Advance Housing and Support Ltd

27 Islip Road

Inspection report

27 Islip Road
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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected this service on 13 August 2015. This was an unannounced inspection. 27 Islip Road is registered to provide accommodation for up to 10 people with a learning disability who require personal care. At the time of the inspection there were eight people living at the service.

At a previous inspection of this service in March 2015 we found medicines were not always managed in a safe way, the principles of the Mental Capacity Act 2005 were not always followed, and people's records were not always accurate. In addition we found that staff were not always adequately supported to deliver care to service users safely and to a sufficient standard and the registered person had not made the Care Quality Commission (CQC) aware of some notifiable incidents.

Following the inspection in March 2015, we asked the provider to write to us to say what they would do to make improvements. We also issued the provider and registered manager with a warning notice stating the service must make improvements by 30 May 2015 to

Summary of findings

ensure people received care that was planned and delivered in a way that met their individual needs and ensured their safety and welfare. We told the provider they could not admit any new people to the service.

We undertook this inspection to check that the provider had followed their action plan and to confirm the service now met legal requirements. We found the provider had taken the actions and made the required improvements.

People told us they were happy living at the service. People were cared for in a kind and respectful way. Staff engaged with people and offered support to promote people's independence. Staff knew the people they cared for and what was important to them. People's choices and wishes were respected by care staff and recorded in an individual Person Centred Plan. People had been involved in reviewing their care. People had a range of individualised risk assessments in place to help them maintain their independence. Ensuring updated risk assessments were always made available to staff in a timely way was an area that required further improvement.

The health needs of people were being met. Staff had received support from healthcare professionals and worked together with them to ensure people's individual needs were being managed.

Appropriate arrangements were in place to manage people's medicines safely. Medicines were stored and administered safety.

People told us they had access to a range of activities and events according to their wishes. We observed people enjoying activities in the home and the home had a welcoming and relaxed atmosphere. Further improvements had recently been made to the service to ensure people lived in a comfortable and homely environment. People told us they were involved in making decisions regarding the refurbishment of the service.

The provider, registered manager and staff understood their responsibilities under the Mental Capacity Act 2005. People's mental capacity had been reflected in their care records. People told us their wishes had been respected.

A new manager was in post because the registered manager had left the service following our last inspection. A registered manager is a person who has registered with the CQC 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 in the process of applying for registration with the CQC. A deputy manager and some new staff had been recruited and steps were being taken to recruit to other vacancies.

People and staff were complimentary about the new management team and the changes that had taken place within the service. Relatives felt some of the "homely feel" had been lost since the changes had taken place.

People knew how to make a complaint if required. The management team sought feedback from people and their relatives and was striving to further improve the quality of the service.

Action had been taken to ensure staff had received support including, training, regular meetings, one to one and group supervision.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Some improvements were required to ensure the service was safe.

Staff identified and managed the risks of people's care, however, risk assessments were not always updated and added to peoples care records in a timely way.

People received their medicines safely.

People felt safe. Staff understood their responsibilities around safeguarding and knew how to raise concerns.

Is the service effective?

Good

The service was effective. Staff received the training and support they needed to care for people.

People were supported to maintain their independence, stay healthy and eat and drink enough. Other health and social care professionals were involved in supporting people to ensure their needs were met.

People were supported by staff who acted within the requirements of the Mental Capacity Act.

Is the service caring?

Good

The service was caring. People were complimentary about the staff. People were cared for in a kind and respectful way.

People were supported in an individualised person centred way. Their choices and preferences were respected.

Is the service responsive?

Good

The service was responsive. People received personalised care that met their individual needs.

People knew how to complain and felt confident in raising any concerns.

Is the service well-led?

Good

People benefited from a service that was well led. People's views were sought to improve the quality of the service.

The quality of the service was regularly reviewed. Where shortfalls had been identified, actions had been taken to improve the service.

27 Islip 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 checked 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 13 August 2015 and was unannounced. The inspection team consisted of three inspectors.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We contacted local professionals to obtain their views on the quality of the service provided to people.

During the inspection we looked around the home and observed the way staff interacted with people. We spoke with four people and two people's relatives. We also spoke with the deputy manager, the area manager and three care staff. We looked at records, which included five people's care records, the medication administration records (MAR) for all people at the home and three staff files. We also looked at records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

At our last inspection in March 2015 we found that appropriate arrangements were not always in place for managing people's medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken action to ensure medicines were stored and managed safely, for example, a daily audit of stock control and medicine administration records. Staff had received training in medicines management and supported people to take their medicine in line with their prescription. People had individual protocols for medicines prescribed to be taken as required (PRN) which provided guidance to staff on when to administer the medication.

At our last inspection on 11 March 2015 we found people were not always kept safe through the risk assessment process and peoples risk assessments were not always stored so they could be located promptly when required. This was a breach of Regulation 9 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to regulation 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our August 2015 inspection we found action had been taken and people's care and support had been reviewed and people had person centred risk assessments in place. These risk assessments identified the individual risks to people and detailed the subsequent action staff should take to keep people safe. This meant people could receive the correct level of support to live their lives in the way they wanted.

Peoples risk assessments were easily located in their care files. However, in one person's care record serious risks had been identified and had been recorded in care planning documents however there was no clear guidance for staff on how to manage this risk. We discussed this with the management team who told us a risk assessment had been updated with this information, however they were unable to find it at the service when asked. This risk assessment was found later in the inspection, stored on the home's computer. As the updated risk assessment had not been stored in the persons file there was a risk that staff would not have the guidance they needed to ensure the person was protected from harm.

People told us they felt safe living at the home. Comments included: "they keep an eye on me", "feel safe" and "I like it here, I am safe". Staff had knowledge of the types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the manager. If the manager was not available or they felt appropriate action had not been taken staff told us they would raise the concern with the local authority safeguarding team.

The manager had raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the manager had ensured any concerns were reported to local authority safeguarding and the Care Quality Commission (CQC). They had also ensured action was taken to protect people from harm.

Peoples finances were managed in a safe way and checks of people's money was carried out at every handover to ensure balances were correct.

There were sufficient staffing levels to meet people's needs. During our inspection we saw staff responding promptly to requests for assistance. Staff did not appear rushed and had time to sit and talk with people or engage in one to one activity with them. The minimum staffing levels for each shift was two members of staff. The manager told us staffing levels were planned according to what activities were taking place. Relatives told us when the service worked on minimum staffing numbers this had an impact on their relative because they were not always supported in being able to go out or do one to one activities. Some new staff had been employed since our last inspection and there were further interviews planned to fill remaining vacancies. Any shortfalls in the planned number of staff were covered by agency staff. The same agency staff were used for consistency and continuity of care.

The service followed safe recruitment practices. Staff files included application forms, records of interview and

Requires improvement

Is the service safe?

appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

Good

Is the service effective?

Our findings

At our last inspection in March 2015, we found staff were not supported to deliver care which met people's needs because they had not received appropriate training, supervision or appraisal. We also found people did not benefit from a service that fully understood and embedded the principles of the Mental Capacity Act 2005 (MCA). People did not have health action plans that contained accurate or adequate detail and the environment required improving. These issues were breaches of Regulations 23, 18, 20 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18, 11, 17 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider implemented an action plan documenting how they were going to improve the service. At this inspection in August 2015 we found the provider had taken actions to meet the fundamental standards.

Staff felt supported and told us they received one to one supervisions. One staff member said they felt, “really supported”. Records confirmed staff had received regular group and one to one supervision since our last inspection. Supervision gave staff the opportunity to discuss areas of practice. Any issues were discussed and actions were set and followed up at subsequent supervisions. Staff were also given the opportunity to discuss areas of development and identify training needs. Not all staff had received their annual appraisal; however, dates were planned for this to be completed in the near future.

Staff told us they had “lots of training” since the last inspection and this had helped them to improve the quality of care they provided. For example, one member of staff told us how putting the training in person centred care planning into practice had helped them get to know people better and as a result “relationships have really improved”. Newly appointed care staff went through an induction period. This included training for their role and shadowing an experienced member of staff. One staff member told us, “it’s been a good induction, I have been really supported”.

People with learning disabilities often have unmet physical healthcare needs therefore Health Action Plans (HAPs) were introduced by the Department of Health. HAPs hold information about people’s health needs, the professionals who support those needs, and people’s various appointments. People at the service were supported to maintain good health and had access to other healthcare professionals such as the GP, opticians and dentists. HAPs contained information about people’s individual health needs together with a clear description of any support required.

Staff understood people's nutritional needs and supported people to have adequate nutrition and hydration. We observed staff assisting people to make choices in what they would like to eat and drink. Staff were aware of people’s dietary needs. For example, one person’s risk assessment identified they could be at risk of choking. A risk assessment had been completed which identified the person should not be alone when eating, their food should be cut up and gravies and sauces should be used to ensure the food was moist. Staff were able to describe how this person should be supported and assisted them in line with instructions in their care plan.

Since our last inspection staff had received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals. Staff had a good understanding of the MCA and there was evidence through people's care records to show that where people needed support with decisions this was being done lawfully. For example, when a concern was raised about one person’s ability to make an informed decision, external professionals were contacted to request support in assessing the person’s capacity to make the decision. Staff understood and were able to describe how, if a person did not have capacity, the best interest decision making process would be followed.

At our last inspection we identified the environment required improvement. Since the inspection the service had undergone some refurbishment and redecoration. The service looked clean and homely. The garden had been tidied up and new garden furniture had been purchased. Plans were in place to change the paths and layout of the garden to make it more accessible for people. People told us they liked the changes that had been made in the house. One person said, “It looks nice, I like the colours”. Another person said “we have decorated a lot. It’s better”.

Good

Is the service caring?

Our findings

At our last inspection in March 2015, we found people were not always treated in a respectful way. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider implemented an action plan documenting how they were going to improve the service. At this inspection in August 2015 we found the provider had taken actions to meet these standards.

People told us they liked living at the service and staff were kind and caring. One person said "I'm happy living here" and "staff treat me really good". Another person said "staff are nice to me, I like it here". The atmosphere in the home was calm and pleasant. There was chatting and appropriate use of humour throughout the day. People felt they mattered and were treated with patience, respect and warmth.

Staff were respectful in their approach to ensuring people were not distressed or worried by having a team of inspectors in their home. The inspection team was introduced to people and staff took time to explain the purpose of our visit to people.

Since the last inspection, changes to the care planning and keyworker system meant that all staff now shared the responsibility for planning and delivering people's care and support. For example, a 'customer of the day' had been introduced where service users were discussed and all staff were involved in discussing how they would contribute to meeting the persons identified needs and supporting them to achieve their goals. Staff told us this had a positive impact on their relationships with people. One staff member said, 'things have got so much better, it feels more connected, we are more involved now". Staff demonstrated they knew the people they cared for well and had developed supportive relationships with them.

Staff talked about people in a respectful way and were knowledgeable about the things that were important to people as well as their likes, dislikes and preferences. For example, one person liked boats. They had chosen pictures of ships to personalise their care records and had been supported to write to shipping companies who had sent letters and photographs. This person showed us some of the things they had collected and told us their recent holiday had been "fabulous, because we went to France on a ship". Staff were supporting this person to plan a cruise for their next holiday.

People who were not always able to communicate verbally were supported by staff who understood their specific methods of communicating. For example, one person communicated with sign language. Staff had learnt some signs and used these to ensure this person was able to consent to, and be involved in decisions about their care.

People were treated with dignity, respect and staff understood the importance in ensuring people were given the privacy they required during care tasks. We observed staff interacting with people in a respectful manner. For example, staff knocked on people's doors and waited to be invited in before entering. One person told us, "I've got my own key; they [staff] knock on my door".

People told us they were supported to be independent. One person told us "I wash up and help to choose the menus". Staff told us they supported people to be as independent as possible. They helped people to do this by encouraging them to do as much as they could for themselves but helped when people wanted or needed help. Some people wanted to show us their rooms, where they had items relating to their interests. They told us that they were encouraged to be as independent as possible in keeping their room tidy and clean.

People felt their views were respected. For example, people showed us the areas of the home that had been redecorated and told us "I helped to choose the colours" and "we were asked what colours we would like".

People were supported to express their personal relationships and sexuality. People and staff had been involved in identifying how this could be managed without being intrusive.

Good

Is the service responsive?

Our findings

At our last inspection in March 2015, we found people did not benefit from person centred planning (PCP). This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider implemented an action plan documenting how they were going to improve the service. At this inspection in August 2015 we found the provider had taken actions to meet the fundamental standards.

People's records had been rewritten and included new templates and documents that the provider had introduced. PCP documentation contained detailed information about people, their preferences and what was important to them. People told us they had completed the paperwork with staff. One person said, "we did it [paperwork] together, I chose the pictures and told them what's important to me".

People's plans were reviewed with them at monthly meetings with their keyworker. People's progress in obtaining their goals or any new goals were discussed at the 'customer of the day' meetings and also during staff supervision. This helped staff to identify what further support could be offered to ensure people met their goals.

People had the activities they liked to take part in recorded in their care records. People attended various social clubs. There were also shopping trips and visits to the local community. When we arrived at the inspection people were getting ready to go bowling. One person told us "I asked to go bowling" and we saw that bowling as a preferred activity was recorded in their care record.

People were supported to be independent in maintaining links with the community. For example, two people had expressed a wish to work and had been supported to obtain jobs in the local community. People were also supported to access public transport so they could be independent in visiting their relatives and friends outside of the service.

People were encouraged to contribute to the planning of the service and to provide feedback. In addition to individual meetings with people, regular house meetings took place. For example, people were asked for their feedback on the refurbishment of the service and their ideas and suggestions had been incorporated into the plan for the garden. The provider also held group meetings and invited people from all of their services to attend. One person from this service had attended the recent meeting as a representative of the service. This meant people were given voices as individuals and as a group to contribute to their own wellbeing.

People knew how to make a complaint and the provider had a complaints policy in place. This was provided to people in an easy read format. People told us they would "tell [staff] if I am not happy".

Good

Is the service well-led?

Our findings

At our last inspection in March 2015 we found the service was not sending the CQC notifications. Notifications are information about important events the service is required to send us by law. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found all relevant notifications had been sent to the CQC.

At our last inspection in March 2015, we also found the service was not well led and there was a lack of quality monitoring systems. These issues were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us a plan outlining what actions they would take to bring the service up to the required standard to meet the fundamental standards. At this inspection we found these actions had been taken. The offices were organised and any documents required in relation to the management or running of the service were easily located and well presented. There was a range of quality monitoring systems in place to review the care offered at the home. These included a range of clinical and health and safety audits which were completed on a monthly basis. There were action plans to address any areas for improvement and these were reviewed by the area manager to ensure they had been completed. The area manager also completed a monthly quality assurance audit. Results of audits were discussed in staff meetings and individual areas for improvement were addressed with staff during their supervisions.

There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented and actions were recorded. Incident forms were checked and audited to identify any trends and risks or what changes might be required to make improvements for people who used the service.

The service was not currently being led by a registered manager. The previous registered manager had left after our last inspection. A new experienced manager was in post and was being supported by the area management team and deputy manager. They were in the process of submitting an application for registration with the CQC.

The manager was approachable and open and showed a good level of care and understanding for the people within the service. They had driven forward the required improvements and had a clear plan of any further changes and improvements they intended to make to continue to improve the quality of service people received. Staff spoke positively about the recent changes in the service and how they felt supported by the manager. Staff told us they were involved in identifying further areas to improve the service for people and felt the management team were working with them to sustain the improvements.

Relatives told us they did not feel all of the changes that had been made to the service had improved things for their relatives and felt “it had lost some of the homely feel since the last manager had left”. Relatives were invited to meetings to discuss any current changes to their family members care, and to give their views and opinions about the service people received. The management team told us they were aware of these views and would make sure relatives had the information they needed around changes to the home and were given an opportunity to provide feedback.