Advance Housing and Support Ltd

8 Brantwood Road

Inspection report

8 Brantwood Road
Luton
Bedfordshire
LU1 1JJ

Tel: 01582431483
Website: www.advanceuk.org

Date of inspection visit:
06 May 2016

Date of publication:
06 June 2016

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

This inspection took place on the 6 May 2016 and was announced. When we last inspected the service in April 2013 we found that the provider was meeting the legal requirements in the areas that we looked at.

8 Brantwood Road is a residential home in Luton providing accommodation and personal care to up to five people who have a condition which affects their mental health. At the time of our inspection there were four people using the service although one was only staying for a few days as a part of a long-term transition process. The service shares a registered manager with 95 Ashburnham Road which is another of the provider's services nearby.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safeguarded from avoidable risk of harm and staff understood the process to follow to report concerns regarding people's safety. There were risk assessments in place which detailed how people could be supported safely without compromising on positive risk taking. People's care plans were person-centred and included information regarding their backgrounds, preferences and how they could be supported effectively. These were subject to regular review with involvement from people. Each person had a link worker who provided them with regular opportunities to share feedback and express their views. Customer meetings gave people the opportunity to come together to share their experiences and discuss issues relating to the service. There was evidence of proactive involvement and people being supported to access a range of services and support if desired.

People's healthcare needs were identified and met by the service and people were supported to attend regular appointments with community-based professionals. People had enough to eat and drink and were encouraged to develop and maintain their independence where possible. People were treated with dignity and respect and gave their consent to receiving care and treatment at the service.

Staff received a variety of training to enable them to carry out their duties effectively. They completed a thorough induction programme when they first joined the service. The recruitment processes used to employ new staff were safe and ensured that staff employed had the skills, character and experience to meet people's needs. There were enough staff to keep people safe. The registered manager held team meetings and sent out staff surveys to provide staff with an opportunity to provide their feedback and contribute to the development of the service. Staff understood the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS).

People and staff were positive about the registered manager and felt supported to contribute to the development of the service. Staff had regular supervision and performance reviews. There was a robust

quality monitoring system in place for identifying improvements that needed to be made across the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risk assessments were carried out to keep people safe and balance risk and independence appropriately.

There were enough staff available to keep people safe.

Medicines were stored, managed and administered safely.

Is the service effective?

Good

The service was effective.

Staff had the skills, training and knowledge to offer effective support to people.

People's healthcare needs were identified and met by the service and they were supported to maintain a healthy and balanced diet.

People consented to their care and staff understood the impact of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were supported by compassionate, kind and positive staff who understood their needs and preferences.

People were treated with dignity and respect by staff.

People were supported to have their views heard.

Is the service responsive?

Good

The service was responsive.

Each person had a person-centred care plan in place which they were involved in reviewing and was responsive to their changing needs.

People had consistent and meaningful routines and access to a range of activities and interests.

The provider had a system in place for handling and responding to complaints.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the manager of the service.

Regular audits were carried out to identify areas for improvement and action was taken promptly to resolve these.

Regular meetings took place which provided staff and people with an opportunity to discuss issues about the service.

8 Brantwood Road

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 the 6 May 2016 and was announced. We gave the provider 24 hours' notice of our inspection as they were a small residential home and we needed to ensure that people would be in to meet us. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We reviewed local authority inspection records and asked for feedback from nine professionals involved with the service.

During the inspection we spoke with three people who used the service to gain their feedback. We spoke with one member of care staff and the registered manager.

We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for three people who used the service. We checked medicines administration records and looked at staff recruitment and training records. We looked at complaints and compliments received by the service. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. One person said, "It's safe living here." We asked another person who replied, "Yes, it's safe."

Staff understood the process to follow to report safeguarding concerns and recognise the different kinds of abuse. The member of staff we spoke with said, "I would speak to my manager first or one of the other managers in another home. If not them then there's the local safeguarding team." Staff received training in safeguarding which was regularly refreshed, and team meetings contained reminders of the ways in which people could be protected from avoidable risks of harm. There were safeguarding leaflets visible through the service which provided details of agencies to be contacted. There was a whistleblowing policy in place which staff had read and understood. Whistleblowing is a way of reporting concerns anonymously without fear of the consequences of doing so. People using the service were reminded in their residents meetings of what safeguarding meant and were issued information in their welcome packs which detailed how the service would endeavour to protect them from avoidable harm. The manager told us there had been no incidents that required a safeguarding investigation, but understood the process to follow to alert the correct agencies if there was.

There were risk assessments in place for each person which had been individualised depending on the nature and level of risk in different areas. Because people using the service were largely independent we found that the risk assessments in place were appropriate for identifying possible risks without compromising upon the person's rights or freedoms. For example we saw that one person might have been at risk of losing their keys and could have been locked out of the building. Instead of managing this for them the staff had put extra measures into place to help them to regain entry, including an entry buzzer and emergency number that could be called. We saw that because staffing was not provided during the night that this had also been risk assessed and appropriate measures put into place to reduce the potential consequences of this. Because the provider had several other services nearby people could access those or call for help from a manager on-call. The manager also told us they had developed a good relationship with their neighbour so that people could speak to them if there were any urgent issues. This meant that risks were minimised in the service but did not compromise on positive risk taking or the development of people's independence.

Regular checks were carried out on the environment to ensure that it was safe and well maintained. We saw that regular health and safety audits were carried out checked that equipment was safe to use and that the house was clean and in a good state of repair. During our inspection we found that the home was kept clean and tidy and that infection control was a subject of on-going discussion with both people and staff. Fire safety checks were regularly carried out and alarm equipment tested. PAT tests and gas safety certificates were on file and any maintenance issues around the home were reported and resolved quickly. There was a policy in place for the reporting of accidents or incidents should they occur. Each person had a personal emergency evacuation plan (PEEP) in place which detailed how they could be supported if they needed to be evacuated from the service. A robust business continuity plan detailed the ways in which the service would respond in case of emergency.

There were enough staff to keep people safe. One person told us, "There's enough staff here." When we asked another person this question they responded "yes". The service operated with a morning shift and an evening shift during which one member of staff would be lone working. Because of the level of independence of the people using the service, this was appropriate to provide the correct level of support at key times of day. If the member of staff was required to support somebody to an appointment or activity then the other people using the service were assessed as being safe to remain at home or in the community by themselves. If extra staffing was available then the registered manager or staff from any of the provider's other numerous services in the area were available to offer additional support.

There was a robust recruitment policy in place to ensure that staff were recruited safely to work in the service. We looked through the recruitment files for two members of the staff team and saw that all pre-employment checks had been completed prior to them commencing work. This included seeking references from two previous employers and a completed DBS (Disclosure and Barring Service) check. DBS is a way for employers to make safer recruitment decisions and monitor whether staff have any prior convictions on their record. Employees were also asked to complete health questionnaires to ensure their suitability for the role. Interviews and competency questions were issued to test the skills, knowledge and experience of applicants prior to an offer of employment.

A list of the medicines that people took was included within their care plans and included the time it was given, the dose and how it was to be administered. Medicines were stored in a locked cabinet in the staff office and stored at an appropriate temperature. Regular audits were carried out to ensure that stock levels were correct. Staff received training and regular refresher courses to ensure that they were able to administer medicines safely to people. We checked MAR (medicine administration record) charts for the last month and saw that these had been filled out correctly with no unexplained gaps. The manager undertook a monthly audit to identify any issues in recording and highlight these if necessary.

Good

Is the service effective?

Our findings

People we spoke with told us they felt that staff knew how to support them well. One person said, "The staff have training, they're good." We asked another person if they felt the staff had the correct skills to look after them and they replied "yes."

Staff were enthusiastic about the quality of the training they received and how it impacted upon their practice. One member of staff said, "The training is good. I went on training for managing aggression as we used to have somebody here whose needs had changed. It really helped me to understand them better and see the role of communication in working with them." We looked at the training records for two members of staff and saw that they had all completed training in areas that the provider considered essential. This included first aid, manual handling and infection control amongst various others. In addition to these there had been specialised training made available which was relevant to the needs of the people using the service. This included person-centred planning and diabetes awareness. A member of staff told us they were able to book additional training for themselves if they or their manager felt it would be beneficial. They said, "I can go online and see what's available and book it for myself. They support you to develop your skills like that."

Staff we spoke with told us they received regular supervision and performance review from management. One member of staff said, "I have supervision every month. Sometimes if there is a need I'll have more." The service used a model called PRIDE for monitoring the performance of staff which assessed their competencies across key areas such as partnership, respect, efficiency, innovation and drive. Staff told us they felt well supported to develop within their roles. A member of staff said, "I've learned so much since I came here."

Staff we spoke with demonstrated knowledge of the Mental Capacity Act and associated Deprivation of Liberty Safeguards. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Because the people using the service were largely independent, there were no restrictions on their freedoms and no DoLS had been put into place. If there was a situation where people may have potentially been restricted then a capacity assessment and care plan had been developed to establish the reason and effect of this. For example where one person required some extra monitoring with their diet, the reasons for this were clearly stipulated in their plan. If people required staff to support them to manage their finances then the appropriate capacity assessments had been completed, consent had been gained and this remained subject to regular review.

People were encouraged to read and sign their documentation so that they understood what information was held in the service relating to them, and consented to each area of their care and support. Individual consent forms were in place for their residence, medicines and data protection
The people using the service were largely independent and able to carry out most aspects of their lives with minimal staff support. We saw during the inspection that staff encouraged this independence where possible when interacting with people, gently suggesting that they were able to do things for themselves. There had been systems developed for maintaining and developing this independence with people. For example we saw that where somebody needed some additional support with managing their finances, they were still encouraged to visit the bank, make withdrawals and budget for themselves. People had been given different tasks to undertake in the home to keep the environment clean and tidy. This meant that people could lead their lives as independently as possible without staff only supporting them when strictly necessary.

People told us they had enough to eat and drink and had access to food as necessary. One person said, "The food's nice, the staff cook for me." Another person told us, "I cook my own meals sometimes; if they do the cooking then it's usually alright. There's enough to eat." Some people had staff support with cooking while others preferred to cook their own meals. People's unique dietary requirements were listed in their care plans as well as their likes and dislikes and any conditions which might have affected what they ate. We saw that staff were encouraged to support people to eat healthy and nutritious food while respecting their individual choices. We were able to see through their past reviews that one person had lost weight and was maintaining a healthier diet and that staff had offered advice and information to help them to make better choices when preparing meals or snacks. People's cultural needs had also been taken into account. For example we saw that there was a separate fridge and utensils used for a person of Asian origin who only ate halal meats.

People were supported to attend appointments with healthcare professionals as required. One person said, "If I go to the doctor then staff come with me." Some people were able to follow this aspect of their lives independently while others needed prompts or reminders to book and attend appointments. We saw in people's care plans that people had regular appointments booked and were accessing a variety of healthcare services relevant to their specific needs. Because the people using the service had conditions which affected their mental health, their care plans contained relapse indicators or signs that might have required intervention from psychiatric services. This enabled staff to identify whether somebody might be a risk of any deterioration in their condition.

Good

Is the service caring?

Our findings

People told us they were cared for by staff who were kind and compassionate. One person said, "I like living here, everyone gets on, the staff are really nice." We asked another person whether they felt well cared-for by staff and they responded "yes."

Staff knew and understood the people they were working with and demonstrated a caring and compassionate attitude. One member of staff told us, "The best thing about working here is seeing somebody smiling. It's so rewarding." During the inspection we observed staff engaging positively with people, asking them questions about their day and talking to them about things they liked. One person was due to go for a meal at lunchtime and was gently reminded of the time they needed to leave to get there. There was a pleasant and homely atmosphere in the service and the 'light touch' of staff allowed people to enjoy living in their home as freely and independently as possible.

The manager kept an inclusion file to demonstrate the ways in which people were involved in developing their care and support as much as possible. We saw that people were given frequent opportunities to be involved in different aspects of the service, including receiving recruitment training if they wished to be a part of the interview process for new staff. The provider held regular customer conference meetings which provided people with an opportunity to get together and discuss issues across the organisation. People were provided with dates of training that was available, local trips and activities that were taking place and details of self-advocacy groups that were being held locally.

Each person had a link worker who took responsibility for reviewing and updating their care plan, holding their reviews and encouraging the person to express any concerns or issues. Monthly link sessions took place between the member of staff and the person to provide them with the opportunity to discuss all aspects of their care. These included reminders and information relating to their medicines, safety and activities.

People using the service were issued with a service user guide which contained information all about the service, the local amenities and facilities and the type of support they would receive. This guide was reviewed in consultation with people each year to ensure that it remained up to date for anybody new who joined. There was a brochure for the home available that contained pictures and details regarding the local area. People were encouraged to speak with staff or management if they had any questions.

People were treated with dignity and respect. When we asked one person if they felt that staff were respectful they replied "yes". Another person told us, "They respect us, yes." The member of staff we spoke with was able to tell us about the different ways in which they respected people's right to dignity and privacy. They said, "We never go in their rooms unless we've knocked first. We always ask them about everything, tell them what we're doing and respect their choices and wishes." We saw that during the inspection people were spoken to respectfully, as equals. Because of the level of independence that people had, a protocol had been developed on entering people's bedrooms or invading their privacy. Staff were provided with training to understand the different ways in which this could be observed.

Details of advocacy services were issued to people and people were asked to read and sign to indicate that they understood what external support would be available for them if necessary. People were asked regularly when issues arose whether they would like the support of an advocate.

Good

Is the service responsive?

Our findings

Each person had a care plan in place and told us they knew what it was and where it was kept. One person said, "Yes, they've got that book they show me." We asked another person if they understood what their care plan was for and they replied, "yes". People confirmed that they had been involved in the planning and review of this where possible and were happy with the content.

Prior to joining the service each person received a comprehensive assessment of their needs which was then used to inform their care plan. Each care plan was then developed with the involvement of the person. The registered manager told us they welcomed family involvement in care planning but that the people using the service did not have next of kin who could have been consulted. If any professionals were involved in people's care then they had been asked for their input and views where appropriate. Each person had a pen picture in the care plan which provided some details relating to their life history and background. This included their family life, places they had lived and worked and any relevant cultural or religious needs they might have had.
Care plan and support reviews took place regularly with the involvement of the person and provided an opportunity for them to feedback on the effectiveness of their plan and suggest changes. People were sent an advance care planning discussion sheet which they were encouraged to complete prior to reviews in order to have their voice heard and their thoughts taken into account.

Care plans were responsive to people's changing needs. For example we saw that one person had recently had to stop attending a particular activity they enjoyed because their condition had made it unsafe for them to continue. The details of this had been put into their plan along with alternative activities that the person could be encouraged to undertake instead.

There was a schedule for people's activities and appointments during the week. The people that used the service were largely able to undertake their routines independently but staff told us that they tried to make suggestions and encourage new activities. One member of staff said, "We try and bring some variety into their lives. They do often like to do the same things and we respect that but we also want to try and bring something new to them." We saw that people had played golf, been on trips to the seaside, been out for meals and trips to the pub. One person told us, "I like going for walks and for drinks. I'm happy with my life; I wouldn't want to change it." One of the people using the service attended a day centre regularly. We saw that one person had not been out of the home for a significant period of time, but talking to that person confirmed that this was their choice. Their care plan contained the reasons for this but still listed activities they had enjoyed in the past should this change. Appropriate household activities had been introduced to keep the person stimulated instead. Daily notes were recorded for each person which provided an overview of how people had spent their day and any issues that needed to be handed over between staff.

People told us that they knew how to make a complaint and who they would complain to if necessary. One person said, "I'd speak to the manager." There was a system in place for handling and resolving complaints. An easy read 'how to complain' booklet was made available for people as well as an instructional DVD. We saw that a complaint had been received from a person using the service following an incident with another

person. The manager had written to the person detailing the steps that were being taken to address their concerns and apologising for the impact upon the complainant.

Good

Is the service well-led?

Our findings

People told us they knew who the manager was and could speak to her if they needed to. One person said, "[Registered Manager] is the manager here. She's nice, she helps us a lot." We asked another person if they found the registered manager approachable and they replied "yes."

Staff we spoke with felt well supported by management and told us that the registered manager was approachable and organised. One member of staff said, "The support here is really good. I can speak to the manager if I have any issues. She knows what she's doing." The registered manager had been at the service many years and understood each of the people living there well. She was able to tell us about which notifications needed to be made to the Care Quality Commission if required. The manager worked frequently as part of the core staff team to offer care and support to people. During the inspection we observed her interacting positively with people and offering them care and support throughout the day. Each member of staff had a job description which detailed their roles and responsibilities. The staff we spoke with understood the nature of their role and told us they felt well supported and able to communicate their feedback effectively.

Staff had meetings regularly to contribute to the improvement and development of the service. One member of staff said, "We have meetings, we talk about everything from reviews to upcoming appointments to cleaning: whatever needs addressing. We're always talking about each other's practice and what we can do to improve." Joint meetings took place with staff who worked across both of the services that the manager was registered to oversee. This was because the services routinely shared staff and this provided the registered manager with the opportunity to keep everybody abreast of issues across both homes. We looked at the minutes for these meetings over previous months and saw that staff were given opportunities to discuss people in both services and suggest improvements to their care. There were also reminders and discussions around issues such as neglect or safeguarding and opportunities for staff to refresh their knowledge in key areas. We saw that all staff had been asked for their input into the business continuity plan. Having an open culture where staff were encouraged to give their views and feedback meant the service was continually refining and developing its practice.

There were house meetings each month which bought the people living in the service together to discuss issues, updates and to share information. One person told us, "We have meetings, all of us together." We looked through the minutes of these meetings for the last few months and saw that they had taken place consistently and that the issues discussed had been resolved. For example we saw that where people had requested an outing, a trip had been booked to Southend the following month. People were asked to discuss important issues like safeguarding and infection control and gave feedback from their own perspective. We saw that they had discussed the upcoming mental health week in May and arranged a trip in line with this.

People using the service were sent surveys which provided them with the opportunity to provide feedback on the quality of their care and suggest developments or improvements. Following the surveys people were sent a letter which addressed any of the concerns they had raised or reminded them of the ways in which

they could share issues if required. Staff were also issued with surveys which asked them to provide feedback on the support they received and their job satisfaction.

Regular audits were carried out to identify any improvements that needed to be made across different areas of the service. The provider had recently developed a new system of quality assurance which involved a series of individual audits being completed and then collated to a continuous improvement plan. We saw that the individual audits that took place covered areas such as medicines, care plans, training and supervisions. The overall improvement plan used the reports from annual service reviews and local authority monitoring visits to set objectives and goals for the upcoming year, and we saw that progress had been made towards meeting each of these. This meant that the registered manager and the service were keeping up to date with best practice and continually looking for ways to improve the overall quality of care provided.