

# Advance Housing and Support Ltd

## 135 Tennyson Road

### Inspection report

135 Tennyson Road  
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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 4 May 2016 and was announced. When we last inspected the service in April 2014 we found that the provider was meeting the legal requirements in the areas that we looked at.

135 Tennyson Road is a residential home in Luton providing accommodation and personal care to up to four people with learning disabilities or autism. At the time of our inspection there were three people using the service.

There was 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 kept safe from avoidable risks of harm and there were risk assessments in place to minimise any risks to them and staff. People were supported to eat a balanced and nutritious diet and to access regular healthcare appointments. People's medicines were administered safely and there were systems in place to ensure that these were audited and managed appropriately.

Each person had a care plan in place which included an assessment of their needs and guidelines for supporting them effectively. People were involved in regular reviews of their care and support and encouraged to give their views on their service and contribute to its development. People were treated with dignity and respect and cared for by consistent and dedicated staff who understood their needs.

There was a robust system in place for recruiting staff safely and they received a full induction into the service. Staff received a range of training which was relevant to their role and specialised depending on the needs of people using the service. There was a regular programme of supervisions and appraisals to support the on-going development of staff and encourage their input into developing the service. Staff understood the principles behind the Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DoLS) and sought consent before providing care.

People, staff and relatives were positive about the management of the service. Regular audits were carried out to identify improvements that needed to be made across the service. There were regular team meetings and residents meetings to discuss issues affecting the home.

## 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.

Risk assessments were carried out to keep people safe and balance risk and reward appropriately.

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, training 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 treated with dignity and respect by staff.

People were supported to have their views heard.

### Is the service responsive?

Good ●

The service was responsive.

Each person had a person-centred care plan in place which they were involved in reviewing and was responsive to their changing needs.

People had consistent and meaningful routines and access to a range of activities and interests.

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

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

# 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 the 4 May 2016 and was announced. We gave the provider 24 hours' notice of our inspection as they were a small residential home and we needed to ensure that people would be in to meet us. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information available to us about the service, 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 asked for feedback from nine professionals involved with the service.

During the inspection we spoke with one person who used the service to gain their feedback and one relative. We spoke with one member of care staff and the registered manager.

We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for three people who used the service. We checked medicines administration records and looked at staff recruitment and training records. We looked at complaints and compliments received by the service. We also reviewed information on how the quality of the service was monitored and managed.

# Is the service safe?

## Our findings

People using the service told us they felt safe. One person said, "I'm safe living here." We spoke with a person's relative who told us, "Yes they keep them safe, no doubt about that that."

Staff were able to describe the ways in which they helped to safeguard people from avoidable risk of harm. One member of staff said, "There's always someone here, we're always available to them if they need us and we know them well enough to respond to them if we need to. If I had any concerns I'd call my manager, the on-call manager or social services if necessary. But the people here are safe." We saw that during customer meetings people were reminded by staff of the types of abuse and asked if they understood what to do if they had any concerns in this regard.

Staff received training in safeguarding and the provider had a policy for protecting people and reporting concerns. There had been no safeguarding incidents since our last inspection but the manager and staff demonstrated understanding of what would need to be referred to the local safeguarding teams and the Care Quality Commission if necessary.

There were risk assessments in place to provide staff with details on how to support people safely. These included any risks associated with specific activities or tasks in or out of the home and the steps that could be taken to minimise them as much as possible. We saw that these were personalised and had taken each person's unique circumstances and level of independence into account. For example we noted that one person with high mobility needs had a very detailed set of risk assessments in place for using each item of equipment and what risks might be posed in different environments when using it. If people displayed any behaviour that may have impacted negatively on others then there were steps included in care plans for staff to take to keep the person and others safe. These included de-escalation or distraction techniques and promoted having link worker sessions afterwards to reflect upon any incidents and update records as necessary.

The manager told us there had been no accidents or incidents in the home since our last inspection. We checked the provider's policies to ensure that it was clear which incidents were reportable and that this was robust enough to capture any occurrences that might have happened within the service. We saw that the policy was up to date and accurately detailed the steps in recording and reporting that would need to be taken should an incident occur within the home.

There were enough staff available to keep people safe. One person we spoke with said, "There's enough staff." A member of staff told us, "The rota is always covered; people can go out whenever they like and do whatever they like to do." Rotas were created according to people's individual needs on different days. For example on days where two of the people who lived at the service were at day centre, staffing levels were adjusted accordingly. The provider operated an on-call system in place of any emergency or staff shortage and casual workers were used if necessary to cover shortfalls or provide extra support if required. The provider had a cluster of other services in the area and resources were occasionally shared if the need arose.

There was a system in place for completing checks to ensure that the environment was safe and well maintained. The manager completed a series of weekly and monthly audits to look at infection control, health and safety and maintenance. We saw that fire tests, PAT tests and gas safety checks were completed regularly to ensure that the building was fit for purpose and that equipment was in good working order. Each person had a PEEP (personalised emergency evacuation plan) in place which detailed the steps that the service would take to protect them in case the need arose. There was a robust emergency contingency policy in place in case of any event that significantly affected or stopped the service. There was a service contract in place for quarterly checks to be carried out on the home to ensure that fire equipment was working and effective. We noted that action had been taken to resolve issues raised in these visits. For example where it had been stipulated that a second fire alarm was required in a communal area of the home, this had been fitted immediately. This meant that the environment was safe for people and staff to use.

People's medicines were stored in locked cabinets in their rooms and staff retained the key to this if people were unable to self-administer or required support with this. If people were prescribed PRN (as and when) medicines then there was an individual protocol in their care plans which detailed when it was appropriate to administer these and what the potential side effects would be. The support that people required with their medicines was detailed in their care plans and their link worker had assessed whether they were able to self-medicate or required additional help with this. Regular audits were carried out to check that stock was being booked in and out correctly, temperatures of storage units was correct and that people's details were up to date. We checked MAR (medicines administration records) for all three people and found that these were correctly filled out with no unexplained gaps.

## Is the service effective?

### Our findings

People and their relatives told us that they felt staff offered effective care and support. We asked one person if they felt staff had the correct training to support them and they replied "yes." A relative told us, "I'm really happy with the house and the staff, they're a good bunch and they're all good at their jobs."

Staff received training as part of their induction in core subjects that the provider considered essential. This included safeguarding, mental capacity, medicines and health and safety. In addition there were a number of specialised courses available to staff which they could complete to further develop their learning and experience. For example one member of staff said, "There's so much paperwork now and the company knows that and put something in place to help us with it. I did report writing training and now I know how important it is to capture the information and that they are legal documents. I value that side of the job more." Training was regularly updated and refreshed as required. Staff were supported to complete professional qualifications including NVQs in health and social care.

Staff told us they received regular supervision. One member of staff said, "We are supervised regularly and we discuss issues in those, but to be honest we don't have to wait for them if we have any problems. I would ask to speak to my manager any time and be listened to." Supervisions took place monthly with staff or more frequently if required. Staff were asked to sign supervision contracts which stated the purpose, frequency and importance of regular supervision. Annual performance reviews also took place with staff to monitor their performance overall.

When staff first started with the provider they completed an induction programme which included an opportunity to work alongside experienced support staff, learn the company's policies and procedures and spend time getting to know people who used the service. Probation reports were issued by management to confirm that people had shown the right skills and competencies during their first few months in the job. One member of staff said, "My induction was really good. We worked in the service with other staff, met the chief executive and they make it clear what's expected of you working for this company."

Staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service completed a DoLS screening checklist every six months to consider whether they might be any deprivation of their liberty in different areas and what actions would need to be taken as a result. There were no current DoLS in place for people but there was a clear system in place to identify whether people might be restricted in the future if any element of their care and support changed.

The service had considered people's ability to consent in their care plans and had included the steps that



staff could take to ensure that consent was given under different circumstances. For example we saw that where one person was unable to write to respond to letters, staff had been instructed to ensure that each of the letters they wrote on his behalf had been read to him in full and that he had expressly been asked for his consent to forward them.

People's choices had been taken into account when personalising the house and communal areas were warm, open and inviting with a homely feel. People had decorated and furnished their rooms according to their own choices and preferences. One person said, "I've got my favourite posters up in my room, I have it how I like it."

People told us they had enough to eat and drink. One person said, "I don't cook but I like the food they have." A member of staff told us that they ensured people had enough to eat and that their individual choices and preferences were taken into account. They said, "Nobody has to have what everyone else is having, we ask them and respect the choices they make. The cupboards are always open if they want snacks and things during the day." People's unique dietary needs were taken into account and detailed in their care plans to ensure that staff understood which foods and drinks they enjoyed and were safe for them. We saw that one person who had difficulty with chewing and swallowing needed his food cut up and the care plan provided details on how staff were to support them with this. There were lists of people's likes and dislikes and what they preferred to eat and drink at different times of day.

Each person had a healthcare action plan in place which listed any conditions, support that was needed with these and things that were important to know to maintain the person's overall health and well-being. We saw that where one person had difficulty attending healthcare appointments or engaging with professionals, every care had been taken to make the appropriate referrals to support them when issues had arisen. For example we saw that a sensory specialist had recently begun a process of familiarisation with one person to try and establish a consistent point of contact for healthcare appointments. This had helped to ensure that the person's needs were still being met if they refused to attend appointments elsewhere.

We saw that advice from healthcare professionals was being acted upon and that referrals were being made as necessary to ensure that people remained in good health. For example we saw that where somebody required support with maintaining routines for the application of topical solutions to their feet and hands, their care plan contained detailed instructions on how to follow this procedure to make sure it was completed properly. People's weight was regularly recorded.

## Is the service caring?

### Our findings

People and their relatives told us that the staff who cared for them were kind and compassionate. One person said, "I like the staff here. They're nice." The relative we spoke with said, "They're excellent, I really couldn't fault them."

During the inspection we observed that staff were interacting positively with people and supporting them in a jovial, upbeat and compassionate way. One person was gently reminded of their activities for the day when we arrived and introduced to us by staff who used their preferred name and communicated with them as per their stated preference in their care plan. One of the other people who was in the home during the day was asked gently if they would like help with anything while encouraged to maintain their daily routines. People were asked about what they had been doing, their plans for the future and interests and hobbies they enjoyed. The team that staffed the home were all long-standing care staff who had worked together for many years. This helped to bring a consistency to the care that was provided and meant that people had developed meaningful and caring relationships with their staff over a significant period of time. The staff we spoke with were passionate about their work and the people they provided care to. One member of staff said, "Everything here is positive. The way we work as a team, the way we achieve our goals and the happiness of the customers. We're doing well."

People had meetings with their designated link worker to provide them with the opportunity to discuss progress towards objectives, their health and well-being and to give their views on any issues relating to their care and support. A review took place annually where people were encouraged to write a 'residents report' which stated how they felt their support had been in the last year. People were also sent customer satisfaction questionnaires each year which gave them the chance to have their views heard. One person had said they would like to go on a day trip to Blackpool illuminations and we noted that a date had been booked for this to take place. People were also given information that staff felt was important for them to know. For example we saw that people were asked whether they wanted more information about voting and asked for their views on changes in the service.

Details of people's family relationships were included in their care plans and emphasised the importance of supporting people to maintain contact with their relatives. Families were asked for their feedback during regular reviews of people's care and offered positive comments on how their relative was looked after. One relative said, "We would like to thank all the staff for their work with [person] and how they notice the small things that make a big difference in [person]'s life. [They] are safe, secure and happy."

People's privacy and dignity was being observed and staff understood their responsibility to support people with this. One member of staff said, "When I want to go into their rooms, I have to wait. We speak to them with respect, listen to them and give them their privacy when they want it." We saw that there had been an issue between two of the people using the service which might have compromised the dignity of one of them. This had been acted upon, discussed with the person in question and measures had been taken to prevent it from happening again. People were free to spend their time and they had their meals, bedtimes and activities at times that suited them. Care plans stated when people preferred to be alone or spend time

in their rooms and staff were asked to respect this while offering gentle encouragement to be involved in activities around the home where possible.

## Is the service responsive?

### Our findings

People told us they had care plans and were involved in reviewing the information that was contained within them. One person said, "Yes they do show me the plan. We have meetings about it sometimes." The relative we spoke with told us that they were involved in assessments and reviews of each plan and informed of changes.

Pre-admission assessments were completed with people to provide the information that was then used to create their care plan. This took into account their level of independence and the support required with different tasks and activities. We found that there was sometimes limited information in people's plans about their social history or background and that they didn't always provide a complete picture of the person. We discussed with the manager who was able to tell us about the ways they were gathering this information and planned to incorporate it into their care planning in future.

Care plans were subject to regular review and were updated according to people's changing needs. For example we saw that somebody had identified that they wanted to have more exercise and this had been discussed in their review. Their care plan was then updated to reflect the fact that the person should walk to their activities where possible instead of taking a taxi or bus. We noted during our inspection that the person went out with staff and planned to walk on two different occasions. Outcomes for people were established in their care plans and details were provided to enable staff to take steps to support them with meeting these. For example we saw that for one person there was a clear outcome for the person to maintain an active social life to avoid the risk of isolation. This included details of places staff could encourage him to go and cross-referenced any risk assessment or guidelines relevant to each activity. Another person needed support to develop their life skills and their care plan contained detailed guidance on how to support the person with each task around the home. Staff were encouraged to prompt and encourage people as much as possible to help them to maintain and develop a sense of independence. These guidelines included when the person required the support and who needed to be involved.

People's care plans contained a list of the activities they enjoyed and how they preferred to spend their week. The type of support that people required with these was detailed to enable staff to best meet the needs of the person when encouraging them to take part in activities inside or outside of the home. Two of the people using the service attended day centres for four days of the week. The service kept detailed records and daily notes which showed us how people had spent their time and the activities they had engaged in. We noted that all three people seemed to be in consistent and active routines that had been established over many years and were meaningful and important to them. The manager told us they had sourced new opportunities for people including college courses and access to different resources in the area.

There was a system in place for handling and resolving complaints. People told us they knew who to complain to if necessary. One person said, "I'd talk to the staff or manager. But there are no problems." The service had received no complaints since our last inspection. There was a system in place for gathering feedback through a comments book that was available in the front entrance hallway. The comments left

were largely positive, with visitors commenting upon the homely atmosphere and dedicated staff. We saw that people were reminded every month in their residents meetings about the complaints process and how to complain if necessary.

## Is the service well-led?

### Our findings

People and their relatives were positive about the management of the service and knew who the registered manager was. One person said, "The manager is nice." The relative we spoke with told us, "The manager is great- if [relative] needs anything she'll always call me and tell me." The registered manager had been with the provider for over 22 years and was knowledgeable about the people using the service. Because she was often deployed to work during the day she was able to maintain regular contact with people and be an active part of the staff team.

Staff were issued with job descriptions which outlined the nature of their role. The service used a model called 'PRIDE' to facilitate the development of staff and assess their competency in relation to their roles and responsibilities and the values of the provider. These looked at the key values of partnership, respect, innovation, drive and efficiency. All of the staff employed to work in the service had been with the provider for a significant period of time and the staff we spoke with demonstrated good knowledge of the provider's visions and values and how they impacted upon their role. Retaining knowledgeable and experienced staff and investing in their continued development meant that the support that people received was consistent. Because each member of staff had clearly defined roles and responsibilities, they had contributed to the development of the service over time.

There were robust quality monitoring tools in place to audit the service and identify any improvements that needed to be made. Each month a series of audits were carried out by the manager in various areas of the service including training, care plans and incidents. These used a RAG (red green and amber) system to identify areas that required improvement and measure the progress of actions taken to rectify these. Each month these audits were collated using a computerised system and used to create a continuous improvement plan which provided the manager with a list of objectives and a way to monitor progress towards achieving them. We saw that where gaps or areas for development had been highlighted, these were being quickly acted upon. For example where an issue had been raised with regard to a particular incident, this had been highlighted for discussion at a subsequent team meeting and later included in the minutes. We saw the manager had various improvements planned for the future, including a system that could provide an extra level of support for lone workers to assist them to stay safe.

Staff told us they regularly attended team meetings and that these took place every few months. One member of staff said, "We meet often, it's a good chance to get together and talk about what's happening." We looked at the minutes from these meetings and saw that staff had an opportunity to contribute to a standing agenda that covered a range of important topics. Each meeting began with a review of actions from the previous meeting to check on progress. This also provided the manager with an opportunity to provide updates to staff on important matters or changes.

People who used the service were encouraged to take part in 'customers meetings' each month to discuss updates around the home and provide an opportunity for communal feedback. People were asked if they had any worries or complaints and whether there was anything they would like to do. We saw that people had discussed going for meals together and that this was taking place regularly. Trips were booked on the

basis of people's feedback and all three people had recently enjoyed a trip to the seaside. We saw that people were reassured when they had any worries. For example one person had raised concerns that fire drills were not always being carried out by trained staff. In response to this they had been told about the training the staff had received to be a fire marshal and shown a copy of their certificate to help to put their mind at rest.