

Advance Housing and Support Ltd

135 Tennyson Road

Inspection report

135 Tennyson Road
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12 November 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

We inspected this service on 12 October 2018. The inspection was un-announced.

135 Tennyson Road is a residential care home which provides accommodation and personal care for up to four people with learning disabilities and autism. On the day of our inspection three people were using the service.

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

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection in May 2016 this service was rated good. At this inspection we found the service to require improvement.

Window restrictors were not in place on the first floor of the building to ensure people's safety.

A registered manager was 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 felt safe. Risk assessments were in place to cover any risks present. We saw that staff had been appropriately recruited in to the service and security checks had taken place. There were enough staff to provide care and support to people to meet their needs. People received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and ongoing professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People told us their relationships with staff were positive and caring. We saw that staff treated people with respect, kindness and courtesy. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.

People knew how to raise a concern or make a complaint and were confident that if they did, the management would respond to them appropriately. The provider had implemented effective systems to

manage any complaints that they may receive.

The service had a positive ethos and an open and honest culture. People and their family members were able to feedback about the service and any concerns identified were acted upon. The manager was present and visible within the home.

We found there to be a breach of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Window restrictors were not in place on upstairs windows for people's safety.

Risk assessments were in place.

There were enough staff to keep people safe.

Medicines were safely administered.

The service was clean and tidy and well maintained.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

135 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 12 November 2018 and was unannounced.

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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We spoke with one person who used the service, two staff members, and the registered manager. We reviewed two people's care records to ensure they were reflective of their needs and other documents relating to the management of the service such as quality audits, staff files, training records and complaints systems.

Is the service safe?

Our findings

The service was not always safe. All of the windows on the first floor of the building, including people's bedrooms, did not have effective window restrictors on them. The Health and Safety Executive guidelines for care homes state that where there is a risk of people falling from windows above the first floor, window restrictors should be in place and restricted to a maximum opening of 10 centimetres. The windows did have a mechanism which initially stopped them from opening wide, but this was easily disabled by pushing latches on either side. Whilst the height of the windows did not pose any risk of anybody accidentally falling from them, they opened wide enough for a person to easily climb up and out. The service supported people with learning disabilities and had not considered the windows to be a risk to people who could climb out and fall. This meant that the premises were not fully safe for vulnerable people to be living in.

The provider failed to ensure that the premises and equipment used were secure. This was a breach of Regulation 15(1)(b) premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the registered manager confirmed that work had commenced to install sufficient window restrictors within the service.

People felt safe living at the service. One person told us, "Yes it's safe here, I feel safe." The staff we spoke with all had appropriate knowledge of safeguarding procedures and were confident of how to keep people safe. At the time of inspection, there had been no incidents at the service that had required a safeguarding alert. Risk assessments were in place to address risks that were present in people's lives. This included assessments for safe community access, medication, pressure care, and any behaviours that may challenge.

There were enough staff on duty to meet people's needs, and people confirmed this was consistent. The service was small, and two members of staff were on shift which was appropriate to ensure people received the care they required. The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role. Staff we spoke with confirmed that safe recruitment procedures were carried out on their employment.

Medicines were managed safely. Medicines were stored in locked cabinets both within the office room and within a person's room. Records we checked confirmed that all medicines were administered appropriately, and recorded accurately. This included topical cream medicines, and any medicines that were required to be taken on an as and when required basis. Staff were trained in medication administration, and were confident in doing so.

The service was clean and tidy. Staff were trained in infection control, and had the appropriate equipment available to carry out their roles safely.

Improvements were made when incidents had occurred or things had gone wrong. Accidents and incidents were being recorded accurately, and actions were created for staff to learn from any incidents to improve

the care people received. Team meetings were used to communicate required improvements to staff, for example, improvements to medication administration procedures.

Is the service effective?

Our findings

People received pre- assessments of their needs before moving in to the service to ensure that their needs could be met. We saw that people had comprehensive assessments of their needs to identify what care they required, and guide staff to support them. The registered manager told us, "For any new person moving in, we would meet with them, assess their needs, and then if we moved forward, they would have a transition period tailored to them, starting with visiting the service."

Staff had the skills and knowledge required to make sure people received the care they needed. All new staff went through an induction process which included basic training such as safeguarding vulnerable adults and health and safety, and spending time with more experienced staff to get to know people and the care required. New staff also took part in the care certificate qualification. The care certificate covers the basic skills required to care for vulnerable people. Staff we spoke with confirmed that the induction process was effective and gave them the confidence they required to provide care for the people at the service.

People were able to choose the food and drink they wanted, and received any support they needed with dietary requirements. We saw that each person was able to choose the food they wanted on a daily basis, and get involved in the cooking process as much as they were able to. Staff encouraged healthy options, and were supporting a person through a weight loss programme at their request. People had access to the healthcare services they required. Staff were knowledgeable about people's healthcare needs. We saw that people had input from a variety of health professionals including doctors, dentists and opticians. All health-related information was documented within people's files.

The premises and environment met the needs of people who used the service and were accessible. There was redecoration underway at the time of our visit. Some areas including toilets and bathrooms, had very recently been refurbished. There were still some areas that required decoration and finishing, and this work was due to be carried out imminently.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that consent was sought before care and support was provided. People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.

Is the service caring?

Our findings

People felt well cared for. One person we spoke with confirmed that staff spoke to them respectfully, understood their needs, and were kind and caring towards them. Our observations during inspection was that staff and the registered manager spoke to people in a kind manner, and gave them the time they required to communicate their wishes. Staff encouraged social engagement from people, and created a friendly and homely atmosphere for people to live in.

People and their families were encouraged to be involved in making decisions about care and support where this was appropriate. Communication was good and people were given information in accessible formats. We saw that regular reviews of care took place, and directly involved people themselves as well as any relatives of their choosing. One person told us, "My sister sorts a lot of stuff out for me. I have had a review recently, and I feel involved in my own care." We saw that staff were allocated as 'link-workers' which meant they took a responsibility to ensure people's records were up to date, and that they were involved in their own care as much as they were able to be.

Staff respected people's wishes in accordance with the protected characteristics of the Equality Act. People were supported to maintain relationships with friends and family. All the staff we spoke with told us that people were encouraged to express themselves and have a voice.

People felt their privacy and dignity was respected by staff. The people we spoke with confirmed they felt respected by staff when any personal care took place, and that staff knocked on doors before entering. During our inspection, we observed staff interact with people in a respectful manner. Information about people was protected and kept securely, and the service complied with the data protection act.

Is the service responsive?

Our findings

Care was personalised to each individual. Care planning we saw documented people's individual likes, dislikes and preferences. This enabled staff to understand more about each person, engage with them in a personalised way and understand their preferred communication.

We saw that staff had recognised that one person had extreme anxiety around any kind of medical appointments and health care. The registered manager told us how they had worked with the person to desensitize these scenarios, where a medical appointment was necessary. They had taken the person to the hospital to familiarise themselves with the environment, starting with visiting the on site coffee shop, and building up to entering the room that was required for treatment. The registered manager said, "We are very pleased to have got this far with [name]. They haven't had the treatment yet, but to begin with, they wouldn't have gone anywhere near the hospital, so progress has been made."

Staff supported people to reach goals and aspirations. One staff member told how a person was identified as needing to lose weight for their ongoing health. The staff member said, "The whole team have worked consistently with [name], encouraging healthy food, smaller portions, and exercise, and they are now losing the weight. [Name] is very proud."

People received information in accessible formats and the registered manager was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.

A complaints policy and procedure was in place that would ensure any complaints were recorded and responded to appropriately. At the time of inspection, no complaints had been made.

No end of life care was being provided, but the registered manager told us that any choices or preferences made by people around their end of life care would be recorded and followed through.

Is the service well-led?

Our findings

A registered manager was 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.'

Quality assurance systems were in place to monitor all aspects of the service. Environmental audits took place to ensure the safety and cleanliness of the environment. Audits did not pick up on the lack of appropriate window restrictors, because the registered manager was unaware that the current latches on the windows could be disabled by hand. All other aspects of the environment were adequately audited. Regular audits took place and any errors that were picked up, were acted upon promptly. For example, a weekly medication audit took place, and errors were raised with staff at team meetings and in supervisions to bring about improvements. The registered manager told us that they would shortly be starting a new audit system, where other managers from other services that the provider owned, would come in and carry out audits, so that good practice could be shared and improvements made when required. This would include full audits in to the environment, care plans, medicines and other aspects of the service.

The service had a positive ethos and an open culture. Staff members were positive about their roles and the people they were supporting. One staff member told us, "It is a very good place to work, I have been here for many years." Another staff member said, "I get a lot of support from the registered manager, they are always available, and they provide hands on care as well, so they understand the job and the people here."

People using the service were encouraged to feedback at resident's meetings, this updated people on service developments and allowed people's voices to be heard. We saw minutes of meetings which showed that people were talking about activities on offer, trips out, and food choices. For example, people had asked for support to go to a large shopping centre before Christmas, and this had then been planned in by staff for people to attend. People were involved with the development of the service. People's views had been sought via a questionnaire that looked at all aspects of the care at the service. We saw that results were reviewed and analysed, and actions taken up when required.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included facilities that people used, such as day services, and social work teams when required. We saw that the local authority had been communicating with the service and had created an action plan for some improvements to be made. The feedback we received from the local authority was that they had conducted a quality check on the service, and the management were in the process of responding. On our inspection, we saw that progress was being made from the actions that were set, for example, improvements to the environment by refurbishment of bathrooms. This demonstrated that the registered manager was receptive to outside feedback.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider failed to ensure that the premises and equipment used were secure. Window restrictors were not in place on first floor windows.</p>