

Advance Housing and Support Ltd

Advance Support Staffordshire

Inspection report

60 Ironstone Road
Chase Terrace
Burntwood
Staffordshire
WS7 1LY

Tel: 01543276292

Website: www.advanceuk.org

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20 October 2016

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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

We inspected this service on 19 and 20 October 2016. This was an announced inspection and we telephoned 48 hours' prior to our inspection in order to arrange home visits with people who use the service. This was the first inspection of the service.

Advance Support Staffordshire provides personal care and support to people living in their own homes in Burntwood and the surrounding areas. At the time of our visit, approximately 16 people were receiving a regulated service. There was no registered manager in post. The previous registered manager had retired and a new manager had been appointed. 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 new manager was applying to register with us and was supported by a service manager, who managed the staff on a day to day basis.

People we spoke with told us they felt safe and looked forward to the staff visiting. Staff recognised their responsibilities to protect people from abuse and were confident the provider would take action if they raised any concerns. Safeguarding incidents were reported to the local authority to ensure these could be investigated. Risks to people were assessed and managed to keep people safe whilst promoting their independence. People received their medicine as prescribed and were supported to apply any creams they needed.

People agreed their support needs and preferences prior to receiving a service and reviews were carried out to ensure their care remained relevant. Staff gained people's consent before providing care and understood their responsibilities to support people to make their own decisions. People's needs and preferences were met when they were supported with meals and the provider ensured people accessed the support of other health professionals when their needs changed.

There were sufficient staff to meet people's needs and checks were made to confirm staff were suitable to work with people in their own homes. The support was flexible and responsive to changes in people's needs. People received care and support from staff who were well trained and knew how people liked things done. Staff received supervision and had opportunities to develop their skills to meet people's changing needs.

People were treated with care and kindness by staff who enjoyed their work and were motivated to ensure people had a good quality of life. People valued their relationships with the staff team and told us the staff 'go the extra mile for them' when providing care and support. Staff respected people's privacy and dignity, promoted their independence and supported them to maintain social links with family and the local community.

People felt comfortable raising any concerns and were confident they would be responded to. People told us the service was well managed and they were encouraged to give their opinions on how things could be improved. Staff felt supported and valued by the provider's management team and felt able to give their opinions on how the service could be improved for people. The provider had systems in place to continuously monitor the safety and quality of 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.

People felt safe when they received care. Staff understood their responsibilities to keep people safe from avoidable harm and protect them from abuse. There were sufficient, suitably recruited staff to meet people's needs. People were supported to take their medicines and apply creams as required.

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff that knew them well and had completed training so they could provide the support people wanted. Staff supported people to make their own decisions and sought their consent before providing care. Where agreed, people received support with meals and drinks. Staff monitored people's health to ensure they were supported to access the support of health care professionals.

Is the service caring?

Good ●

The service was caring.

People had good relationships with staff and were comfortable with them being in their home. Staff were kind and caring and respected people's privacy and dignity. Staff knew people's preferences and encouraged them to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and preferences and staff supported them to maintain links with family and the local community. The service was flexible when people's needs changed. People felt able to raise any concerns or complaints and were confident action would be taken.

Is the service well-led?

Good ●

The service was well-led.

People told us the service was well managed and they were encouraged to give their opinions on how things could be improved. The provider had systems in place to monitor the quality and safety of the service and drive improvements where needed. Staff felt supported and valued by the management and were involved in the development of the service.

Advance Support Staffordshire

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 visit took place on 19 and 20 October and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to arrange home visits to people who used the service and to ensure staff were available to speak with us. The inspection was carried out by one inspector.

We checked the information we held about the service and provider. This included statutory notifications that the provider had sent to us about incidents at the service and information we had received from the public. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection, we had asked the provider to complete a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had completed this but it had not been received by us. However, we offered the provider the opportunity to share information they felt relevant with us.

We visited four people who used the service and two relatives to gain their feedback on the care they received. We spoke with the manager, the service manager and five care staff. We reviewed records held at the service's office, which included four people's care records to see how their care and treatment was planned and delivered. We also looked at other records relating to the management of the service, including staff files and quality checks.

Is the service safe?

Our findings

People told us they knew the staff who visited them and felt safe when they supported them. One person said, "I feel safer knowing they are coming". Another said, "Yes, I feel safe, I look forward to them coming. People told us that before they were offered a service the provider had visited them to discuss what support they wanted. We saw risks associated with people's care had been identified and staff understood and followed risk management plans to protect people from these risks. For example, we saw that one person's skin was at risk of damage due to pressure. Their relative told us, "The staff move [name of person] using a slide sheet to reposition them, they are very particular looking for pressure sores. We've not had a single problem since the day they started". Risks from the home environment had also been assessed to ensure the safety of people and the members of staff providing care and support. We saw that the risk management plans were reviewed and updated to ensure people continued to be supported in a safe way. Staff told us when there were changes to people's needs, the provider briefed them by phone and they read the care plans when they arrived at people's homes. This meant people were supported safely as their needs changed

The manager and staff were aware of the signs to look for that might mean a person was at risk of abuse and knew how to report their concerns to the local safeguarding team. One member of staff told us, "We look for changes in people's behaviour, for example if they seem nervous or are not themselves, or if we find unexplained bruises. We would call the manager first but we have the numbers to contact the local safeguarding team if needs be". Staff told us they were confident the manager would take action and we saw the provider had a procedure to debrief staff and share learning from safeguarding incidents. A member of staff said, "It's drilled into us that we put the safety of customers first". Our record confirmed the manager reported concerns to the local safeguarding team which showed they understood their responsibilities to keep people safe.

Some people received support to take their medicines. The provider had procedures in place to ensure people were supported to receive their medicines and apply any creams as prescribed. Staff had undertaken medicine training and had their competence checked to ensure they supported people safely. They told us the provider carried out spot checks by observing their practice and monitoring the medicines administration records. These were completed by staff to record when medicine has been given, or if not given the reason why.

The provider had sufficient staff to provide people with the agreed level of support. People told us the staff usually arrived on time and stayed for the set time. One person told us, "Staff phone to let me know if they are running late, they are very considerate". Staff we spoke with had no concerns about staffing levels. The manager told us there were no vacancies but they were recruiting for bank staff to ensure they had the flexibility to accept new care packages. We saw that the provider followed procedures to demonstrate staff were suitable to work in a caring environment. Staff told us and records confirmed they were unable to start work until all of the required checks had been completed, including a check with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions.

Is the service effective?

Our findings

Staff had the necessary skills and knowledge to meet people's needs and promote their wellbeing. One person told us, "Staff are well trained; they know how to use the equipment to move me safely". A relative told us, "Staff definitely know what they are doing". People told us new staff were accompanied by more experienced staff before they were able to work independently. One person told us, "They watch to see how things are done". The provider had an induction programme in place to support new staff. A member of staff told us, "I wasn't new to care but I've been able to shadow other staff for a few shifts and read people's care plans to get to know them". The provider told us new staff who had no experience of working in care completed the nationally recognised care certificate, which provides staff with the skills and knowledge needed to work in a care environment. Staff received feedback on their performance from the manager and other staff. One member of staff told us, "We ask the customers what they think of new staff and would tell the manager if we don't think they are ready to work on their own, we have to make sure people are happy with their care".

Staff told us and records confirmed staff received ongoing training in a range of areas that were relevant to the needs of people using the service. The manager monitored training to ensure staff received regular updates to ensure their knowledge and skills were kept up to date. Staff received supervision on both an individual and group basis, which gave them an opportunity to review their performance and discuss any training needs. One member of staff told us, "We all felt we would like some specialist training in managing challenging behaviour and the manager has arranged this for us. We're also having training in stoma care and supporting people who have epilepsy". This showed the provider encouraged staff to develop their knowledge and skills to provide effective care.

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.

We checked whether the provider was working within the principles of the MCA. People told us they had been involved in agreeing the support they needed and we saw that people had signed their care plans to consent to their care. People and their relatives told us the staff sought their consent before providing care. One person said, "Staff say to me 'Is that alright', or 'would you like me to do whatever'. They listen if I say no and they wouldn't do it". Staff told us how they supported people to make their own decisions. One told us, "We find out how people communicate, for example we show people choices of clothes, some can tell you by their facial expressions. It's all in people's care plans". This showed staff knew people's individual capacity to make decisions and understood their responsibilities to support people to make their own decisions.

Where people were supported with meals, we saw their dietary needs were assessed and monitored to ensure they were met. People told us the staff offered them choice in relation to their meals and encouraged them to eat and drink enough to maintain good health. One person told us, "They are always on at me to drink more". Where people were assessed to be at risk of poor diet or dehydration, staff recorded the food and drink people had taken and reported any concerns to the manager to ensure that advice was sought from the person's GP or the district nurse. This showed people were supported to eat and drink sufficient to meet their dietary needs and preferences.

People retained responsibility for managing their own healthcare but told us the staff supported them to access healthcare services if needed. A relative told us, "There's been times when [Name of person] has been poorly and staff have called for the paramedics. They stay until they arrive and after keep in touch to see how he is". This showed people were supported to maintain their day to day health needs.

Is the service caring?

Our findings

People and their relatives told us the staff were caring and compassionate and they looked forward to their visits. One person said, "It's nice to see a smiling face first thing in a morning". Another said, "We have a laugh, they cheer me up when I've got a down day". People valued their relationships with the staff team and told us they often went 'the extra mile' for them when providing care and support. One person told us, "I dropped my TV remote control after staff had visited me one evening. I was in bed and I couldn't pick it up to turn the TV off. I called the staff and they came round to pick it up for me". Another said, "They've come through our bad times with us, they've even cried with us. They go above and beyond the call of duty". Relatives told us the staff took the time to find out how they were feeling and offered them support. One told us, "I love the staff, I couldn't do without them. They are very helpful and if there's anything I need they will bring it for me". People and their relatives told us the staff had become part of the family. One person said, "The girls have integrated into the family, they know all the family and the family know them".

People told us the staff knew them well and understood the things that were important to them and how they wanted to be supported. One person said, "I have a dry sense of humour, I like a laugh. I have banter with the staff". A relative told us, "[Name of person] was very nervous, they made sure they explained everything they were going to do and now they don't worry at all". People told us the staff encouraged them to maintain their independence. One person told us, "Staff encourage me to walk from the chair to the bed, it depends how I'm feeling. I do the best I can but they are there to steady me". People told us the staff respected their daily routine and always asked them what they needed. One person told us, "It's all very personal. Staff understand and I can say if I don't want them to do anything and they respect it. For example if I don't feel like having a full wash they will say let's freshen up your hands and face and put a bit of aftershave on". Discussions with the staff demonstrated that they knew people's individual needs and were concerned for their wellbeing". Staff told us they enjoyed their job and it was important to them to make a difference to people's lives. One said, "I like that I help people, it's not just a job, especially when people are happy to see you, we can make their day". We saw that people's preferences for how they received their care were reflected in their support plans. Relatives told us they felt involved in their relation's care and communication with the care staff was good. They said, "Staff keep me informed of any changes and tell me if they have any concerns, for example they say [Name of person] isn't very talkative or seems a bit down, they notice everything and let me know when to call the doctor".

People told us the staff respected their privacy and dignity. One person told us, "The girls are very, very good, I feel comfortable with them all". Staff told us they promoted people's privacy and dignity by closing curtains and doors and asked family members to leave the room or asked the person if they wanted their relation to be present. One member of staff told us, "When we are providing personal care, we always ensure people are covered to protect their dignity, I think about how I would feel". Staff told us this was a key part of their values which were referred to as 'Pride' which showed they recognised the importance of the values of the service and would challenge other staff if their behaviour and practice fell short of this. One member of staff said, "You have to have it in this job".

Is the service responsive?

Our findings

People told us they were happy with the care they received and that it met their individual needs and preferences. One person told us, "Staff let me know who's going to be calling on me next. I usually get the same two carers in the morning and then they tell me which two will be coming in the afternoon and evening. I get on well with all of them, they are really good". Another person told us, "I struggle to put my hearing aids in sometimes; I can do one side but not the other, the staff can always do it". A relative told us they noticed an immediate improvement in their relation since the staff had started to support them. They said, "The difference in [Name of person] in a month has been remarkable, I couldn't fault a thing. [Name of person] doesn't speak a lot but they are always laughing and singing with the girls". Staff we spoke with recognised the importance of providing personalised care and worked with other professionals to ensure people's needs were met. One told us, "The best outcome for us is when the care we have provided means people no longer need our support. We supported one person who had fallen at home. We worked closely with the physiotherapist by visiting at the same time as they did and they improved so much their package was cancelled. It's such a rewarding job when that happens".

People and their relatives told us the agency were flexible if they needed to make changes or cancel calls. One person told us, "If there's a change, we just tell the girls and they work round it. For example, if we have to go to the hospital, they ask if we want a tea-time visit, rather than lunch-time". We saw that people had the contact numbers for the staff and the out of hour's service, in the event of an emergency. We saw the agency was proactive and made sure people were able to maintain social links with family and the local community. One person told us "I go out for my breakfast one day a week and sometimes I'm a bit late back for the 1pm call. The staff go on to the next call and come back to me at the end of the run". Staff told us they had organised outings for people and their relatives, for example a visit to the zoo and a charity coffee morning.

People's care was kept under review to ensure it remained relevant. People and their relatives told us a senior member of the care staff visited them to see if they were happy with their care and if any changes were needed. One person said, "They come and do spot checks now and again and ask if there are any problems, but we never have had". Staff told us they were kept informed of any changes by telephone. One told us, "We get a message on our phone and we also ring each other to make sure the information has been passed on. I also read the last two entries of the daily care log and check the care plan to make sure there are no changes". This meant staff had the information they needed to meet people's changing needs.

There were arrangements in place for people and their relatives to raise complaints, concerns and compliments about the service. One person said, "I'd tell the manager, I'd be happy to do it and I can always get somebody on the phone if I have any concerns". A relative told us, "I know how to complain, I would speak to the girls or the manager, and I know they would take action". We saw any concern or complaint received was investigated and responded to. Staff told us and records confirmed complaints were discussed with them at staff meetings to ensure improvements were made where needed.

Is the service well-led?

Our findings

People and their relatives felt the service was well managed and the provider and the staff team provided a high standard of care and support. One person told us, "The service is excellent, I can't praise them enough". People were asked for their views on how the service could be improved during checks by the manager or when the provider sent a questionnaire, which was also available in an easy read format to ensure it was accessible to everyone using the service. Feedback from the provider's 2016 customer satisfaction survey was shared via a newsletter and demonstrated that people were positive about the care and support they received. We saw that some people had asked to keep the same carers for all their calls and the provider told us they were working towards allocating specific carers wherever possible. This showed the provider took people's views into account wherever possible to improve the service.

The provider had systems in place to check that people received a good service. A system was in place to ensure people received their support as planned and the provider carried out a range of audits including checks on the administration of medicines and on the daily records to check for accuracy. Accidents and incidents were recorded and monitored for patterns and trends by the provider's senior management team to ensure action was taken to prevent reoccurrence. The manager carried out checks on staff practice that looked at areas such as accuracy of record keeping, time keeping and the support provided. Staff told us and records confirmed that any concerns were discussed with them and a personal improvement plan was put in place to provide further training where required.

People were supported by staff who were motivated and enjoyed their work. One staff member said, "I like that I can make a difference to someone's life". Staff told us they worked well as a team and the management was supportive and approachable and they felt able to raise issues and concerns or put forward suggestions on how the service could improve. They told us, "The manager values our opinions and takes them on board". Staff told us they had regular staff meetings which gave them an opportunity to receive information and share ideas. One member of staff said, "We share knowledge and tips with each other so we can make it better for the person using the service". Minutes of meetings showed staff received information on things that were happening in the service and discussed a range of subjects that were relevant to people's needs.

The staff told us the manager was approachable and listened to them if they raised any concerns. Staff were aware of the provider's whistle blowing procedure and felt confident about reporting any concerns or poor practice. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying. One member of staff told us, "I'd be happy to use it, the manager is really supportive, and I know they'd take it seriously". This meant suitable action would be taken to protect staff if they raised a concern in good faith, to protect people in receipt of care from potential harm.

People's confidential records were kept securely at the office base to ensure people's rights were upheld. The manager and provider understood the responsibilities of registration with us and notified us of important events that happened in the service. This meant we could check that appropriate action had

been taken.