

# Advance Housing and Support Ltd

# Advance Hampshire

## Inspection report

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01 February 2023  
14 February 2023

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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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Advance Hampshire is a supported living service providing personal care to people living in shared or individual accommodation. At the time of the inspection the provider supported 22 people in 8 supported living settings.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However the provider's records did not always support this practice.

Staff supported people to have as much choice, control and independence as they could. However, the quality of supporting records in this area was mixed. Staff supported people to pursue their interests within the limitations of agreed support hours. The service worked to make sure people were supported in a safe, clean environment.

### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service had enough suitably skilled staff to keep people safe. People who had individual ways of communicating could interact comfortably with staff because staff had the necessary skills to understand them and knew them well.

### Right Culture:

Staff knew and understood people, and were responsive in supporting people's needs. People received good quality care and support because trained staff could meet their needs and wishes. Staff ensured risks of a closed culture were minimised so people received support based on transparency, respect, and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

This service was registered with us on 20 June 2022 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of individual risks. This inspection examined those risks.

### Enforcement

We have identified a breach of regulation at this inspection in relation to keeping fit for purpose records about people's care and support. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Advance Hampshire

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

Three inspectors carried out this inspection.

#### Service and service type

This service provides care and support to people living in 8 supported living settings, so that they can live as independently as possible. 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were two registered managers in post, each with responsibility to oversee the service at 4 supported living settings.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 31 January 2023 and ended on 14 February 2023. We visited the location's office on 31 January 2023.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we had received about the service since its registration. We used all this information to plan our inspection.

#### During the inspection

We visited 11 people in 4 supported living settings to understand their view of the service and speak with their support staff. We reviewed records including care records for 11 people. We spoke with both registered managers and a senior manager.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Care plans and risk assessments did not contain all the information needed by staff to keep people safe. Information and guidance from healthcare professionals was not included in people's care plans and risk assessments. For example, instructions for staff about how to manage risks around choking and swallowing were included in people's risk assessments but not their care plans. Guidance from speech and language therapists was not reflected accurately in care plans and risk assessments. People were at risk of unsafe care if supported by staff who did not know them, their needs and individual risks well.

Failure to maintain accurate, complete and contemporaneous records for each service user was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. The service helped keep people safe through formal and informal sharing of information about risks.
- The provider had processes and procedures to support people safely in their homes. They notified the landlord where works were identified to maintain the premises or equipment safely.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The provider had appropriate policies, procedures and practices to support people safely and respond to concerns. Staff were confident these would be followed correctly if needed.

### Staffing and recruitment

- The service had enough staff to support people in line with their commissioning agreements. In one supported living setting the provider had recognised this was not sufficient to support people to pursue their hobbies and interests outside the home in a way that promoted their wellbeing. At the time of our inspection the provider had started negotiations with the commissioning authority to resolve this
- Staff recruitment and induction training promoted safety. Staff files included the records providers are required to keep to show evidence of safe recruitment. These included Disclosure and Barring Service checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Staff followed effective processes to store medicines safely and to support people to take their medicines safely and in line with their preferences. This included assessing risks associated with people's medicines, and enhanced protocols for controlled drugs which need additional security measures. Staff had the required training and competency checks. People were supported by staff who followed systems and processes to administer, record and store medicines safely.

#### Preventing and controlling infection

- The service used effective infection prevention and control measures to keep people safe, and staff supported people to follow them. The service had arrangements with people's landlords where appropriate to keep premises well maintained, clean and hygienic.

#### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had support plans that were personalised, and reflected their needs and aspirations, including physical and mental health needs. Support plans reflected good understanding of people's needs, including assessments of their communication and sensory needs. Staff used a variety of techniques based on good practice guidance to support people's communication needs. Staff took time to understand people's needs and behaviours.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training. This included training in supporting people with a learning disability and autistic people. Staff received training in positive behaviour support and deploying techniques that promoted reduction in restrictive practice.
- The service checked staff competency to ensure they understood and applied training and best practice. Staff received support in the form of individual supervision meetings, and discussion of good practice in team meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet. Staff supported people to be involved in preparing and cooking their meals, and people's independence in this area was encouraged. One person told us they "loved baking" and we saw they had access to cookery books to support this. People with complex needs received support to eat and drink in a way that helped them attain and maintain a healthy weight.

Staff working with other agencies to provide consistent, effective, timely care

- The service ensured that people were provided with joined-up support so they could travel, access day centres, and social events. The provider had worked with other agencies to help one person get a car. They had worked with a specialist charity to support another person with relationships. Staff worked as a team with other agencies to benefit people.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to have annual health checks and attend primary care services when needed. Staff worked with other healthcare professionals, such as speech and language therapists and dentists, to improve people's care and support. Staff supported people to live healthier lives.

Ensuring consent to care and treatment in line with law 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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support. Staff knew about people's capacity to make decisions through verbal or non-verbal means. Where people lacked capacity, the provider took steps to make sure decisions made were in their best interests and as least restrictive as possible.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used appropriate language and communication techniques that people responded to. Staff were patient and used appropriate styles of interaction with people. Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- People had developed good relationships with their support workers. Staff showed genuine interest in people's well-being and quality of life. Staff treated people as individuals and respected their diverse needs.

Supporting people to express their views and be involved in making decisions about their care

- Where people had complex communication needs, the provider engaged with their families and others who knew them well to take part in decision making, care planning and risk assessments. People, and those important to them, took part in making decisions and planning of their care and risk assessments.
- Staff took time to understand people's communication needs, and to develop a rapport with them. Staff respected people's choices and wherever possible accommodated their wishes, including those relevant to protected characteristics. Staff supported people to maintain links with those who were important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to try new experiences, develop new skills and gain independence. Staff supported people with activities of daily living to maintain their independence at home. Where people were not able to meet a goal or ambition immediately, staff supported them to make "small steps" towards independence.
- Staff knew when people needed their space and privacy, and they respected this. For people living in supported living services, the provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people through recognised models of care and support for people with a learning disability and autistic people. Support focused on people's quality of life outcomes, and people's outcomes were regularly monitored and adapted as people and the service got to know each other better. Staff provided people with personalised, proactive and co-ordinated support in line with communication and support plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in ways they could understand. There were a variety of methods in use to help people know what was going to happen and understand people's choices. These included the use of pictures, signs and social stories.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in social and leisure activities. These included attendance at college, support on holiday, participation in events such as Hallowe'en and Chinese New Year, and movie nights. People were supported to participate in their chosen social and leisure interests on a regular basis.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints and staff supported them to do so. Information about the complaints process was available in easy read and video formats. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, sharing any learning with the whole service.

End of life care and support

- At the time of our inspection nobody using the service was receiving end of life care. The provider had received positive feedback from the family of a person who had died, and the provider's staff had helped organise the funeral. This included having a wake for other people living in the same tenancy and staff who

had lost a friend.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Processes and record keeping did not always reflect the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Leaders did not always apply arrangements to ensure the safety and quality of the service consistently. Quality assurance systems and processes had not identified the concerns with care plans, risk assessments and mental capacity assessment records we found at inspection.
- Records did not always show the provider applied the principles of the Mental Capacity Act 2005 (MCA) consistently. Records of mental capacity assessments and best interests decisions did not all use the same format. Records of these processes did not always show the correct process had been followed in line with the MCA code of practice. Where people lacked capacity, records did not always demonstrate that decisions made were in their best interests and as least restrictive as possible.
- Systems and processes were not always operated effectively to ensure people were protected at all times from the risks to their safety and wellbeing. This led to missed opportunities to improve the quality of the service people received as outlined above.

Failure to maintain accurate, complete and contemporaneous records for each service user was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management were visible in the service, approachable and took a genuine interest in people. The registered managers were available to staff in the supported living schemes. The provider promoted a positive, inclusive culture.
- Management and staff put people's needs at the heart of everything they did, and achieved good outcomes. The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, supported their independence and enabled them to develop and flourish.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers understood the duty of candour. They had open communications with people's families and other advocates who were interested in their care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff worked closely with people so they could observe how people with complex communication needs responded to their care and support. Staff had understood people's preferences through observation of how they responded to different options and choices.
- The provider engaged with staff through regular supervisions and surveys. The provider sought and obtained regular feedback from people's families.

#### Continuous learning and improving care

- The registered manager and provider had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible. Improvement of people's care was based on regular reviews including quarterly internal audits of quality and health and safety.

#### Working in partnership with others

- The service worked in partnership with other health and social care professionals. These included the adult services learning disability team and commissioners. Partnership working helped improve people's wellbeing.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person failed to maintain an accurate, complete and contemporaneous record in respect of each service user. This was a breach of Regulation 17(2)(c) Good governance.</p>