updating, staff told us they were confident and well supported in this process. Where people's needs had changed, we saw that staff had worked with the local authority to provide additional support, including staff sleeping in their flats in order to allow the person to stay in their home for the rest of their lives. We saw examples of bespoke activities for a person with dementia, these included doll therapy and arts and crafts.

We saw that people had essential lifestyle plans which included information on a person's dreams and goals. These included what a person must have and must not have, what they enjoyed and what they preferred. Where the person had identified goals, staff regularly reviewed the progress that they had made in achieving these goals, these included visiting friends and family and going on a holiday of their choice with support from staff.

We saw that logs of support were of a high quality. These were accessible and tailored to the individual's support plan. This meant that we could see that people's needs were being met on a daily basis. These documents also included essential information on managing risks to a person, which meant staff always had this information to hand.

All of the staff we spoke with were able to explain the provider's complaints policy and what they would do if they received a complaint. One care worker said, "I feel good about feedback like this because it means someone has spotted something that can be improved and it's a good feeling to fix them and make sure people are happy." We saw that the provider maintained a central record of complaints received and showed that action had been taken to address these complaints in a timely manner. Records showed that people who used the service were confident in visiting or calling the on site manager in order to discuss a complaint or a concern. Relatives told us that they knew who to contact if they needed anything and had been given a copy of the complaints procedures.

We saw that the provider carried out regular tenants meeting with everyone who lived on each site, these were held in the office downstairs which provided a comfortable and relaxed environment to discuss issues

relating to the service. People discussed activities they wanted to take part in and changes they wanted made to the service, and we could see that people's suggestions were implemented.

Good

Is the service well-led?

Our findings

Relatives told us they felt communication from the provider was very good and they felt involved in their family member's care at an appropriate level. One relative told us they had an annual meeting with the whole care team as well as their relative's GP and mental health specialist. Another relative said they found it difficult to visit because of their physical condition and so care staff brought their family member to them to visit whenever they wanted. One relative said, "I can visit anytime I want. I've always been happy with the condition of the home and [person]." Another relative said, "[Person] is happy there, I can tell by his body language. I'm happy with the way he's treated – always clean, always well presented."

Relatives told us that they were happy with care workers and that they were pleased that staffing was consistent. One relative said. "[Person] has a lead carer and then carers who work as part of a team. They're most often the same people and I haven't seen much change of staff, which I'm really pleased about. It means they've got to know [person] very well and the whole care team approaches them in the same way. They've had to build [person's] trust because they had a really bad experience in a home they lived in. They've done this really well and I get good feedback from the lead carer about how they're doing."

In addition to the registered manager, each site had a scheme manager who was responsible for the day to day running of the building. Some of the relatives we spoke with said they weren't sure who the registered manager was but told us this wasn't a problem as they knew who to contact if they needed anything and had been given a copy of the complaints and emergency contact procedures. Where relatives had involvement with the managers, they said they were very happy with the level of support. For example, one person told us the scheme manager had helped them to change their family member's GP and to obtain a medical report when they were concerned about poor health.

The relationship between care workers and managers was described as positive in all cases and some staff said that this had improved recently with a new service manager. Staff told us they received regular supervision and opportunities to be supported by managers. One care worker said, "I get supervision every six weeks and can use this to ask for extra training and my manager always asks me for my feelings and to talk about any concerns I have." A link worker said, "I can speak to my manager about anything and at the same time remain confidential, I have formal and informal supervision when needed." We saw that formal supervisions were carried out three monthly, and that all staff had a yearly appraisal which highlighted their strengths and development needed. We saw that each site's staff team had regular team meetings, which discussed areas of practice as well as people's individual needs. All meetings and supervisions had a clear list of action points agreed at the end. We saw that service managers had a presence on site, and were approachable and highly involved in the running of the service.

We found a care team that was clearly structured and told us they were proud to be involved in care work. One care worker told us, "I am happy, proud and privileged to be contributing to improving other people's lives in order to help them achieve their dreams." Another care worker told us that they had seen significant progress in both the positive mental state of a person they provided care for as well as an improvement in the person's ability to express themselves and make themselves understood, which had improved their

morale and day-to-day wellbeing.

We saw that the provider maintained an electronic audit system in order to provide quality assurance. We saw that each service manager maintained a monthly check of people's records, which looked at the quality of the plan as well as whether it was still in date. The auditing process included health and safety audits and audits of risk assessments for people and the entire building. Where issues were identified, there was an action plan in place for addressing this. This system was effective for ensuring the service was safe and that people's plans were appropriate to their needs. However, the auditing of medicines was not always thorough enough to detect errors and omissions.