

Advance Housing and Support Ltd

135 Tennyson Road

Inspection report

135 Tennyson Road
Luton
Bedfordshire
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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

About the service

135 Tennyson Road is a residential care home providing personal care to people aged 18 or over at the time of the inspection. The service can support up to 4 people in adapted residential property.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were happy with the care home and the staff that provided their care.

People felt safe living at the home because staff knew what they were doing, they had been trained, and cared for people in the way people wanted. Staff assessed and reduced risks as much as possible, and there was equipment in place to help people remain as independent as possible. There were enough staff. The provider obtained key recruitment checks before new staff started work.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff supported people with meals and drinks. They used protective equipment, such as gloves and aprons to prevent the spread of infection. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

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.

People liked the staff that cared for them. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected. Staff worked well together, they understood the home's aim to deliver high quality care, which helped people to continue to live as independently as possible.

Staff kept care records up to date and included national guidance if relevant. Complaints and concerns were dealt with and resolved. We have made a recommendation about obtaining end of life information.

Systems to monitor how well the home was running were carried out. Concerns were followed up to make sure action was taken to rectify any issues. Changes were made where issues had occurred elsewhere, so that the risk of a similar incident occurring again was reduced. People were asked for their view of the home and action was taken to change any areas they were not happy with.

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.

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 requires improvement (report published 11/01/19) and there was breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 not always 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.

135 Tennyson Road

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

One inspector carried out this inspection.

Service and service type

135 Tennyson Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. 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 took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We also sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about the care provided. We spoke with two staff members, including the registered manager and a support worker.

We reviewed a range of records. This included three people's care records and medicine records. We looked at a variety of records relating to the management of the service, including complaints and the systems for monitoring the quality of the service.

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 requires improvement. At this inspection this key question has improved to good.

Assessing risk, safety monitoring and management

At our last inspection we found that there was a risk to people from first floor windows that could be opened. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of regulation 15.

- Staff assessed risks to people's health and welfare such as going out alone and the use of topical creams. They followed actions to reduce risks and reviewed assessments regularly to make sure any changes were identified.
- Staff completed risk assessments in relation to the environment. These included those for fire safety and equipment. They told us the checks they undertook and how this made sure equipment was working correctly. This ensured that not only had risks been identified, but regular checks were also completed to make sure people were safe.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff told us that they had received safeguarding training and they understood what to do to protect people from harm, including discrimination, and how to report concerns.

Staffing and recruitment

- There were enough staff on duty to support people safely and we saw that they had the skills to meet people's needs. One person told us, "There's enough staff, don't know if there needs to be any more." They said they were able to go out when they wanted, and that staff were available to support them to do that.
- There was a system in place to recruit new staff to make sure there were enough staff on duty at all times. Staffing levels were determined by people's dependency needs and any additional funded hours. Staff all told us there were enough of them and this allowed them to spend time with people in conversation or just to be with them.
- Pre-employment checks were carried out before staff started work. This kept people safe because it helped the provider make sure that only suitable staff were employed.

Using medicines safely

- Staff had received training in how to safely give medicines, they administered medicines as prescribed and

maintained records to show this. There were instructions for giving medicines that needed to be taken in a specific way or only as required. There were also instructions for applying creams and where on the body these were needed.

- Medicines were stored securely, and staff continued to make sure medicines were secure by only administering these to one person at a time.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.
- The home was clean, tidy and smelled pleasant when we visited. A staff member told us, "It's really clean here too. Plenty of gloves and aprons to use, never run out."

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively, although there were very few of these. Staff recorded these appropriately and the registered manager took action following accidents or incidents to reduce the risk of these reoccurring.
- The registered manager identified that the service would not have enough petty cash to allow people and staff to stay anywhere else if they were not able to access the home. They had identified this following a similar incident with a different service. The provider put measures in place that ensured this would be possible if needed.

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 good. At this inspection this key question has remained the same. 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

- Staff worked with health professionals and consulted national guidance about health conditions. This information was easily available for staff to consult when needed and it helped them better understand how people's specific needs should be met. The registered manager told us, "We treat people differently depending on their needs and wishes, each person is able to choose what/how much support they have."
- They had information about the Equality Act 2010 in an easy to reach location, which allowed them to check this information when needed.

Staff support: induction, training, skills and experience

- Staff received training when they first started working at the home and this was updated each year. One new staff member told us they had received training and shadowed other staff before working with people. They were able to take as long as they needed to become familiar with people and how to support them. Staff told us that they received other training, such as for specialised care needs.
- Staff members received supervision as individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They felt supported to do their jobs.

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

- People said they liked the meals they received, one person told us, "They do the food alright." They told us there was a choice available and they could have their meal with whom they wanted. People chose where they ate, and they were able to eat at their own pace.
- Staff completed assessments and records to monitor what people ate and drank, where this was needed. This reduced the risk of people losing weight and made sure that advice was sought if it did happen.

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

- Staff completed an 'All About Me' form, which recorded important information about people, their needs, daily routines and preferences. People took the form with them when they visited other providers of care, such as hospitals. This meant that important information was available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.
- People were referred to health care professionals for advice and treatment, for example to dentists, dieticians or community mental health teams. Staff followed the advice given and told us they had a good working relationship with visiting health professionals.

Adapting service, design, decoration to meet people's needs

- The provider had made adaptations to the home to ensure people were able to move around easily and safely. Communal areas were decorated in a way that provided people with enough space to move around. There were also enough communal areas that people could spend time alone if they wished. They provided an environment that gave people well-lit areas and furnishings, and items that gave sensory stimulation.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff members had received training in the MCA and DoLS. They understood principles of the MCA and encouraged people to make decisions for themselves. We saw that where people had difficulty making decisions staff involved them as much as possible in the process. They understood that people may be better able to make decisions at different times and followed this principle.
- Where people did not have capacity, best interest decisions were recorded in care records. This meant that staff would easily know how to support people with specific decisions.

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 said that staff were kind and caring and they commented positively about staff members. One person told us, "They're polite and they always knock on my door."
- Staff showed concern for people and made sure people had everything they needed. They were aware of people's individual needs and preferences. People confirmed that staff knew them well and we saw they were comfortable in the presence of staff. They were able to express themselves to staff and staff listened to them.

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

- Staff asked people how they preferred to have their care and support provided.
- Staff told us they provided care to people in a way that each person preferred but that still encouraged them to do as much for themselves as possible. Staff had enough time to support people in the way they wanted. People were supported to make choices about their care throughout the day.
- Information about advocacy services was available for people. People were supported to speak with an advocate if they needed an independent person to support them with their affairs.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and they made sure people were supported in a dignified way. This was because they closed doors and curtains, and supported people to access their own space when they wanted time alone.
- People's confidentiality was maintained; records and information about people were kept securely and not left in communal areas. Staff had access to information about GDPR (General Data Protection Regulations).
- Staff encouraged people to do what they could for themselves to maintain their independence. One person told us, "I can do my own thing, I can go out with my [family member]. I see my [another family member] sometimes as well." They worked with health professionals to increase people's ability to care for themselves with the aim of living as independently as possible. Staff wrote people's support plans with this in mind and recorded what people were able to do, such as run their own bath.

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.

End of life care and support

- Staff had not spoken with people or their relatives about end of life wishes, although no-one was receiving end of life care at the time of our visit. The registered manager told us that asking these questions would distress people and so they had not asked the questions as people were still young. We discussed with the registered manager why obtaining this information was important. They told us they would contact people's relatives, where they knew the conversation would upset the person.

We recommend the provider refers to current guidance about supporting people to make decisions about their preference for end of life care. They must take action to update people's care records accordingly.

- Staff had received training in caring for people at the end of their lives. Additional guidance was available for staff in the form of an end of life policy and the support of community nursing staff.

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

- People's care needs were met and they were happy with the care they received. One person told us, "They look after me and I've been here a long time. The staff look after me."
- People had care and support plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. We saw this particularly applied to people's mental health or psychological health needs. There was clear information about how to recognise deterioration and the actions staff should take to support people. Staff had built good relationships and knew people's likes, dislikes and preferences.
- Each person's care plan was reviewed regularly unless there were any changes before that time. This ensured staff monitored people's health and well-being regularly.

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.

- Staff provided people with information in formats and ways that supported their individual communication needs. People had information in visual and easy read formats to help them understand, especially when staff needed to explain subjects, such as safeguarding or giving consent. Staff used a combination of written, and verbal messages, to make sure everyone living at the home understood what they were saying. This was effective and provided people with interaction in a warm friendly way.

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

- Staff members supported people to take part in activities each day and included such things as attending day services. A program of these activities was available in people's care records. One person told us, "[Staff] sit downstairs with me and watch a movie. They take me to town to go shopping." Staff told us that people often preferred to stay at home than go out. We saw this was the case during our visit when two people were at home and chose to spend most of their time in their rooms.
- Staff and one person told us that they took trips out with relatives at weekends. Another person's support plan showed they also regularly met with a relative.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. However, the person we spoke with had not needed to make a complaint. They told us they would speak with any member of staff or a relative if they were not happy about anything.
- A complaints procedure was in place for people to follow if these were raised and this was also available in an easy read format. No complaints had been made.

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

- The registered manager and senior staff were invested in developing a person-centred culture within the service. One staff member told us that other staff had provided them with a lot of guidance and support when they first started working at the service. They described the other staff as "passionate" about working there. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when needed. The registered manager had an open-door policy and encouraged staff to raise ideas to empower them and people living at the home.
- Staff were also committed to providing high-quality care and support. Staff told us they liked working at the home. One staff member said, "It's one of the best places I've ever worked."

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

- The provider sent us information about events and incidents that happened, such as possible harm, and what action they had taken to resolve or improve things. They displayed their inspection rating and provided people with an easy read version of our report.
- Staff were positive about the skills and abilities of the registered manager. One staff member told us the registered manager was very helpful and they could speak with them at any time.
- Staff understood their roles and any extra responsibilities they had, such as a senior support worker position or keyworker role.

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

- People and staff had completed a survey in February 2019, which positive responses to questions. Meetings were held for people and these showed that they were able to share their views. Any action identified was addressed.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about the service they received.
- Staff told us that they attended meetings each month, which gave them regular support and information was shared quickly with them.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and senior staff carried out audits, which meant they identified areas of the service that required improvement and made those improvements in a timely way.
- The registered manager had received no complaints, and there were few accidents and incidents. They took appropriate action to reduce reoccurrence for individual incidents and had found no trends or themes in the information available.

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority. The provider and senior staff contacted other organisations appropriately.