

Advance Housing and Support Ltd

94 Tennyson Road

Inspection report

94 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

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.

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

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 enjoyed a range of activities in and out of the home. People had enough to eat and drink and maintained a healthy and balanced diet. Their 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 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 records were 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 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, trained 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 encouraged to be involved in the development of the service.

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.

People's care plans were reviewed as their needs changed.

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 any areas for improvement, and action was taken promptly to resolve these.

Regular team meetings took place which provided staff and people with an opportunity to discuss issues in the service.

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

Is the service safe?

Our findings

People using the service told us they felt safe. One person said, "I feel safe here." Another person told us, "Oh yes, it's totally safe living here, no problem there at all."

Staff received training in safeguarding and understood how to keep people using the service safe. One member of staff said, "We learn about all the different kinds of abuse and how to recognise them. To be honest I know these guys so well, I think I'd be able to identify if anything was wrong, and I'd tell the manager immediately." Staff were able to tell us who they would contact if they felt people were at risk of harm and could describe the whistleblowing policy which was in place to help staff report suspected abuse anonymously.

Risk assessments were robust and included a good level of detail to help staff to support people to keep safe. These were personalised and specific to each individual. For example where one person was at risk of self-neglect there had been a detailed risk assessment completed which identified the different ways in which this might present itself and how staff could support them to overcome any challenges they encountered with this. Considering the potential risk in all areas of the person's life allowed staff to recognise the signs and identify quickly what to do in case the risk increased.

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 and reported to the relevant authorities where necessary. People were given an easy read guide to reporting abuse. This provided information on who to contact should they either suspect that people were being harmed or they had been harmed in any way.

People told us there were enough staff to keep them safe. One person said, "There is enough staff here, usually one around when we need them." The home did not have sleep-in staff as the people using the service did not require this due to their level of independence. We asked the manager what the contingency would be in case of any emergency during the night which required staff support and he told us they would contact the provider's other service across the road, where there would always be a sleep-in member of staff available. We reviewed rotas for the last four months prior to the date of inspection and found that there was always enough staff available to meet people's needs.

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 to work with people who lived at the home.

Information relating to people's medicines and the reasons they were administered was included within people's care plans. This included details of medicines prescribed on an 'as and when required' basis (PRN) which were prescribed for specific reasons and therefore were 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. This included offering emotional support and detailing which words and phrases have proved effective before.

One person told us they self-administered their medicines and didn't require support from staff. However the service continued to keep a record of the person's medicines to ensure that they were prescribed properly and that the person was continuing to take them as required. 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.

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.

Is the service effective?

Our findings

People we spoke with felt that the staff received the correct training to enable them to provide effective care and support. One person said, "They're a good bunch, they know what they're talking about. If I need to know about anything, they're usually able to tell me."

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. During their comprehensive induction training staff had received guidance on understanding the mental health issues 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. Staff had a full supervision every two months and a performance review annually. One member of staff told us these were useful on top of the informal supervision and support they had from the manager. They told us, "I've had performance reviews and supervisions monthly. I talk to my manager every day but formally we talk about how I am, all the job's going, training needs, areas for my person development." 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). One member of staff said, "Mental Capacity Act is to know if somebody has the capacity to make decisions for themselves." 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 one person

needed support with administration of their medicines, they'd been asked to sign to state that they were happy with this arrangement, and that it would be reviewed periodically.

People's dietary needs were met by the service. One person told us, "The food and drink is fine, I usually sort myself out there." People's food choices were detailed in their care plans and included information regarding how to encourage them to eat healthily. For example we saw that one person was identified as being prone towards making poor choices of food when shopping and had taken positive steps to try and encourage healthier eating habits, including helping them to prepare certain types of lunches when the person went into the community. We looked at menu forms for the service and found that people ate a varied and balanced range of foods and had enough to eat and drink throughout the day.

The service had identified when people were due for healthcare appointments and kept records of the outcomes of each appointment. One person told us, "They'll help out with doctor's appointments if I have any, they'll take me and make sure everything's okay." Assessments were completed to identify the important aspects of people's health needs that required support from staff. For example if somebody needed help maintaining good nail care or dental hygiene, these had been taken into account and we saw that appropriate referrals were being made to address them. We saw that where people were anxious about attending medical appointments, staff had taken measures to reassure them, inform them of the purpose and nature of the appointments and support them where necessary. One person who had a physical condition had originally come to the home with significant support needs in that area. The manager was able to tell us how they'd made adjustments to help them to improve this, and we saw from the person's photographs how significant the changes had been as a result of this support.

Is the service caring?

Our findings

People were positive about the care and support they received living at the service. One person told us, "I really like living here, it's great." Another person said, "I've had time to rehabilitate and get better here and the difference is amazing. They've done so much to help me to get to a point where I feel better about myself. This is my home."

The nature of the service was to allow people to live as independently as possible and we found that while staff were on hand to provide support if needed, people were empowered to live with minimal support. One person said, "They give us our freedoms. They know us and respect us." We observed interactions between staff and people and found that these were positive and upbeat. Staff were able to tell us about people's backgrounds and preferred names and spoke to them compassionately and respectfully.

Monthly link worker sessions gave people the opportunity to discuss issues relating to their care with a named link worker. One member of staff said, "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 to understand their needs." We saw that actions highlighted as a result of these meetings were quickly addressed. For example where one person had raised a concern about a fire panel making noises in the house, the staff had sought the appropriate maintenance work to resolve this issue for them.

People were treated with dignity and respect. One person told us, "They're always respectful, yes. I get a lot of privacy when I choose." People had information in their care plans which informed staff of how they could ensure the person's dignity was observed. For example where one person preferred to remain in bed for longer periods during the day, there were several measures in place which detailed how staff could respect their choice and right to privacy while also encouraging them to get up and enjoy their daily activities.

People were given a copy of the 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 given leaflets which explained to them their right to have their records kept confidentially and explained the ways in which the service would strive to ensure this.

Customer meetings took place each month and invited each of the people using the service to discuss any issues and provide feedback on ways in which the service could be improved. Staff identified actions arising from these meetings and set objectives to ensure that these were met. For example each month new household tasks were discussed to ensure that these were being evenly distributed. This was then followed up the next month to provide people with the opportunity to discuss progress.

Is the service responsive?

Our findings

All the people we spoke with told us they knew and understood what was in their care plans and had been involved in the planning and review of their care. One person said, "They sit down with us and go through our care plans, I know what's in there."

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 dependence over time. A re-assessment was completed for each person as required. 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. Reviews highlighted all issues with different areas of people's support and ways in which these could be managed. For example one person had struggled to attend their appointments, the review was used to discuss the effect and natural consequence of this and explore ways in which this could be improved upon for the following six months. This showed a thoughtful and methodical approach to supporting people to overcome challenges and difficulties.

Care plans detailed people's mental health, their conditions and how they had affected them in the past. This included the level of insight the person had into their condition, how it had affected their behaviour or actions in the past and how staff could better understand the nature of their support needs. Where the person's needs might have compromised their choices, the provider had made every effort to find a healthy balance between respecting the person's independence and encouraging them to follow a healthy lifestyle plan. For example where one person preferred not to wake up in the morning, the service had created an agreement with them that they would not be excessively prompted by staff but were still encouraged to take their medicines at the prescribed times. The person had agreed to this and staff told us it was proving effective in ensuring that they did not neglect this need.

Information was included which detailed people's emotional support needs and provided details of people's previous experiences to help staff to better understand their individual needs. Details of people's likes and dislikes were included and ways in which they could be encouraged to develop and maintain their hobbies. For example where somebody enjoyed physical exercise there were clear objectives set to support them to visit the park and play football during their activity schedule.

People had clearly defined goals and objectives included within their support plans. For example one person had identified that they wanted to move on from the service into a more independent placement and we saw that the provider had identified ways in which they could support the person to work towards achieving this.

There was a complaints policy in place which listed ways in which people could complain, how their complaint would be handled and resolved and included details of people who could be contacted regarding

specific complaints. People told us they would feel comfortable making a complaint, however one person did feel their complaint hadn't been resolved promptly enough. They told us, "He's a great manager and usually he gets everything done. But last year something happened that took too long to sort out. I want it noted that we were all unhappy with how it was dealt with. It should have been sorted sooner." We spoke to the manager who explained the situation in greater detail and how they'd tried to handle the complaint at the time. They were able to demonstrate how they'd tried to address the person's concerns and had eventually managed to resolve the complaint. The manager acknowledged that it had been a challenge and that they'd learned from the experience. If people had a complaint regarding any maintenance work, details were provided which were specific to this particular issue. The service had received three complaints from people using the service which had been resolved promptly and appropriately. One additional complaint had been received from a member of the public and action had been taken quickly to address the problem raised. The service had followed up with the complainant to ensure they were satisfied with how this had been handled.

Is the service well-led?

Our findings

People we spoke with were positive about the registered manager and felt they supported them well. One person said, "He's a great manager. Everything we need gets taken care of." Staff were also complimentary about the manager and felt that he provided them with support to improve and develop. One member of staff said, "I've felt supported to develop - I've had the right training and the manager is there to help me if I'm not doing things right."

The manager was able to tell us about how they had tried to encourage people to continually strive to develop and improve the quality of their lives. He told us, "We always want people to take the next step, to move on and progress." He described the ways in which they'd been able to facilitate this in the past and the successes they'd had in supporting people to move on into more independent community placements. The home had one vacant bed but the manager stressed to us the importance of finding the right person to move in. They said, "We have to consider the mix of people and whether they'll be right for the house, we won't just take anyone one because we have to get it right."

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. This checked 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 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'. Language used in care plans and daily notes had been highlighted as an issue and the manager was able to tell us about the steps they'd taken to address this including sending staff on values based training, creating a charter for staff which included affirmations and reminders to ensure that these things were addressed. Daily notes were more respectful and professionally written following these actions.

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. 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.