

Advance Housing and Support Ltd

Dashwood

Inspection report

1-6 Dashwood Court
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Tel: 07736100147

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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

Dashwood provides care and support to nine people living in 'supported living' settings or receiving outreach support in their own homes. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Not everyone supported by Dashwood receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection nine people were receiving care and support under the registered regulated activity of personal care.

We carried out an unannounced inspection at Dashwood on 28 August 2018. The service had a registered manager in place. 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 safe as staff knew the correct procedures to follow if they considered someone was at risk of harm or abuse. Staff had received appropriate safeguarding training and there were policies and procedures in place to follow in case of an allegation of abuse. The provider had safe recruitment procedures in place and conducted background checks to ensure staff were suitable for their roles. Staffing numbers and shifts were managed to suit people's needs so that people received their care when they needed and wanted it.

Risks to people were identified and plans put in place to minimise these risks. Guidance was in place for staff so that they could mitigate risk, and support people to take sensible risks as safely as possible. People received their prescribed medicines and were encouraged to have as much independence to manage medicines themselves safely.

People were fully involved in the development of their care planning along with health and social care professionals. Staff had access to information, support and training they needed to provide people with satisfactory care. The provider's training was designed to meet the needs of people using the service.

People were supported to maintain their health and were referred for specialist advice as required. Staff worked with local social and health care professionals and referrals for specialist advice were submitted in a timely manner. People's nutritional needs were met and people were supported to maintain a balanced diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was clear guidance for staff on how to meet people's individual needs and support them to achieve

their goals. Staff treated people with kindness, respect and promoted people's right to privacy.

People were provided with information about how to make a complaint and these were managed in accordance with the provider's complaints policy. The registered provider had informed the CQC of all notifiable incidents.

The registered manager was aware of the values and vision of the organisation and to ensure these were implemented into the service to ensure people achieved positive outcomes. The provider ensured guidance and best practice was promoted by engaging in national forums. There were quality assurance systems in place which monitored the service, identified potential areas for improvement and actions were taken to improve these.

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.

People told us they felt safe. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Care files had risk assessments to mitigate each hazard to people's safety and welfare.

Safe recruitment practices were implemented and there were sufficient numbers of skilled and experienced staff to meet people's needs.

We found staff followed clear procedures to ensure safe management of people's medicines.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were trained to meet people's individual needs. Staff were supported to deliver effective care as they received on-going training and regular management supervision.

Where identified, people received support to ensure adequate nutrition and hydration.

People were protected from health risks and were supported to access appropriate external professional help in a timely manner.

Staff received MCA training and understood how to apply this in practice.

Is the service caring?

Good ●

The service was caring.

Staff had developed good relationships with people living at the service. People told us they were happy and well cared for.

People were encouraged to become, maintain and gain independence.

People were supported to create new relationships and maintain those they had.

The service supported people to express their views and be involved in making decisions.

Staff respected people's privacy, as well their dignity.

Is the service responsive?

Good ●

The service was responsive.

People were supported to discuss and achieve goals and improve outcomes in their lives.

People were supported to gain employment and access activities they were interested in.

The service had a complaints procedure that was accessible both to people who used the service and their relatives. When raised, issues had been responded to in an appropriate and timely manner.

Is the service well-led?

Good ●

The service was well-led.

The vision and values of the organisation were integrated into the delivery of people's support and care.

The registered manager and staff showed a commitment to improve people's outcomes.

Staff were involved, well supported and worked well together and were motivated to follow the values of the organisation.

There were systems in place to monitor and maintain the levels of quality in the service.

The provider and service strove for improvement and worked with external initiatives and other organisations to support best practice.

Dashwood

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 28 August 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, area manager and three support workers. We also spoke with six people who used the service and one relative. We also looked at records related to the regulated activity of personal care including three care plans, two staff files including information about recruitment.

We contacted 10 social and health care professionals and commissioners and heard back from three.

Is the service safe?

Our findings

People were safe and protected from all forms of abuse. People told us they felt safe and secure with the staff that supported them. Comments included, "All the staff ask me if I'm okay. If I didn't feel safe I'd tell the staff or my parents"; "The staff check on me. I've got a direct number on my mobile if I need them" and "I've got a mobile phone, if I need staff I can just text them".

People had personal emergency evacuation plans (PEEPs) in place but some of these had not been reviewed as stated. For example, we saw a PEEP dated August 2017 with a review date of February 2018 which had not been done. We brought this to the attention of the registered manager who confirmed this would be updated.

Other potential environmental or equipment-related risks had been assessed, monitored and where necessary reported to those responsible for maintenance. Health and safety checks were carried out in people's homes such as gas, electric and water safety. Fire risk assessments and records of fire alarm tests were in place. Staff received up-to-date training in safety systems and health and safety was included as an agenda item in team meetings. The service had a contingency plan in case of emergencies which was updated regularly.

Staff had received safeguarding training and other training relating to safety, such as action to take in relation to incidents or accidents. They understood what procedures should be taken if they suspected or witnessed abuse. This included contacting outside agencies such as the police, The Care Quality Commission (CQC) and local authority safeguarding teams. Safeguarding was discussed at team meetings and in supervisions. We asked staff what they would do if they felt someone was at risk of harm or abuse. A member of staff told us, "I can't keep quiet about it and would have to go to the manager or their manager." We had feedback from the local authority who said, "We feel the service users at Dashwood Court are safe. Through the review meetings with them, there is evidence the service is working well to ensure service users are protected from harassment and abuse. Managers at Dashwood Court are proactive in reporting incidents and joint-working with Adult Safeguarding Team and the Thames Valley Police".

Staff were aware of how to identify and report incidents. There were policies and procedures in place to support this and staff had received training. The provider had an online incident reporting system and an internal quality team kept oversight of any trends or learning. If concerns were raised a review was done by quality improvement manager. A member of staff said, "If you've made a mistake, be honest about it and learn from it".

People had individual risk assessments to support them to do things safely rather than restricting them. For example, safe ways to travel or go out independently. We saw risk management plans in people's records to consider areas such as safety in the community, and specialist training in areas such as safely supporting a person with their nutrition and hydration needs. Risk assessments were reviewed and updated periodically as well as when incidents occurred or an individual's circumstances changed. The local authority told us, "Individuals' risk assessments are reviewed regularly. As most service users at Dashwood Court have the

capacity to make decisions, staff members respect their wishes when providing support and managing risk. For example, when a service user was taking up voluntary work, staff provided appropriate support and well managed the risk".

Staffing levels were determined by people's assessed needs and support hours were then allocated as necessary. Staff told us they felt there were enough staff. One said, "I have never thought there were not enough staff working". The local authority stated, "Agency staff usage was high due to leavers and staff sickness according to the quarterly report in Jan 2018. However, agency usage has decreased since July 2018".

Recruitment systems were robust to ensure the right staff were recruited to support people to stay safe. Checks had been completed such as references, right to work checks, gaps in employment history and carrying out checks with the Disclosure and Barring Service (DBS). DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with people at risk. These checks were reviewed on a minimum three yearly basis. When agency staff were used, the registered manager was sent the agency staff's profile to check their DBS and what training had been completed.

Staff had received training on medicines awareness. However, not all staff had their competency checked to ensure they were able to administer medicines safely. We discussed this with the registered manager and saw that an audit had identified this and it had been put onto the service's continuous improvement plan to address. Staff had assessed the level of support people needed to take their medicines safely. For people that managed their own medicines, a risk enablement assessment had been completed. We saw that medicines were managed safely and in line with policy and people received their medicines as prescribed.

An infection control policy and procedure was in place and was being updated to reflect up to date guidance. Staff had attended infection control training. Staff also completed food hygiene training to ensure food was stored and prepared safely.

Is the service effective?

Our findings

People were involved in identifying what assistance they needed including any particular needs in relation to protected characteristics. Those important to the person were involved in support planning if this was what the person wanted. Areas considered for support included physical and mental health, relationships and any social needs. The service worked in partnership with the referring body at the time of assessment and on an ongoing basis.

The provider had measures in place to ensure there was no discrimination when making care and support decisions. For example, there was an equality and diversity policy and staff completed mandatory equality and diversity training. People's records reflected their individual needs so these could be respected. We saw that a person was supported to express their chosen sexuality by attending a dating group. They met a person who they were now in a relationship with. The provider's customer engagement worker had recently worked in collaboration with 'Supported Loving' to do a webinar around sexuality and relationships for Learning Disability England (a membership organisation bringing together people with learning disabilities, families, professionals and organisations). Supported Loving is a campaign and network, initiated by Choice Support which focuses on the rights of people with learning disabilities to have loving relationships.

Staff were recruited to ensure they could meet people's needs, preferences and choices. New staff had an induction when they joined the service and shadowed experienced staff before working alone to ensure they felt confident to work alone. A person told us, "The staff are good at their jobs here". Staff mandatory training included the Mental Capacity Act 2005 (MCA), fire awareness, fire marshal training, moving and handling of people, food safety and emergency first aid at work. Staff worked in partnership with other specialist staff where necessary. For example, staff had worked with a dietitian in relation to supporting a person to receive safe and adequate nutrition and hydration. Staff received training from nurses of how to ensure they did this effectively. Staff had also worked in partnership with a health team to devise a communication passport to use with a person who has limited communication. Staff were complimentary about the training and support they received. Comments included, "Anything you should be trained in they [provider] will provide it"; "I've had the [name of specialist] training" and "I've been given enough training." We had feedback from the local authority who said, "Members of staff have adequate and appropriate training to understand their role and to develop the ability to communicate with service users. Training in health and medication are also provided to staff. An up-to-date training matrix is provided to us every quarter".

Staff were supported and had planned meetings and a yearly appraisal with their line managers. We saw records of these meetings which discussed staff's personal development. Staff we spoke with said they felt supported and confirmed that they had received supervision sessions.

There were processes in place to help staff work together to ensure that people received consistent and timely support. For example, staff told us that there was a communication book which was used during handovers to make all staff aware of any important issues. Other means of communication involved emails, shift handovers, daily records and staff meetings.

Some people received support to plan, shop and prepare meals. Staff described a person they supported who had diabetes and how they tried to educate and encourage the person to choose healthy food options. A person told us, "There's things I can't do. They do the cooking and I do the washing. I'm very happy as they are".

We saw that people's day-to-day health and wellbeing needs were met. Records seen in people's support plans showed that they had been supported to access healthcare professionals and services such as GP's, clinical psychologists and pharmacists. Where needed, referrals were made and people were supported with appointments and reviews such as annual health checks. Health Action Plans recorded visits for health appointments and health outcomes were monitored as part of support provision. People confirmed they received the support they needed and we had comments such as, "The staff would help me see a doctor if I needed it" and "The staff help me make appointments like the dentist and optician".

People were supported to make their own decisions in line with relevant legislation 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. Staff received training on the MCA and Deprivation of Liberty Safeguards (DoLS). Any issues around capacity and consent were included in the support planning process and in line with the local authority MCA procedures.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. People were supported to make decisions on the outcomes they wanted to achieve. For example, a person with early stages of dementia liked to go out, but was at risk of falls in icy weather conditions. Staff regularly assessed the person's safety on a continuous basis. We saw that the registered manager and supported living managers had made relevant referrals to the local authority for people who needed restrictions in place to keep themselves or others safe.

Is the service caring?

Our findings

We observed and heard that people were treated in a kind and positive manner. Staff had developed good relationships with people and we saw people were relaxed in the company of staff, who communicated spontaneously with them, using appropriate humour. All the people we spoke with were positive when asked if they felt cared for and happy. Comments from people included, "I get on with all the staff. The staff are good at their jobs" and "All the staff are kind to me and they help me if I am worried about anything". Staff comments included, "The good thing here is we [staff] respect people's choices" and "Staff actually care. We care about the well-being of the people using the service and staff."

People in the service were encouraged to become involved with recruiting new staff. This was to ensure staff with the right behaviours and attitudes were recruited. People could ask questions around potential staff's values and attitudes.

People were supported to express their views and were involved in making decisions which were respected. Staff ensured that where disagreements emerged between people that shared accommodation, that these were resolved in a way that maintained mutual respect and to maintain positive relationships with each other. For example, people were supported to ensure shared bills were paid on time and with equal contributions. We were told that staff were aware of local advocacy services and how to make a referral if required.

We saw people coming and going during the day and were encouraged to be as independent as possible. One person needed support to their chosen activities which enabled them to continue with their lifestyle hobbies and reduce social isolation. The service maintained contact with organisations involved so they could support if any issues arose.

People were treated with respect and dignity with staff referring to them by their name, listening to people, and taking time to find out what they wanted. We observed staff were always careful to knock and wait to be asked in. Staff told us, "Never heard any staff speak inappropriately. Staff are respectful". People's preferences and needs were considered when scheduling staff. A member of staff said, "I always double check any gender care preference if I am providing personal care support". The registered manager also carried out observations to ensure care was person centred and respected privacy and dignity. Staff confirmed that this happened.

We saw that records containing people's personal information were kept secure. The provider had policies and procedures in place to ensure that personal sensitive data was processed, stored and archived in line with the Data Protection Act.

Is the service responsive?

Our findings

The service ensured that people's care plans reflected their physical, mental, emotional and social needs. This included individual preferences, interests and aspirations to provide as much choice and control as possible. People were involved in planning their support to ensure it was in line with their wishes and was delivered in a way to ensure flexibility and choice. People's support plans included information such as likes and dislikes, communication, religious, cultural, and nutritional needs. People were helped to identify goals of what they wanted to achieve and these were documented. We received some feedback from the local authority about improvements needed to reflect people's changed needs to ensure they achieved their identified outcomes. At this inspection we found the service was addressing these issues.

Support plans and outcomes were reviewed regularly with the person, and updated as necessary. People were assigned a key worker to support them on a regular basis. A member of staff said, "We sit with people and go through their care plan with them". Dates were recorded on care plans to remind staff of when they needed reviewing. Review dates were also logged on to the quality and compliance monitoring spread sheet which was monitored by the registered manager.

People were supported to access work opportunities and follow their interests taking part in activities that were relevant and appropriate to them. We saw people were supported to gain and maintain employment. For example, staff provided a wake up call to a person to ensure they got to work on time every day. One person said, "I've got a job at a school. I'm a [role description]. It's noisy but I like it". Being enabled to gain employment means people can feel they are contributing skills they have acquired and help them feel valued by society.

Staff also supported people to engage in community activity and chosen lifestyle groups. People were taking part in boxing, bowling, horse riding and dancing. A person told us, "I get my nails done too and staff come with me". We heard that some people had expressed an interest in doing arts and crafts but due to limited funds it impacted upon purchasing the materials. The provider told us in information provided before the inspection that for World Mental Health day they had used some petty cash to buy canvas materials and paints. People had created canvases demonstrating how they coped with stress. This was also a social event which reduced isolation. We saw the canvases displayed in the communal living area. Staff told us, "We encourage people to take part in activities" and "We respect people's right to change their minds".

Staff rotas were organised around people's needs and could be changed to meet changing circumstances or appointments and activities that occurred. For example, on the day of the inspection a person asked to change her support time which was immediately agreed with the registered manager. We heard another person preferred their support in the afternoon as they didn't like getting up earlier.

Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard which says services should identify, record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. The provider ensured

information was in an accessible format. If communication needs were identified then resources would be sourced such as pictures, photographs, Braille and training such as Makaton to assist communication. Staff supported an individual with limited communication and had created a pictorial communication book with guidance from the person's relatives and the Speech and Language Therapist (SALT). This contained known activities the person liked to ask for and phrases they used which assisted the person and staff in communication.

People knew how to raise concerns or complaints. There was an accessible 'How to Complain' leaflet and a DVD about how to do this. There were complaints, comments and compliments policy and procedures. The registered manager had completed management complaints training to ensure consistent response in line with policy. Staff had completed mandatory training. People and their families were encouraged to give feedback on the service and to make any complaints so they could be looked into. The service had only received one complaint so no themes had been identified. One person told us, "I did complain once, it was too noisy at night and I couldn't sleep so I complained. I told staff and they sorted it out".

Is the service well-led?

Our findings

The registered manager had worked for the provider for a number of years and had a good awareness of the vision and values of the organisation. Partnership, Respect, Innovation, Drive and Efficiency (PRIDE) was used to describe the organisations expected attitudes and behaviours from staff at all levels were held accountable to them.

Most areas of the service were being managed effectively. However, not all records relating to the safety of the service were in place or up to date. For example, there were no records of observations of staff practice or competency checks before staff administered medicines. Staff told us these had been carried out but no records had been kept to follow up on any actions or provide written feedback. We saw that the most recent audit had identified these issues and they had been put onto the service's continuous improvement plan to address.

People were encouraged to give feedback on the support they received to improve the service. A quarterly customer survey was being introduced to replace the yearly one. This was to ensure people could feedback on the service more than once a year. As well as group meetings, people had one to one key working sessions to encourage people to say how they felt about the care and support they received.

People in the service also had regular meetings to provide an opportunity to express their wishes of how they would like the service to be run. A person said, "The managers are nice. There's two of them here. We have a flat meeting once a month". During the inspection there was a planned meeting for people in the service. There was a relaxed atmosphere with lots of laughter and banter between all involved. Issues discussed included a person who had just got a new job who was excited and asking how they could get a uniform and other things. Other discussion were about activities, décor, and requests from people were considered. For example, one person asked for two particular members of staff to do a night shift so they could do a film night and nibbles. The registered manager confirmed this would be organised for every other weekend if possible. There was a discussion about fund raising with suggestions from people such as car washing, raffles, dog walking and a sponsored silence.

People were also encouraged to attend quarterly local forums to meet with people and staff from other Advance services to meet, socialise and share experiences with their peers, to feedback on current service delivery and look at ways of improving services. The provider had a customer engagement team to collaborate with internal departments, and arrange regular meetings and social events to promote new initiatives between the organisation, other care and health providers, families and friends.

The registered manager understood their responsibilities. Staff were positive about the registered manager's leadership. We had comments from staff such as, "They [management] have an open-door policy", "Can have a chat with them [managers] anytime you need them", "Manager understands people's needs", "Brilliant manager, he wants the staff to be happy." "Feel able to speak up." "We are listened to 100%." "Open communication". "Managers are encouraging."

Staff were kept updated on information. The registered manager was part of an area management team which shared best practice across the services. Information was shared at team meetings and minutes were kept so that any staff unable to attend could read these. Comments from staff included, "Any concerns meetings are called" and "We have team meetings and we see everybody". Staff had access to the provider's intranet which kept them updated on best practice developments.

The registered manager had an overview of the quality of the service to identify where areas of improvement were required and to identify any potential risks that may affect quality of the service. This was assisted by regularly auditing areas of the service, including the quality of support being provided. Information was then fed to the appropriate area of the organisation to ensure an overall oversight was maintained and action taken where needed. Audits included people's records, health and safety, medicines and finances. The service had a continuous improvement plan to track actions needed for improvement. For example, a decision to review one person's records per month instead of all records. This was so each person's records were thoroughly audited to ensure their completeness and accuracy.

The service had external quality assurance measures. This included visits by people using other care and support services to get people's views on the service. The local authority carried out an annual review and quarterly contract review meetings to assess quality and ensure compliance with contracts for care.

The registered manager was keen to learn and improve to achieve good standards of care. This was assisted by remaining up to date with any developments both locally and nationally and attending local provider forums where best practice was shared. The provider held forums for all the registered managers working across the organisation to enable them to keep up to date with best practice and share learning across the wider organisation.

The provider ensured they were following best practice guidance for people with learning disabilities. For example, the provider was a member of Learning Disability England, Supported Loving and The Disability Network. The provider was signed up to an initiative called Driving Up Quality. This initiative was developed following the outcome of an investigation into major abuse in a care setting. The code aims to improve quality in services for people with learning disabilities that goes beyond minimum standards. The provider was also a member of Charity Works, a recruitment and mentoring project. A graduate student was working with the provider to help improve best practice in the organisation.

People, families and staff were supported to question practice and there was a whistleblowing policy and procedure in place. There was a 24-hour telephone line for people and staff to report any concerning behaviours. Staff were encouraged to challenge and report staff behaviour and practices that fell short of the values and behaviours the provider expected.

The provider had a project group who were reviewing the General Data Protection Regulations (GDPR) which were introduced in May 2018. This gives new rights to people to ensure information that organisations keep about them is needed and correct. Training for staff had been delivered to ensure they understood the requirements under GDPR.

To support joined up care, the service worked closely with external partners for example the Oxfordshire Safeguarding Adults Board, Social and Health Care professionals and Oxfordshire Contracts and Commissioning team. We had feedback from the local authority who said, "Yes, the management is open and transparent. We have good working relationship and regular communication with the area manager of the organisation and the service manager at Dashwood Court. They both attended the quarterly contract meetings that we arranged".

The registered manager had submitted relevant notifications to the CQC and other relevant bodies.