Advance Housing and Support Ltd

83 Tennyson Road

Inspection report

83 Tennyson Road
Luton
Bedfordshire
LU1 3RR

Tel: 01582720186
Website: www.advanceuk.org

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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

This inspection took place on the 10 February 2016 and was unannounced. When we last inspected the home in May 2014 we found that the provider was meeting the legal requirements in the areas that we looked at.

83 Tennyson Road is a care home providing accommodation and personal care to up to four people with mental health needs and learning disabilities. At the time of our inspection there were four people using the service. The service is located in central Luton and shares a joint manager and staff team with another registered service on the same street.

There was a registered manager in post at the time of our inspection. 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 kept safe and risk assessments were completed which identified ways in which any risk of harm could be reduced. People were encouraged to maintain and develop their independence and to engage in a range of activities. They had enough to eat and drink and maintained a healthy and balanced diet.

Care plans were detailed, person-centred and regularly reviewed with the input of people and their relatives. People's healthcare needs were identified and they were supported to attend regular appointments with professionals where required. People were able to tell us about ways in which the service had helped to improve their mental health and supported them in the community. People's medicines were stored and administered safely by trained and competent staff.

Staff were caring, committed and understood people's needs well. They received a range of training which was specific and specialised to enable them to offer effective support to people. New staff were recruited safely to the service and undertook a full induction. The manager regularly supervised and undertook performance reviews with staff to support their continued development. Staff understood the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards and were able to describe how these affected people using the service. People had a named key worker who met with them regularly to discuss their care. People were treated with dignity and respect.

People and staff were positive about the manager of the service and felt well supported. Regular audits were carried out by the provider to ensure that documentation was up to date and that any improvements that needed to be made were resolved promptly. Records were well maintained and subject to regular review to ensure they contained only the most up to date information. The service had a positive culture that promoted empowerment and independence and was responsive to people's changing needs. Regular meetings were held which provided people and staff with opportunities to discuss issues relating to the service, and these meetings were used to drive continual improvement.

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. There were regular assessments and reviews of risks within the home, and staff demonstrated knowledge of how to keep people safe.

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.

Is the service responsive?

Good

The service was responsive.

People's care plans contained an appropriate level of detail to enable staff to understand their needs.

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.

83 Tennyson 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 10 February 2016 and was announced. The inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We reviewed this and the information available to us about the home, 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 also reviewed local authority inspection records and spoke to one professional involved with the service to gain their feedback.

During the inspection we spoke with two people using the service, the registered manager and two members of the care staff. We observed interactions between people and staff around the service. We also looked at care records for two people, four staff files containing training records, inductions and recruitment information and looked at risk assessments and emergency plans. We reviewed records for medicine administration, audits, minutes of meetings, satisfaction surveys and healthcare records.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. One person told us, "It's safe as houses here. No problems at all." Another person said, "It's changed a lot over the years, but I've never felt unsafe here, not for a second."

Staff received training in safeguarding and understood how to protect people using the service from harm. One member of staff said, "We know what kind of risks affect each person and try and make sure that we're aware of where they are and what they're doing without compromising on their freedoms too much." Staff were able to tell us who they'd contact if they felt people were at risk of harm and could describe the whistleblowing policy which was in place to help staff report concerns anonymously.

There was a policy in place for dealing with accidents and incidents and these were recorded and reported by the service to ensure that any issues affecting people's safety were investigated. Appropriate referrals had been made to the local safeguarding authority were required. Where people's behaviours had deteriorated over time, we saw that the service kept robust records of all the incidents which helped them to identify trends and causes which could enable them to offer more effective support to reduce the recurrence of these incidents. People were given an easy read guide to reporting abuse. This provided information on who to contact should they suspect that people were being harmed or they had been harmed in any way.

Risk assessments were completed and regularly updated for each person in areas such as personal hygiene, health and safety, aggression and use of cleaning materials. Risk assessments were personalised and relevant to each individual. For example where one person displayed specific behaviours which might have been indicative of an escalation in anxiety, there had been a risk assessment completed for each behaviour which detailed ways in which staff could calm and reassure them.

There were enough staff on duty to keep people safe. One person told us, "There are always staff around but we don't need much, we're pretty independent here." We reviewed rotas for the last four months prior to the date of inspection and found that there were always enough staff available to meet people's needs. The manager divided his time between the two services and worked in addition to one member of staff on each morning shift and one member of staff for the evening shift and sleep-in. For special events or when people required extra support to attend appointments, rotas were adjusted to reflect this and ensured that the service had the level of staffing they required on any specific day.

Staff were recruited safely to work in the service. Staff files contained two references from former employers, health questionnaires, identification and completed application forms. Interviews assessed the person's skills and experience to ensure they were of appropriate character to undertake the role. Staff had completed DBS (Disclosure and Barring Service) checks on file and these were regularly refreshed and updated to ensure that staff remained suitable for their roles.

Information relating to people's medicines and the reasons they had been prescribed was included within people's care plans. These included details of medicines prescribed on an 'as and when required' basis (PRN) for specific reasons and administered under certain circumstances. Staff were provided with

information regarding appropriate times to administer these medicines and ways in which they might explore other means of support as an alternative. Medicines reconciliations were completed daily. We checked medicines administration records (MAR sheets) for each person using the service and found that these were completed appropriately with no unexplained gaps in recording. There had recently been a pharmacy advice visit to look at the safety and suitability of how medicines were being administered and this had highlighted some areas for improvement. One example had been suggesting that two staff checked and recorded incoming medicines to ensure that the system was robust enough to identify any potential errors. We saw that this advice had been acted upon and that two signatures were present on the stock sheets as suggested.

Health and safety audits were completed monthly to assess the safety of the environment and premises and identify any areas where there might have been a risk to people's safety. Action plans were created if necessary to address any issues that had been identified. Tests had been completed to ensure that fire equipment, emergency lighting and electrical appliances were all working correctly and safely. Maintenance work on the property was completed promptly and people were informed of any changes or improvements made as a result of this work. Emergency plans were in place which detailed how the service would respond in case of any unforeseen circumstances, for example adverse weather or illness. The service had a 'grab bag' which contained essential information and items in case of an emergency.

Good

Is the service effective?

Our findings

People we spoke with felt that staff received the correct training to carry out their duties. One person said, "Yes the staff have good training to help us out." Another person told us, "Yes the staff are trained; the manager makes sure of it."

The service completed a training needs analysis which assessed competencies and behaviours and identified training needs for staff on the basis of their individual knowledge and aptitude. We saw that all staff had received mandatory training in infection control, safeguarding, first aid, manual handling and medicines administration. In addition the service had provided specialised training to help staff with understanding people's specific needs- for example training had been offered in diabetes awareness to better understand the needs of two people using the service. Staff did not receive specialised training in understanding people's specific mental health conditions but we saw that these were covered during a comprehensive induction program which included guidance on understanding the conditions that people lived with. This was refreshed every three years with staff. Inductions included an opportunity to read through files, policies, care plans and the locations of facilities within the home.

Staff received regular supervision and performance management. Each member of staff had a full supervision every two months and a performance review annually. One member of staff told us these provided a good opportunity to discuss issues affecting the service, identify training and development needs and helped to motivate them to carry out their role effectively. They said, "Supervisions are monthly- we talk about the service users, any issues we have and concerns around the service." Supervision matrixes were in place to highlight when staff were due to be supervised next.

Staff were able to describe the principles behind the Mental Capacity Act 2005. 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). The home carried out a DoLs screening checklist for each person which considered whether they may be deprived of their liberty in any specific area, including any locks on doors or continuous supervision. As the people were using the service were largely independent, we found that there were no restrictions upon people's rights or freedoms, but that the service had a robust system in place to identify and act upon anything that could have changed this.

People had signed their care plans to indicate that they gave consent to receiving care from the service. This included an opportunity for next of kin to sign where they had been involved in making the plan. Care plans were created on the basis of a 'Planning for your Life' tool which looked at key areas of the persons support such as money, family, friends, social activities and work/education.

Where individual agreements were in place that might have required consent, we saw that these had been discussed with people and that all agreements were signed by the person. For example where the service held people's cigarettes to encourage them toward their goal of giving up smoking, the person had agreed to this arrangement in writing and was able to tell us about how it was helping them to cut down. There were similar agreements in place around finances for another person.

People's healthcare needs were detailed in their care plans, as were records of appointments with external professionals including GPs, chiropodists, community nurses and psychiatrists. When people received treatment or a change was identified in their healthcare needs, this was reflected within the person's car e plan, risk assessment and monthly summary. Where one person was diagnosed as diabetic, referrals had been made to diabetic nurses and their involvement had been sought to help the person to understand the importance of healthy eating. Another person had previously had a monitored diet but they had been discharged from the dietician's involvement and were now eating and drinking well. However the service remained mindful of their history and continued to monitor their food and fluid intake more informally to mitigate the risk of any potential relapse.

People's dietary needs were met by the service. One person we spoke with said, "They do the cooking for us, we usually eat the same meal but they give us a choice if we don't like what's on offer. I like to bake sometimes but I need help with more complicated meals." Another person told us, "The meals are nice." We saw menu forms completed on each shift which confirmed that while people had the choice to eat together, they were also given a variety of meals to choose from which met their dietary and cultural needs, such as the provision of. halal meats. People were involved in choosing the shopping each week and consulted when planning ahead for each weekly menu.

Good

Is the service caring?

Our findings

People using the service were enthusiastic about the care and support they received. One person said, "We're treated really well, it's nice living here." Another person said, "I'm really happy here."

During our inspection we observed that staff demonstrated a caring attitude towards people being supported. One member of staff told us, "I love it here, I love looking after people. The service is great." We observed positive interactions throughout our time in the service and saw that staff were supportive, kind and attempted to help people to make decisions in line with their care plans. For example when one person was asking for more cigarettes than usual, a member of staff gently encouraged them to cut down but did so in a jovial and friendly manner that was intended to help the person rather than deny them their freedoms.

Monthly link worker sessions gave people the opportunity to discuss issues relating to their care with a named link worker. One person told us, "The staff are good - I have a link worker who is really nice to me, helps me out with everything." We saw that actions highlighted as a result of these meetings were quickly addressed. People were provided with a choice of activities and were asked to review whether they were satisfied with the care and support they were receiving. One member of staff told us, "I've gotten to know the customers- I'm key working for somebody and that's helping us develop a professional relationship- it's helping me to understand how I can help them and do more for the person."

People were treated with dignity and respect. One person told us, "They treat us with nothing but respect. I get to do what I like when I like and they don't try and interfere in my life." One person's care plan included details of how that person's dignity might be compromised without intervention from staff, and we saw that there had been a caring and sensitive approach to managing the issue, including ensuring that only staff of the same gender addressed it with the person.

People were issued with a statement of purpose for the home, a service user guide, a brochure which included local amenities and facilities and details of advocacy services they could contact if required. People were asked to sign to confirm that they had received and read these. People were also issued with leaflets which explained to them their right to have their records kept confidentially and enabled them to understand the ways in which the service would strive to ensure this.

House meetings took place each month and gave people a chance to discuss amongst themselves any issues they felt required addressing. This included activities that people were keen to pursue, for example two of the people had expressed a wish to go on a day trip to the south coast in the new year which was being facilitated by the staff. The people were complimentary about the staff in the minutes stating 'We have been looked after well.' 'I want to thank for the staff for their nice Christmas presents and the lovely meal.'

Good

Is the service responsive?

Our findings

People we spoke with told us they knew and understood the information contained within their care plans and had been involved in their creation and review. One person said, "I get to read through the care plan, yes, they give me all kinds of things to read. It all seems in order."

Assessments completed prior to people's support being commenced included an assessment of their level of competency in key areas; for example where somebody needed prompting for a specific element of their daily life. The service had assessed their ability and understanding and detailed the level and method of encouragement required, as well as ways in which they could try and reduce this dependency over time. A re-assessment was completed for each person as their abilities changed.

Reviews of care plans were carried out every six months and included an opportunity for the person and their relatives to feedback on issues affecting their support. This ensured that their care planning was up to date and reflective of their personal needs. We saw that important issues affecting the person's care were discussed and that external professionals were encouraged to be involved. For example where one person's mobility had deteriorated, we saw that this had been discussed and shared with other people in the person's life to ensure that issues were shared and transparent. Monthly summary sheets were completed with people's link workers to review significant events, health, housing and provide the person with the opportunity to feedback on how they were finding their care and support. We saw that changes identified in these summaries were reflected in care plans.

People told us they were supported to undertake daily living skills independently where possible. One person told us, "They help out but I do all my own washing and cleaning." The manager told us it could be a challenge sometimes to motivate people to help out regularly in the service with household tasks, but that each person had been supported to find realistic and fair ways in which they could contribute to ensuring the home was clean and their personal tasks such as laundry were completed as independently as possible.

Care plans contained a level of detail that was relevant to the person. For example where somebody displayed greater independence with their daily routines, the provider had not included as much detail as for another person whose routines were more important and required staff to be aware of each stage of their day.

The manager explained that people using the service didn't always engage in community based activities and preferred to spend time at home. One person told us, "I like to stay at home, I like designing things. They help me out and look at my ideas. If I want to go out the staff usually take me to the pub, I like going to local hotels for a drink." To try and encourage as much participation as possible in hobbies and interests outside of their direct support, people's care plans set aims and objectives and listed things which had been tried in the past and may work again in the future. Details of how staff could encourage them to undertake more activities both in and out of the home were included and were person-centred. For example where one person had an interest in cars, they had attempted to encourage them to attend an activity at a local garage. The manager told us, "Often they will refuse, but we always try and offer them something." We saw that

while these problems with motivation were documented and taken into account by staff, they were continually striving to find new ways of engaging people in a variety of activities.

People's changing needs were taken into account and service had taken proactive measures to ensure that any risk of a relapse or deterioration in mental health was identified, and ways in which this might present itself were detailed to enable staff to know which signs to monitor. One person's needs had changed and their age had meant that assessments had needed to take place to identify whether the placement was still suitable for them. The person told us they had chosen to remain in the service because they thought of it as home. The manager said that significant efforts had been made to accommodate the person's changing needs and ensure that the service was still able to provide the level of care they required. Contact details for local professionals were supplied in care plans so that external referrals could be made if necessary.

People told us they would feel comfortable making a complaint if necessary and knew who to complain to. One person said, "I'd talk to the manager if I had any worries or concerns, he'll take care of it for us." The service had received three complaints from people using the service. While these were more informal in nature, they had come out of customer meetings and been treated as a formal complaint by the manager, who had provided them with an action plan as a result of each complaint. For example where one person had complained about a certain behaviour from another person using the service, we saw that a meeting had taken place with both to discuss the issue and set clear expectations going forward. The other two complaints also detailed disputes between two people and were promptly responded to by the manager with clear outcomes.

Good

Is the service well-led?

Our findings

People we spoke with were positive about the management of the service. One person said, "Oh yes, the manager is very good to us." Another person told us, "The manager is good." Staff were also complimentary about the manager and told us they felt he was supportive and approachable. One member of staff said, "The manager is good, I could go to him with any issues."

The manager was able to tell us about each of the people supported by the service in detail and understood their individual needs, backgrounds and histories. During our inspection we observed him interacting positively with people and saw that he often spent time working in the service to offer direct support, including taking people to activities and appointments. He was able to describe to us the importance of promoting empowerment in people's lives and the steps they had taken to help people to develop and maintain their independence. He showed good awareness of mental health conditions and was able to describe the ways in which the service remained up to date with best practice; including attending local provider forums and ensuring that the service had copies of recent legislation available to continually refresh their knowledge of social care.

Monthly visits took place unannounced by other managers across the organisation to ensure that the service was meeting the required standards and that quality assurance systems were effective. These were designed to check that staff knowledge was up to date, training had been completed, people were happy and satisfied with the care being provided and included a thorough audit of all service documentation. This enabled the service to ensure they were consistently compliant and meant that action was taken almost immediately to resolve any issues raised. Records were always up to date, relevant and personalised, and this showed us that the manager was proactive and thorough in ensuring the service met regulatory standards. A recent local authority inspection had rated the service as 'excellent'.

Surveys were sent annually to people using the service to provide them with an opportunity to feedback on anything important. While these surveys were basic in nature, people were able to express whether they were happy or unhappy with the service. These didn't provide people with an opportunity to provide comments on the service, but the manager was able to describe the various other ways in which they encouraged this including a complaints box in which people could leave comments anonymously and their monthly key worker meetings.

Team meetings took place monthly and provided staff with an opportunity to discuss issues affecting the home. One member of staff told us "Team meetings are generally useful, they help when we need other staff's input into what's going on." We saw from minutes of these meetings that these were well-attended and that important topics were discussed and actions set as a result. For example the issues raised during an earlier inspection from the local council had been discussed in several meetings with the manager taking a proactive role in identifying the areas for development specified and ensuring that all staff understood their responsibility to look at each area where improvement was required and work on taking swift action. Each meeting included an opportunity to feedback on the progress of each individual and staff discussed any issues affecting their mental health, successes and challenges.