

Advance Housing and Support Ltd

Advance Cornwall

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

We carried out this announced inspection on 27 May 2016. This was the first inspection of Advanced Cornwall at their new registered offices.

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.

Advance Cornwall is a domiciliary care service that provides care and support to people in their own homes. This includes people with general physical health needs, mental health needs, and learning disabilities. The care ranges from a few hours of support a week up to 24 hour care for people in supported living. A supported living service is one where people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with Advanced Housing and Support Ltd, and receive their care and support from the domiciliary care agency. As the housing and care arrangements are separate, people can choose to change their care provider without losing their home.

As the service was new they were supporting seven people at the time of the inspection. We spoke with one person and one relative by phone so that they could share their views on the support they or their family member received. We spoke to a health and social care professional to gain their views on the service. Their views were positive and felt that Advance Cornwall met the care needs of the person they supported.

Advance Cornwall comprised of nine staff team members. We spoke with staff members who were enthusiastic and passionate about the new service. People were supported by stable and consistent staff teams who knew people well and had received training specific to their needs. People were involved in choosing the staff that supported them. Efforts were made to match staff with people by identifying any shared interests and hobbies.

People told us they felt safe with the care staff who supported them. Staff were confident about the action to take if they had any safeguarding concerns and were confident the registered manager would follow up any worries they might have. Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

Care records were up to date, had been regularly reviewed and accurately reflected the person's care and support needs. The person's care plan was presented in written and pictorial formats to enable them to read their plan and be involved in any changes or updates. Details of how the person wished to be supported with their care needs were highly personalised and provided clear information to enable staff to provide appropriate and effective support. The service's risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

Staff had high expectations for people and were positive in their attitude.. Staff were respectful of the fact they were working in people's homes. One staff member said "I like the whole system. I like the chance of promoting people to live in their own flats and be as independent as possible." The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted.

Staff told us they enjoyed their work and were well supported through supervision, appraisals and training. The registered managers spoke highly of the staff team describing them as committed and enthusiastic in their approach to work. Staff told us they felt involved in the development of the service and that management listened to any ideas and suggestions they had and took them on board.

The service was well led and all of the staff were highly motivated and keen to ensure the care needs of the person they were supporting were met. The management team had a clear set of values which was also apparent in our discussions with staff. Advance Cornwall had a clear set of values and visions. The organisation works to achieve the PRIDE (Partnership, Respect, Innovation, Drive and Efficiency) principles. This was described in the Provider Information Return (PIR) as 'These were developed to foster and nurture positive experiences for people we support and their carers as well as cultivate positive relationships with colleagues and stakeholders.' for respecting its staff, we listen to them and explain our actions. We need to get the best out of staff who support people and invite their families in.'

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 sufficient numbers of suitably qualified staff to keep the person using the service safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge.

Staff knew how to recognise and report the signs of abuse.

Is the service effective?

Good ●

The service was effective. Staff were appropriately trained and there were robust procedures in place for the induction of new staff.

Staff were matched to the people they supported according to their own skills and interests and the needs of the person.

The manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring. The stable staff team had developed caring and supportive relationships with people using the service.

Staff knew the people they were caring for well and communicated with them effectively.

The person's privacy was respected. Staff encouraged them to be as independent as possible and their achievements were recognised.

Is the service responsive?

Good ●

The service was responsive. Care plans were personalised and informed and guided staff in how to provide consistent care to the people they supported.

People were actively encouraged and supported to engage with the local community by taking part in a range of recreational activities.

Information about how to complain was readily available and in formats people could access.

Is the service well-led?

The service was well-led. The registered manager provided staff with appropriate leadership and support and staff were well motivated.

The service worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

People, relatives and staff told us they felt involved in the development of the service.

Good ●

Advance Cornwall

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 27 May 2016 and was announced. The provider was given three days' notice because the location provides a domiciliary care service. As the staff team were small we needed to ensure that they would be available. We asked people if they would like to meet with us, but they declined. We spoke with one person on the telephone and we also spoke to one relative. The inspection was conducted by one inspector.

Before the inspection we reviewed any information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We received the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we met and spoke with the service manager and registered manger. After the inspection we spoke with two care staff and two health and social care professionals. We looked at two care records, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

A person told us they felt safe while receiving care and support from Advanced Cornwall staff and commented; "They take good care of me." We saw surveys completed by people who stated they felt safe with the care that was provided to them. People's relatives were positive about the care their family members received. One said; "I don't feel anxious anymore, I know they look after (person's name) well and this so reassures me."

Staff had a detailed understanding of their role and there were effective procedures in place to ensure the person was safe. For example it was specified how many staff needed to support the person within their home and when going out to participate in the local community. This was in line with their assessed needs. The staff rota showed that care and support was provided by a consistent team of care staff.

Staff fully understood their role in protecting people from avoidable harm. All staff had received training on the safeguarding of adults and were able to explain how they would respond to any incident of suspected abuse. Staff said they would immediately report any concern to their manager who, they were confident, would take appropriate actions to protect the person. Staff understood the role of the local authority in the safeguarding of vulnerable adults and contact information was available in the service's staff handbook. The service manager and registered manager were attending a three day intensive safeguarding course to develop their knowledge further. We reviewed the services safeguarding policy and found it had been recently updated to reflect changes in the local authorities safeguarding procedures.

The service had risk assessments in place which reflected the ethos and values of the service. They were designed to encourage people to develop their independence live as ordinary life as possible. In discussions with staff it was clear they recognised people needed to be exposed to an element of risk. The care documents provided staff with clear guidance and direction on how the person should be supported in relation to each specific identified risk.

People told us they were never supported by someone they did not know. All staff were provided with photographic identification badges to enable people to confirm the identity of carers who they did not know. However, people said new carers were introduced by a member of staff who they already knew. People told us staff were punctual and staff were always present when needed.

People were supported by a sufficient number of staff to keep them safe and meet their needs. Initial assessments were carried out by local authority commissioners and the registered manager then decided whether they could meet those needs. The registered manager told us as they were recruiting for more staff they needed to assess if they had the capacity to meet the new care packages.

People were supported by dedicated teams and there were suitable arrangements in place to cover any staff absence. Staff told us that the service manager and registered manager still undertook some care shifts especially if there were staff absences at short notice due to staff sickness. Staff told us they would cover any shift absences where possible as they believed having a dedicated team of staff to support the person was in

their best interests.

The registered manager and service manager operated an on call system. Staff told us managers would "Always respond promptly" to any queries they might have. Advance Cornwall currently provides support to people during the day/evening. During the night another care agency provides on call support to people in their own homes.

Advance Cornwall had been operating for six months therefore they were still recruiting staff as their service was growing. Services recruitment processes demonstrated they were robust. New employees underwent relevant employment checks before starting work to show they were suitable and safe to work in a care environment. For example references from past employers were taken up and Disclosure and Barring (DBS) checks carried out.

The arrangements for the prompting of and administration of medicines were robust. Support plans clearly stated what medicines were prescribed and the support people would need to take them. Staff completed Medicine Administration records (MAR sheets) when they prompted or observed a person taking their medicines. One person's support plan stated this was completed "For our own monitoring purposes to ensure (person's name) is taking their medicines in line with their prescription." Guidance was then provided to staff in what actions would be needed if the person was not taking their medicines as prescribed.

There were effective systems in place to help the person manage their finances. The person along with staff developed a care plan that specified how the person wished to be supported in managing their money and how it would be monitored.

Is the service effective?

Our findings

People received care and support from staff that were well trained, supported and knew their needs and preferences well. The registered manager and service manager, shared the view that Advanced Cornwall staff were committed to their work, and were motivated to provide high quality care. Comments from care staff included; "I love my job" and "This work is new to me and I have received so much training and support, it's wonderful. I can already see the difference for the people we support as their confidence has grown so much in their new homes. It is so rewarding"

Staff teams were built around the person. The person's hobbies and interests were identified and then they were matched with staff who had similar interests. For example, if they had an interest in swimming. By matching staff with similar interest this helped the development of positive relationships between people and staff.

All staff were new to their role due to the recent opening of the service. Staff were still completing their induction and said they found the induction to be informative and relevant to their role. Staff told us they completed four days of initial office based training where they were made aware of the expectations of their role. Staff shadowed more experienced staff on initial home visits until they felt confident to support a person on their own. The induction programme was in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures.

Staff received regular supervisions. These took place formally approximately every month and provided an opportunity for staff to identify their training needs and discuss working practices with their line manager. Staff told us they felt able to ask for support or advice at other times.

Advance Cornwall is part of a national organisation. Staff training to ensure all staff are competent in their roles is viewed as essential. Training in mandatory subjects such as safeguarding and medicines had occurred and other mandatory subject's courses had been planned. We also noted that specialist courses, such as working with behaviours that may challenge staff had occurred so that staff were aware of the organisations expectations in this area. Staff told us there were good opportunities for on-going training.

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. Managers and staff understood the requirements of this act and what this meant on a

day to day basis when seeking people's consent to their care and in decisions on where the person wanted to live.

We found that care plans had been developed with the person or their family which demonstrated that they were in agreement with how care staff would provide their support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. There were examples where people wanted staff to support them in a different way during their visit, for example changing their planned activity that day, and this was respected.

Care records showed the person had given their consent to their current support arrangements. The environment had been adapted and specifically designed for the person prior to them moving into the house. This had been carried out in consultation with them, taking into account their physical and emotional needs.

People were supported to maintain a healthy lifestyle where this was part of their care plan. People told us staff supported them with their food shopping and assisted them with the preparation and cooking of their meals. A relative told us they had raised concern about the food that their family member was buying and the consequence on their health. Staff worked with the person and family member and agreed what foods should be purchased so that a healthy balanced diet could be maintained.

People were supported to attend regular health appointments with GP's and dentists. The service worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. Health and social care professionals told us staff had the knowledge required to meet the person's care and support needs.

Is the service caring?

Our findings

People were positive about the staff that supported them and said they were treated with consideration and respect. People told us; "They are very good, I really like them." Relatives told us, "The carers listen they are so good."

A health and social care professional told us of their positive experience in working with this new service. They commented "The staff team appear to be confident workers and are person-centred in their approach."

Staff spoke fondly about the people they supported, displayed pride in their accomplishments and a willingness to support people to develop further. They spoke about people positively and focussed on their achievements, demonstrating high expectations for people. One staff member said "I like the whole system. I like the chance of promoting people to live in their own flats and be as independent as possible."

Staff told us they enjoyed their role and aimed to care for people as they would for their own relatives. Staff comments included; "I enjoy caring for people, and watching them grow in confidence as they live in their own home" and "This job is so rewarding."

Relatives told us care staff responded to changes in their family members care needs with sensitivity. For example reassessing a person's environment to make sure it suited the person, and reviewing a person's dietary needs. We were told that a person had recently not been well and staff undertook extra monitoring visits to ensure they "Keep an eye and see if (person's name) needed any additional support." Staff had reported this information to the service managers. Staff told us they were able to request additional time to meet people increased needs and this was listened too and acted upon.

Support was provided by a small, consistent, motivated and well trained staff team. The registered and service manager had recognised the importance of staff consistency for people as well as respecting their wishes to have a mixture of different care staff. Rotas were carefully planned to ensure staff were allocated who knew the person's needs, while varying staff sufficiently so their social and emotional needs were met.

Staff talked about the need to remember they were working in people's homes and be mindful of this. One said, "This is their home, we must respect that." Care plans described how people needed to be supported in order to protect their dignity. For example one person requested that only female staff supported her with her personal care. The rotas were then arranged so that the person received support from female staff when the person needed assistance with their personal care.

People were involved in making decisions about their care. Care records detailed how the person communicated their wishes and what certain gestures or behaviours conveyed. Staff had a good understanding of the person's communication methods and used this knowledge to enable them to make their own decisions about their daily lives.

Staff met with the person every month to review the care provided and discuss any changes to the running of the service. The person's care plan was presented written and pictorially to enable them to understand their plan and be involved in any changes or updates.

Is the service responsive?

Our findings

Advance Cornwall is a new domiciliary care service. Its national organisation, Advanced Housing and Support Ltd, also provides purpose built accommodation. They rent this accommodation and people hold a tenancy agreement. People had recently moved into some of their new accommodation and were positive about the move and the facilities that their accommodation offered. In this accommodation people received personal support from Advance Cornwall and from other care providers. This demonstrated that people had a choice as to which agency they wanted to provide their support.

A health and social care professional commented on the positive transition for people moving into their new accommodation. They told us, "The staff team were willing to support individuals, get to know them and work them to support them in the best way. They communicate with family members and social care regarding any problems or concerns"

A relative shared this view. They told us "Staff really got to know (person's name) and me to. They really understand (person) and listen to her and also to me. I was really anxious about the move but I can say that I am pleased with how well it has gone. (Person's name) has really settled, I need to make an appointment to see her now as she has such a busy life. I am now not anxious anymore."

Care records contained information about people's initial assessments, risk assessments and correspondence from other health and social care professionals. The care plans detailed the support to be given on a daily basis. They were highly detailed and contained a depth of information to guide staff on how to support people well. For example there was information about people's routines and what was important to and for them. One support record stated in detail what the persons abilities were when undertaking their own self-care, and where they needed physical assistance and encouragement to ensure their personal care needs were fully met. Staff knew the people they supported well and were able to describe to us how the individual person wished to receive support.

Staff were provided with information on how to support the person to manage their anxiety if something occurred that triggered a change in their mood. The care plan clearly described what might trigger a change in the person's mood and enabled staff to prevent situations occurring that would trigger certain behaviour. If the person became anxious staff were instructed to take a structured approach which helped them to support the person consistently when they became distressed. Staff were given clear instructions about how each staff member should respond if the person became anxious by certain situations.

Systems were in place to help ensure staff had access to the most up to date information about the people they supported. If anything of note occurred this was recorded in the daily records which was kept at the person's home. The person had access to the daily records and could also add any comments. Any information was then immediately phoned through to the service or registered managers, so that they were aware of any changes and if alterations to the persons support were needed. For example if a person required further visits, or a change in their dietary requirements.

People's support was designed around their individual needs and there was evidence the service had worked with other health and social care professionals in order to develop support plans which met their needs. Since moving into the service staff had supported the person to develop goals and aspirations about how they wished to live their life. Records showed that some of these goals had been achieved and staff encouraged the person to continue to set new goals to further develop their independence and sense of well-being. For example the level of meaningful activities for a person had increased. The person told us they enjoyed their "busy life now."

Staff had actively encouraged people to engage with the local community. The registered manager and service manager were aware that some people with a disability felt socially isolated. Therefore they had arranged a bowling event in June 2016 with the theme of 'Friendship.' This was to promote people who have a learning disability to form new friendships and engage more within the community. Within 24 hours of sending out the email advertising this event they had received 30 responses of interest. This demonstrated that the service was actively looking at new ways of helping people reduce their feelings of isolation within the community.

People and their relatives knew how to contact the office and would contact them if they had any concerns or complaints. A copy of the provider's complaints policy was available within the service. The service had not received any complaints. They had initiated a 'concerns log' where people or their relatives had raised a query. The registered manager told us that she encouraged people to raise any issues. She told us "I tell people if you don't tell me about any worries I can't do anything about them. I tell them it's not a moan its feedback. We will then try and put things right quickly and tell people, what we are doing." The service had received a concern regarding the use of agency staff. This had been resolved as the service employed more staff as it expanded.. During the employment of new staff the registered manager had agreed with the person and relative that there would be a consistent staff team to support them and this was adhered too. This showed that staff listened to the person's concerns and responded to them so that a resolution could be achieved.

Is the service well-led?

Our findings

People, relatives and staff told us they were involved in developing and running the service at an individual and organisational level. Their views were sought out and acted upon. The registered manager acknowledged that it was "important" to get views from people, relatives and staff in how the service was ran so that any improvements would be identified and considered so that the service could continually improve.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered provider for the service is Advance Housing and Support Ltd which is a national organisation. The manager of the Advance Cornwall service had overall responsibility for the day to day running of the service with the support from their line manager and Directors. The registered manager receives support from the service manager locally. The service also received support from many departments such as finance, Human Resources (HR), training and quality auditing, to help with the running of the organisation and where they could access any advice or guidance. Staff attended conferences and seminars on learning disability topics so they were able to keep up to date on developments in the field.

Advance Cornwall had a clear set of values and visions. The organisation works to achieve the PRIDE (partnership, respect, Innovation, Drive and Efficiency) principles. This is described in the PIR as 'These were developed to foster and nurture positive experiences for people we support and their carers as well as cultivate positive relationships with colleagues and stakeholders.' for respecting its staff, we listen to them and explain our actions. We need to get the best out of staff who support people and invite their families in.'

There was a positive culture in the service, the management team provided strong leadership and led by example. The service was well led and all of the staff was highly motivated and keen to ensure the care needs of the people they were supporting were met. The registered and service managers told us "We have both been support staff; we know what it's like and what impact we can have." I make it my business to get to know the staff and people we support."

Staff said they were supported by the managers and were aware of their responsibility to share any concerns about the person who used the service. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered by the service. They did this through informal conversations with managers, regular formal supervision and staff team meetings. Staff told us these were useful and gave them an opportunity to exchange any ideas for the development of the service. Staff told us the managers were "very supportive" and "I enjoy my job". Staff said they felt valued by the managers and they knew their personal circumstances and supported them in this aspect to.

There was an on call system in place which meant staff and people could access advice and support at any time. Staff commented "The managers are always available. They also do shifts, so they know what our job is about. That's why the support we get is good, they know what we are talking about."

The service worked in partnership with other professionals to make sure people received appropriate

support to meet their needs as well as asking for feedback about the care provided. Health and social care professionals were positive about the new service, " I think that as Advance are also a Housing service , this is very useful in supporting people with tenancies, housing benefit, with looking after their home and resolving issues quickly. I consider the management of this team to be very effective."

Records showed the service manager met face to face with the people who used the service to ask them about their views of the support they receive and if any changes to their care plans were needed. As the service was new the quality assurance of Advanced Cornwall has just commenced. The national organisation had audits to assess and monitor the quality of care provided. These will be implemented at this service as the service develops.

There were systems in place to monitor the quality of the service provided to people. Staff undertook a range of monthly and weekly checks which included financial records and medicines. People had been asked for their views on the service via a questionnaire. This was in easy read format and used simple text and pictures. This meant it was easier for people with limited literacy skills to use it.

The organisation also held a safeguarding panel so that any cases that had a safeguarding element could be discussed at national level. From this any learning that came out of these cases would then be cascaded to all Advanced Housing and Support Ltd services throughout the country. This demonstrated the importance that the provider places on this element of care.

As people were new to the service monthly audits were carried out for all people who were receiving support. This included checking support plans, risk assessments and any health and safety issues. There was also an opportunity for people to comment on the service they received. People and relatives told us that they found the service were open to new ideas and suggestions and continued to support the person well.

The service had been nominated and was a finalist in the national 'Learning disability and autism award.' They were awaiting their result. They had also been granted the bronze award in the investor in people's award. This demonstrated that the service was continually striving to improve on its quality and performance of the service.