

Advance Housing and Support Ltd

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Inspection report

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Date of inspection visit:
05 December 2019

Date of publication:
04 February 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Advance Housing and Support is a supported living service that provides personal care support to adults with learning disabilities. People using the service lived in their own flats. The provider had three sites where people received support across East London and Kent. At the time of the inspection 33 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported by staff who knew how to identify and report abuse. People's risk of harm was reduced as people had appropriate risk assessments.

People told us they felt safe with staff and there were enough staff to meet their needs. Staff were recruited to the service safely and the provider ensured there were enough staff to meet people's needs if there was to be a shortage.

People's medicine was managed safely and staff were trained to manage medicine correctly. The risk of infection was minimised as staff were provided with personal protective equipment to reduce the risk of cross infection.

People and their relatives thought staff were good at their jobs and had the necessary skills and experience. Staff received regular training, support and supervision to help them monitor their progress and performance in their role.

People received an initial assessment of needs before they received care to ensure their needs could be met. People's health was monitored regularly and appointments with healthcare professionals made on their behalf as needed.

People and their relatives liked the staff who provided support and found them to be very kind and caring. Staff were non-discriminatory and treated people as individuals. People's sexuality was not documented in their care plan.

We have made a recommendation about recording people's sexuality.

People's dignity and privacy was respected, and their independence encouraged.

Care was personalised and regularly reviewed. People's communication needs were met and people knew how to make a complaint. Staff showed empathy when discussing people's end of life wishes.

People and their relatives liked the registered manager and found them approachable. There were regular quality monitoring systems in place and people were encouraged to provide feedback on the service .

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Advance Housing and Support Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, service manager and three support workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to report and keep people safe from the risk of abuse.
- People told us they felt safe. One person said, "Yes, I feel safe here, I like it here as I have my own space."
- A relative said, "Yes, I do feel my [relative] is safe in his flat." Another relative said, "I believe 100% [relative] is safe."
- There was a safeguarding and whistleblowing policy for staff to follow.
- Staff completed safeguarding training and were provided with information on how to identify and report abuse.
- Staff were confident in these procedures. A member of staff said, "Abuse is unacceptable, we must report it. We have very proactive and effective managers we can go to." The same member of staff told us they would blow the whistle if the manager was not taking action. They said, "We can report abuse to the police and come to the Care Quality Commission."

Assessing risk, safety monitoring and management

- People at the service had appropriate risk assessments to reduce the risk of possible harm.
- Risk assessments were effective in reducing people's known risks and covered different areas such as; medicines management, absconding, verbal and physical aggression, wandering in the community, meal preparation and risk of fire. For each risk identified there were control measures in place to give staff guidance on how to minimise the risk.
- Staff told us risk was assessed every six months or sooner if people's needs changed.
- Staff told us they ensured people's safety by checking their living environment, equipment used, and performing health and safety checks. A member of staff said, "I'm responsible for checking the windows, ensuring they are locked. I also ensure anyone who comes to visit by asking them for identification, that's how I keep people safe."
- Another member of staff said, "When we hoist, we always do it in pairs. Before we use the hoist, we check it has been serviced and working. We check the sling is not torn and it's the right size. We always communicate with the person what we are going to do (to make them feel safe and comfortable)."
- Staff told us they had contact information available if they needed to report equipment to be repaired.

Staffing and recruitment

- There were enough staff to support people.
- People and relatives told us there were enough staff working at the service to meet people's needs. One person said, "I can come to the office (to speak to the staff) whenever I want and there is always a member of staff to talk to (at the scheme) if I need help."

- A relative said, "Yes enough [staff], [Person] is on one to one support 24 hours a day and there is always a member of staff with them."

- Records confirmed staff had been recruited to the service safely. Appropriate checks were completed to ensure staff were safe to work with people. Check included, verifying references, a criminal record check and confirmation of right to work in the United Kingdom.

Using medicines safely

- People at the service received their medicines safely and on time.
- Before staff could administer medicine they completed training in this area and were assessed as competent to do so. This ensured the risk of errors was minimised.
- Medicine administration records (MAR) had been completed correctly with no gaps. These were also audited to check staff had completed them correctly.
- Staff told us the steps they followed to ensure people received medicines safely. A member of staff told us at the start of their shift they checked medicines had been administered and where there were any issues they would approach the member of staff on duty immediately. A member of staff said, "We have procedures to follow, if a medicine has not been given we must record it as an incident, try and speak to the staff to find out if it had been given, inform our manager and call the GP as there may be other health implications." This showed staff understood how to ensure people received their medicines safely.
- Where the service needed to administer medicine on an as required basis (PRN) there were appropriate protocols in place for staff to follow.

Preventing and controlling infection

- People using the service were protected from the risks of infection as staff followed good hygiene practices.
- Staff told us they were provided with personal protective equipment to reduce the risk of infection. This included gloves, aprons and hand sanitiser.

Learning lessons when things go wrong

- There were systems in place to learn when things went wrong.
- Staff told us they regularly took part in learning activities and where there had been an incident they were all informed and information was shared on how to reduce its occurrence in the future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received an assessment of their physical, mental, social and holistic needs before care was provided.
- People's needs assessment covered the following; daily living skills, personal care, health and wellbeing, relationships and social networks, finances, education and employment, recreation leisure and community activities, spiritual and cultural needs.

Staff support: induction, training, skills and experience

- People were supported by staff who received regular training and support to give them the skills needed.
- People commented on the skills staff had and told us they thought staff were good at their job. Relatives provided positive feedback on staff knowledge. A relative said, "Staff are good, they make sure [relative] has everything they need."
- Staff told us they received plenty of support and training to do their role. A member of staff said, "We have Care Academy (training program) where we get training. We always get a reminder to do training so that we have the right skills, this is monitored by our manager." Another member of staff said, "In terms of training they [provider] are super! We have regular online and classroom-based training. For example, someone will come and show us how to use the hoist safely. They [Provider] is doing their best to make sure we get the right skills."
- Staff told us they received supervision and an appraisal to monitor their progress and discuss people they supported, records confirmed this.

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

- People were supported to eat and drink enough to stay healthy.
- Staff told us they provided support to prepare or warm up meals for people. A member of staff said, "Some people, their goal is to lose weight and we support them to make healthy meal choices. We give praise when people lose weight as [they are] getting close to goal." Another member of staff said, "We can't deprive people of what they want to eat, we encourage them to eat more vegetables, at the end of the day it is their choice."
- Staff told us they would contact the registered manager if they noticed people needed professional help to maintain a healthy weight.

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

- People received care and support from the service and appropriate health professionals.
- Records confirmed staff involvement with health professionals to help people access health care services. A member of staff said, "We work and communicate with the epilepsy nurse, GP, dentists, occupational therapists and physiotherapists."
- Records confirmed people had hospital passports to enable a smooth transition with hospital services and ensure health professionals had important information about people's health needs.
- Relatives told us their family member was kept healthy and when they needed the involvement from healthcare services, staff were proactive. A relative said, "If my sister is unwell, they make an appointment with the doctor for her."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent was obtained before staff provided care and support.
- Staff at the service explained how they obtained consent before giving people support with personal care. A member of staff said, "We always get permission, if someone is non-verbal we will approach their next of kin for consent."
- Staff understood the principles of the MCA and that people were deemed to have capacity unless they were found not to.
- Appropriate DoLS authorisations were in place and were kept under review with the relevant authorising body to ensure they were up to date, records confirmed this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were looked after by staff who were kind, caring and respectful.
- People told us staff were kind and helpful. A person using the service said, "The staff here are nice to me, there is always someone to have a chat to here."
- Relatives were happy with the way staff spoke to and treated their family member. A relative said of staff, "Yes, they are really kind and caring towards [person]." Another relative said of the staff, "My [relative] would not be here today if it wasn't for this agency and their support."
- Staff spoke highly of the people they supported and how important it was to be kind towards them. A member of staff said, "We take them [people using the service] as family, it is a joy to support them and to see how happy family are when we support their relative is good."
- Staff completed training in equality and diversity and told us they did not discriminate against people. A member of staff said, "Everyone is individual, we treat everyone as a human being." Another member of staff when discussing people's sexuality said, "We have not been lucky enough to have someone from the LGBT community (lesbian, gay, bisexual or transgender) join our service, we would welcome them."
- The registered manager said, "We welcome people from any background, without discrimination."
- Staff showed awareness to people's sexuality however, this was not recorded in people's care records to demonstrate it had been discussed.

We recommend the provider consider current guidance in documenting people's sexuality.

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

- Staff actively engaged with people during key work sessions (sessions led by a member of staff to coordinate care for people) to enable them to express their views and make decisions about their care.
- People told us they could speak to staff where they lived or at the office whenever they needed to discuss their care needs and make important decisions.
- People's family were available to support people with decisions relating to their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected by staff.
- Staff told us they knocked on people's doors before entering and respected dignity when providing personal care.
- Relatives told us the dignity of their family member was respected. A relative said, "I'm aware [relative]

only has female staff supporting them (with personal care) and I'm happy with this.

- Staff encouraged people's independence and care records confirmed people were helped to maintain skills they already had. A relative said, "I like that [person] is supported to live independently here."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care was personal, tailored to meet people's individual needs and detailed people's preferences likes and dislikes.
- Support plans were written with people and their relatives which ensured staff were delivering care and support that was personalised, records confirmed this.
- People and their relatives told us they were involved in the planning and review of care. A person said, "I know I have a support plan, it's here in my flat." A relative told us they had also been given a copy of their relative's support plan and were kept up to date with changes to the delivery of care for their family member.
- Staff told us they got to know people through observations and speaking to them. A member of staff said, "I want to know the background of the people I work with, their life story. I observe them as well, the care is very individual here." Another member of staff said, "It's the little things you get to know about people that is important, it is all in the support plan."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were stated in their support plan and guidance was provided to staff on how to communicate effectively.
- Support plans provided information to staff on what people's different facial expressions or body language meant where they were non-verbal.
- Information was available in different formats and the service made use of pictures to help people understand the information being presented to them. The registered manager told us they also used other communication methods such as Makaton (Makaton is a language programme that uses symbols, signs and speech to enable people to communicate) where this was needed. The registered manager told us staff were trained in how to use Makaton to improve their communication skills.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to participate in activities of their choice that helped them meet and make friends and see family who were important to them.
- People told us they socialised with other people who lived at their scheme and they had made friends.

- People's relatives commented on the positive effects of their family member being taken to external activities such as day centres. A relative said, "I'm really happy [person] is taken to the day centre all the time. It means [person] is in the community with others." Another relative said, "They are so good like that [staff] they always encourage [person] to go into the community."
- People were supported to attend their chosen place of worship. A member of staff told us they took people to their local church and to the Mosque. This showed people were able to practice their faith if they chose to.

Improving care quality in response to complaints or concerns

- People were provided with information to enable them to raise concerns and make a complaint about the care they received.
- Systems were in place to record and respond to complaints. Staff were aware of the providers policy on managing complaints.
- The registered manager told us they used complaints as an opportunity to learn and improve. They said, "We communicate with family members about complaints, we are open. We don't treat complaints as a negative thing we put our hands up and see what we can do to put it right."
- People told us they would approach staff or contact the registered manager if they needed to make a complaint and were confident they would be taken seriously. A person using the service said, "If I had a problem I would go to the office (to report it)."

End of life care and support

- The service had an end of life policy and procedure to follow in the event someone at the service needed support at that time.
- In the sample of care records viewed, it did not clearly state whether people's end of life wishes had been discussed with them.
- However, staff provided examples where they had discussions with people to make plans for the end of their life and the need to show empathy and consideration towards them. A member of staff said, "We supported [person] to plan their funeral and make plans, some have family involved we were there to help them make those plans."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were happy working at the service and told us they enjoyed coming to work every day.
- People and their relatives liked the registered manager. A person said, "I like them [registered manager] they listen to me." A relative said, "I am very happy with them [registered manager], they know what they are doing."
- The registered manager told us staff were recognised for their good work through different reward and recognition schemes and the Pride award where staff could nominate their colleagues for demonstrating the providers core values.
- Staff were empowered through ongoing training and support provided internally and externally. Staff confirmed this made them feel confident in understanding people and providing them with person centred care at all times.
- The registered manager operated an open-door policy for people using the service, their relatives and staff to make them feel comfortable to approach them with any concerns or help they needed.
- The registered manager told us people were supported to engage in job roles of their choice if they wished. We observed someone who used the service was working behind the reception at the service. This gave the person great satisfaction and made them feel empowered to work.

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

- The registered manager showed they understood and acted on the duty of candour responsibility. They told us, "We are open and transparent if we have done anything wrong we act proactively send notification to CQC promptly. We have policy on duty of candour and we want to learn from accidents."

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

- The registered manager knew what was expected of them as did the staff team.
- The registered manager told us they received regular support and supervision from the director of the service.
- Regular audits of the service took place to monitor quality of care given, including spot checks and a six monthly audit of each of the supported living schemes. Records confirmed where improvements were required at a scheme, an action plan was prepared to meet the improvements. For example, it had been identified a member of staff needed to complete training in the MCA and this was resolved.

- The registered manager told us they had completed a review and they had established there was enough staff to meet people's needs. They also told us their human resources department had taken steps to ensure there were enough staff in the event of a staff shortage due to leaving the European Union following Brexit.

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

- People, their relatives and staff felt engaged with the service and were asked for feedback on a regular basis.
- Regular meetings took place with people who used the service and staff which the registered manager attended.
- An annual survey was sent to people using the service, relatives and staff to ask for feedback and ways the service could improve. The registered manager said, "We send out the performance survey yearly, we analyse it. For example, if people say they don't feel listened to, we take it back to see what can be done to improve."
- The registered manager told us how people were involved in engagement and helping to improve the service. They explained people using the service asked their peers for feedback to make it easier for them to open up. The findings from doing this were presented by people who used the service to show it was led by them.

Continuous learning and improving care; Working in partnership with others

- Continued learning and development was promoted at the service and staff spoke about how they were encouraged to learn new skills for their own personal development to help them at work.
- The registered manager told us they attended a registered manager forum where their best practice was shared by other managers.
- Joint working took place with the local authorities where the provider had supported living schemes in place and a number of external organisations such as STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines) and Ann Craft Trust (a national charity which exists to minimise the risk of abuse of disabled children and adults at risk). Records confirmed this.
- The registered manager told us they attended the learning disability forum as the co-chair and adult social care conferences.
- Case studies were prepared and shared to show success stories of how support from staff and health professionals enabled people to live a more fulfilled life.