

Advance Housing and Support Ltd

95 Ashburnham Road

Inspection report

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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 14 January 2016 and was announced. We last visited the service in April 2013 and found that it met regulations in all areas we inspected.

95 Ashburnham Road provides accommodation and personal care for up to four adults who require support with their mental health needs. At the time of our inspection there were four people using the service.

The service had a registered manager in post. 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 safeguarded from risk of harm and had detailed risk assessments and care plans in place which were reflective of their individual needs. People had opportunities to provide feedback and contribute to their care and support, and the service promoted a culture of inclusion and person-centred working. People were supported to pursue a range of interests and hobbies and had their healthcare needs routinely assessed and met. People had enough to eat and drink and were provided with a varied diet that took into account their choices and preferences. Outcomes for people were clearly identified to empower them to develop and maintain their skills and independence.

Staff had received training that was relevant to their role and understood the principles of safeguarding, consent and mental capacity. The manager regularly supervised staff and supported them to develop through performance reviews and team meetings. Staff were caring and compassionate and understood the needs of people using the service.

The registered manager promoted a culture that was positive and open, and was visible in the service. They undertook regular quality audits which identified areas for improvement, and there was an appropriate system in place for receiving handling complaints. Medicines were stored and administered safely and risks in relation to the environment were regularly assessed and monitored. Staff were recruited safely to work in the service and record keeping was detailed and robust.

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 to people and how these could be managed

There were enough staff to keep people safe. New staff were recruited safely to work at the service.

People's medicines were managed appropriately and stored correctly.

Is the service effective?

Good ●

The service was effective.

Staff received a full induction and a variety of training which was relevant to people's needs.

People provided consent to their care and support and were not deprived of their liberty.

People had enough to eat and drink and their healthcare needs were met by the service.

Is the service caring?

Good ●

The service was caring.

People felt that they were supported by compassionate and caring staff who knew and understood them and treated them with dignity and respect.

People had opportunities to contribute to the service and provide feedback on their care and support.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred, detailed and reflective of each person's individual needs.

People were supported to pursue a range of hobbies and interests inside and outside of the home.

People, staff and relatives knew how to complain and complaints were dealt with appropriately by the manager.

Is the service well-led?

Good ●

The service was well-led.

People and staff were positive about the registered manager of the service.

The service had systems in place to identify areas for improvement and audit the effectiveness of the care and support being delivered.

Staff felt that they had the opportunity to develop and contribute to the running of the service through team meetings.

95 Ashburnham 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 14 January 2016 and was announced. The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

The inspection was undertaken 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 the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed local authority inspection records.

During the inspection we spoke with three people using the service. We also spoke with two care staff and the registered manager. We received feedback from two healthcare professionals involved in the service.

We reviewed care records for three people using the service, looked at two staff files and reviewed records relating to medicines, training, quality audits, maintenance of the premises and staff meetings.

Is the service safe?

Our findings

People using the service told us they felt safe. One person said, "Yes, I'm safe here." Another person told us, "It's a safe place to live. I don't worry about that."

Staff received training in safeguarding people from risk of harm. Training records confirmed that staff had attended this training during their induction and also had regular refresher sessions to ensure that their knowledge and understanding was up to date. Staff we spoke with were able to describe ways in which they would recognise and report any signs of abuse and how they would keep people safe from any avoidable risk of harm. The service provided contact details for the local safeguarding authority and Care Quality Commission for use by both people and staff and these were clearly visible around the service. Staff told us they understood the whistleblowing policy and knew who they would contact in case they had to report any concerns.

People had robust risk assessments in place which identified any specific areas or activities where they might be at risk of harm. Where risks were identified, appropriate measures had been put into place to establish ways in which these could be managed. If people displayed behaviours that could have had a negative impact on others, the service had detailed the triggers that staff should look out for. This also included ways in which staff could support people to overcome any difficulties they might have experienced. By understanding people's individual mental health needs, staff were able to identify when people might be at higher risk.

The service kept a log of any accidents and incidents that had occurred and we found that safeguarding referrals had been sent to the appropriate bodies where necessary. The service was proactive in managing incidents as they occurred. For example, we saw notes from a meeting that had taken place following an incident which had impacted upon two of the people using the service. The manager was able to evidence how they had mitigated the risk of the incident recurring by setting clear expectations and outcomes for people in the future.

The service ensured the environment was kept safe. We saw that fire equipment was tested regularly and health and safety audits were completed weekly. Any maintenance issues affecting the home were resolved promptly and recorded in a maintenance log. Gas safety checks and PAT testing of electrical appliances were regularly undertaken and the service had recently passed a fire inspection. The manager also completed environmental checks to ensure that the home was safe and then forwarded the reports to the provider for review each week.

Each person had a personalised emergency evacuation plan (PEEP) in place which instructed staff on how they could be supported in case of emergency. The service had robust contingency plans in place in case of any emergencies including adverse weather or damage to the premises. These plans were detailed and laid out clear instructions as to how people could be kept safe in case of any unforeseen circumstances affecting the home.

People told us they felt there were enough staff available to meet their needs. One person said, "Yes, there's always enough staff for us, we don't need that many." Another person told us, "There's enough staff here, they're all really nice." The home was staffed 24 hours a day and supported by one staff member on early and late shifts with one 'sleep-in' overnight. People's high level of independence meant that this staffing was appropriate, and we saw rotas which confirmed that the home was always adequately staffed. The manager told us that they would provide extra support if it were to be required, and that she was often available to provide direct support to people herself.

Staff were recruited safely to the service. Each member of staff had completed a Disclosure and Barring Service (DBS) check prior to commencing employment which confirmed they did not have any criminal convictions. We saw that the service had sought appropriate references from previous employers and completed healthcare questionnaires with staff to ensure that they were able to support people safely. Staff did not begin working in the service until these checks had been completed.

Medicines were stored and administered safely. We spoke to one person about their medicines who told us, "I don't do my own meds any more, staff need to do them for me. They always get it right, they know what I have and when." We saw that all medicines were stored in a lockable cabinet in the staff office and were regularly audited and checked to ensure that stock levels were correct. During our inspection we undertook a stock check and found that all medicines were accounted for. Refused or spoiled medicines were returned promptly to the pharmacy. People's medicines files provided details on how people preferred to have their medicines administered, as well as the type of medicines they took and details on PRN (as and when) medicines for people who had been prescribed them. We checked medicines administration records (MAR) and found that medicines were being administered appropriately with no unexplainable gaps in recording. All staff had received training and a formal competency assessment, which ensured that they were competent and able to provide people with their medicines safely.

Is the service effective?

Our findings

People we spoke with felt that staff received appropriate training to enable them to offer effective support. One person said, "Staff go on training sometimes, I'm happy with what they're doing, no problems." Another person told us, "Staff know what they're doing. I don't know exactly what training they get but I'm never worried about being here with them. They're good."

Staff told us they received a full induction before they began working in the service. One member of staff said, "I had a good induction but it was a while ago. New staff come in and get a full introduction to the service when they start." We saw induction checklists which confirmed that staff had the opportunity to work alongside experienced members of the team before commencing work alone in the house, and that induction covered a variety of topics including the visions and values of the provider, the contact details for relevant external services and an opportunity to read through people's care records. The manager told us that they rarely used agency staff, but they ensured that if this was necessary, they only used staff known to the service and who had previously received a full induction.

Staff received a variety of training which enabled them to carry out their role. Training records we saw showed that all staff had attended mandatory training in first aid, medicine administration and safeguarding. In addition to these, the service had provided them with a number of specialised courses that were relevant to people's individual needs. For example we saw that staff had attended training in diabetes and the management of low and high blood sugar levels. One member of staff said they had attended a course in nutritional care which had enabled them to better understand the importance of a balanced and varied diet for people living with mental health conditions. They were able to tell us about how the menus implemented in the service were reflective of the learning from this training. Staff had received opportunities to undertake training to support their professional development, including National Vocational Qualifications (NVQ) Levels two and three. All new staff undertook the care certificate training course as a mandatory part of their induction.

Staff had received training to help them to understand the Mental Capacity Act and associated Deprivation of Liberty safeguards (DoLs). 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. Staff we spoke with were able to explain the MCA and understood their responsibilities under DoLs. We found during our inspection that people had access to all parts of their home and were free to leave without supervision. This meant that nobody using the service was being deprived of their liberty. Support plans included mental capacity assessments and records of best interest decisions for some areas of support where these had been assessed as being required.

Staff were able to tell us about ways in which they gained consent to provide care. We saw that people had

signed their care plans to indicate that they gave consent to receiving care and support provided by the service. The service had issued information to staff about understanding different ways in which consent could be sought and respected. For example we saw a specific consent protocol which had been developed around entering people's bedrooms and the importance of asking permission beforehand.

People's healthcare needs had been assessed by the service. Each person had a health action plan which listed their conditions, any treatment or medicines they received and how staff could support them in this area. We saw that people were regularly supported to attend healthcare appointments with a variety of services including GPs, dentists, chiropodists and opticians. The outcome of each appointment was recorded in people's files and reviewed regularly to ensure they remained reflective of people's changing needs. We saw that staff had been issued with information sheets which detailed people's conditions and how they could be supported to manage them where necessary. For example, we saw that the service had provided documentation regarding diabetes to all staff, and then reinforced during team meetings the importance of ensuring that staff had retained and understood the information.

Staff told us they were supervised regularly and had performance reviews annually to assess their development and competencies. One member of staff said, "I have supervisions each month, we get to chat about all kinds of things." The manager told us supervisions were an opportunity for staff to look at areas necessary for their personal development and feedback on any issues affecting the service. Supervision records confirmed that staff had been supervised monthly and that the manager identified when supervisions were due.

People were supported to maintain a healthy and balanced diet which took into account their dietary needs, preferences and choices. We asked one person about the food who told us, "The meals are lovely. We usually make our own lunch and breakfast and help out with the dinner but when the staff cook for us they always make nice meals." Another person said, "Yeah I like my meals here, we have a good variety of choices. Last night we had a pie and before that we had roast, it's always good stuff." During our inspection we observed people being encouraged to eat and drink well, and making use of the kitchen to make themselves lunch and hot beverages. The manager consulted with people to see what they wanted for their dinner and took each person's choice into account when preparing the evening meal. People told us they enjoyed taking part in communal meals, but would be able to eat separately if they chose to.

Is the service caring?

Our findings

People told us they were happy using the service and felt that they were well cared for by the staff. One person said, "I'm really happy here. I get on with everyone, this is my home." Staff we spoke with were positive about their roles and the care and support they offered to people. One member of staff said, "I like the job, I like the residents and supporting them. It's very rewarding keeping them happy."

When we arrived at the service, we were greeted by two of the people living in the home who encouraged us to sign in, asked to see our identification and proceeded to introduce themselves. The manager told us, "It's their home and we're only here to support them when it's necessary to do so. They're in charge here." We observed that people enjoyed taking responsibility around the service and that staff enabled them to enjoy their day as independently as possible. During our inspection we spent time sitting and chatting with people in their living room who were proud to tell us about their achievements and their home. The manager would only enter periodically to check everybody was okay, but was otherwise keen for people to have as much input into the inspection as possible.

We observed that interactions between staff and people were caring, compassionate and open. For example there was maintenance work taking place during our visit which had temporarily restricted access to some areas of the home. The manager had explained to each person the reason for this work being completed and we observed her reminding people throughout the day of the nature of the work and providing them with updates on progress.

People's privacy and dignity were respected. One person said, "I can spend time how I like, if I want to keep things private I can. They treat us with respect, like adults." Staff were able to describe the ways in which they observed people's right to private time and spoke to them in a dignified and respectful manner.

The service kept an 'inclusion file' which was found in a communal area of the home and designed to be accessible for people. This provided them with information about local services, amenities and ways in which they could be involved with the running of the service and the organisation. People were encouraged to attend a 'Customer Conference' which enabled them to feedback their views to the provider.

People were encouraged to provide feedback on the quality of the service through monthly reviews of care plans and annual reviews of their overall well-being. These included people's relatives and friends and provided people with an opportunity to provide their opinion on where improvements could be made. Each person had a 'link worker' who met with them regularly to discuss any changes to care plans and a review of each person's life to ensure their needs were being met.

One person told us they had regular service user meetings between them to discuss issues affecting the home. They said, "We meet every month, just the four of us. Staff are usually around but they don't interfere too much, they just give us ideas of what to talk about." We saw minutes from these meetings which confirmed that people met monthly and were encouraged to resolve any issues between themselves as much as possible. This also gave staff an opportunity to communicate key messages to people. For example

we saw that where road safety had been raised as a potential issue in a previous meeting, that staff had spent time discussing with people ways in which they could keep safe while out. This then facilitated a discussion between people on how they ensured their own safety.

The service had provided social stories to people to help them to prepare for significant changes or events around the service. For example we saw that prior to a day trip to a local cathedral, the staff had produced a story which set out the plan for the day including budget, transport and planned activities while out. This helped people to understand and prepare to ensure that the activity was a success. We spoke to one of the people who attended this trip who confirmed that they had enjoyed the day and that it had gone smoothly. They said, "They give us pictures so we know where we're going and what we're up to, it helps a lot sometimes. I like to know what the plan is."

People told us their relatives and friends were welcome to visit the home. One person said, "I get to see my [relative] all the time, [they] can come when they like." The manager confirmed that family members were regularly involved with the service and were invited to spend time with people whenever possible.

Is the service responsive?

Our findings

People we spoke with told us they knew and understood what was in their care plans, and were consulted on their contents. One person said, "Yes, we have to sign everything and look at our care plans, they show us what's in them and ask if it's okay. I go to reviews and things when I need to but I'm happy for them to take charge of that sort of thing." Staff working in the service told us they knew what was in people's care plans and had an opportunity to contribute to their development. One member of staff said, "They're reviewed every six months, usually people are happy with what's in there and we don't need to make a lot of changes but it's important to check the information is still relevant."

Care plans included an 'individual service design' for each person which included information taken from their initial assessments. These determined how the service would work for each person including the level and type of support that was required, the person's likes and dislikes and how to best support them to meet their individual needs. Each person had a completed 'circle of support' which included the people involved in their lives and how they could be supported to maintain existing relationships and develop new ones. People's social histories were included and provided details on their backgrounds and lives which had been written with their involvement. Reading this helped to provide us with a detailed understanding of each person's unique personality and provided information about their cultural needs, family lives and any significant events in their life which staff needed to be mindful of. We saw daily notes for each person that provided a good level of insight into how people chose to spend their time and enabled staff to carry out effective handovers between shifts.

Care plans were reflective of people's changing needs and established outcomes and goals that staff could support people to achieve. For example we saw that where one person had requested for input from an external service, the staff team had made the appropriate referral and worked with the person's family and social worker to ensure that they were able to meet this objective. Care plans were reviewed every six months or sooner if people's needs changed.

People were supported to enjoy a variety of activities inside and outside of the home, as independently as possible. One person told us, "I have a lot on-, I go to coffee mornings every week in town, go shopping, all sorts really. But I can stay in and relax if I want to." Another person said, "I get to go out with friends, go shopping, spend time how I want." The staff told us that one person had been supported to maintain a voluntary job at a local forum and regularly attended a day centre during the week. Another person was able to tell us about a variety of day trips they had been on, including trips to the seaside and other local amenities.

Details of how to complain had been given to people in easy read format to enable them to understand the process and who to make a complaint to. One person we spoke with told us they would feel comfortable raising a complaint if necessary. He said, "I'd know who to complain to, the boss. I don't have any complaints, but I'd let them know if I ever did." We saw that the provider had produced a DVD which explained the process for making a complaint and had been shown to each person using the service. We reviewed complaints received by the service and found that there had been one complaint which was

resolved quickly and appropriately by the manager.

Is the service well-led?

Our findings

People we spoke with were positive about the management of the service and felt that the manager was supportive and approachable. One person told us, "Yes, [manager] is okay. She's pretty thorough." Another person said, "[Manager] is a great manager, easily the best we've ever had." Staff we spoke with felt that the manager helped the service to run smoothly. One member of staff told us, "I can go to her with anything I need or anything I don't know and she'll help us out."

The manager was knowledgeable about the service and the people being supported. During our inspection we observed her spending time with people where possible. Rotas confirmed that she took a hands-on approach often and this enabled her to keep up to date with day to day activity and developments. The manager was proud of how they had helped people to develop and told us how people's confidence and independence had improved since joining the service. For example one person who had been socially isolated and withdrawn for many years was now able to go out independently and take back control over their life. The manager said, "All they need from us is empowerment and support to do the things they want to do. We're here to give them that sense of empowerment."

The provider's visions and values were displayed throughout the service and contained within records to help people and staff to understand the ethos of the organisation, which was 'putting people at the heart of everything we do.' The service had provided people with reports for the next few years which explained the planned developments for the organisation in line with these values and how people could be included. The manager told us, "At the end of the day we're here for them and them only. We have them in our thoughts and just want to give them the best support." Staff spoke enthusiastically about these values and how they demonstrated them in their role.

Staff meetings took place monthly. One member of staff told us, "We meet every month; it's a good chance to sit down and discuss things." We saw minutes from meetings which had taken place over the previous year and found that these had provided staff with an opportunity to feedback on any issues affecting the home. Clear outcomes were established at each meeting and then reviewed the following month. This helped to establish clear expectations for staff and gave them individual responsibility in different areas of managing the service. Another member of staff told us they felt they had been supported to develop their skills and expertise since they began working in the service.

The staff and the manager undertook regular audits which looked at all aspects of the service and identified areas for improvement. The manager showed us a continuous improvement plan which was informed by the findings of these audits and used to set a clear and concise action plan with timescales and outcomes. For example we saw that an issue had been raised regarding the viability of the emergency plan during the last audit. To address this, the manager had arranged for the plan to be tested under specific conditions to ensure that it would work in case of any unforeseen circumstances. The service had performed the test and found that it would prove effective, and this was recorded as a positive outcome and removed from the action plan. This showed us that the service were striving for continuous improvement and were proactive in meeting identified actions.

