

## Advance Housing and Support Ltd

# Osborne House

### Inspection report

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Date of inspection visit:  
07 August 2018

Date of publication:  
17 September 2018

### 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 was the first inspection of the service which changed registration on 16 August 2016. The service was previously registered as a residential care home but applied for a change in registration to a 'supported living' service. This inspection took place on the 7 August 2018 and was announced. The service was rated as good in all domains. This means the service is good overall.

Osborne House provides care to people living in a 'supported living' environment. Of the eight people living in the house three receive a regulated activity. The service supports people with a learning disability and associated needs. The Care Quality Commission only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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 by staff and would be confident to raise any concerns they had. The provider's recruitment procedures were robust and medicines were managed safely. There were sufficient staff to provide safe and effective care at the times agreed by the people who were using the service.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes they understood well.

Staff received an induction and spent time working with experienced members of staff before working alone with people. Staff were supported to receive the training and development they needed to care for and support people's individual needs.

Family members and external professionals who were involved in people's care were complementary of the services provided, some describing the care and support as excellent. The comments we received demonstrated that people felt valued and listened to. People were treated with kindness and respect whilst their independence was promoted within the service and in the wider community.

The service remained responsive to people's individual needs. Staff knew people very well and paid particular attention to finding out about their interests and personal preferences. This enabled support to be focused to achieve people's desired outcomes. Individual support plans were person-centred and they considered the diverse needs of each person, taking into account any protected characteristics. The service provided flexible support embracing people's individual wishes.

People knew how to raise concerns or make a complaint and they felt confident they would be listened to if concerns were raised. The service was working to the accessible information standard. Up to date information was communicated to staff as required to ensure they could provide the most appropriate care and support for each individual. Staff knew how to contact healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

The service was well-led, with strong leadership from the registered manager. Records were relevant, complete and reviewed regularly to reflect current information. The registered manager promoted an open, empowering, person centred culture. The values of the service were embedded in the way staff worked with people. Feedback was sought and used to monitor the quality of the service. Audits were conducted and used to make improvements.

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?

Good ●

The service was safe.

The medicine administration system ensured people were given the right medicines in the right quantities at the right times.

The service had a robust recruitment procedure which protected people as far as possible. This ensured they could be as certain as possible that staff chosen were suitable to work with vulnerable people.

Care staff were trained in and understood how to keep people safe from all types of abuse.

Risk of harm to people or staff was identified and action was taken to keep them as safe as possible.

### Is the service effective?

Good ●

The service was effective.

Staff met people's individual and diverse needs in the way they needed and preferred.

Staff were well trained and supported to enable them to provide effective care and support.

The service worked closely with other healthcare and well-being professionals to make sure people were able to continue to live as independently as possible.

### Is the service caring?

Good ●

The service was caring.

People received care from a respectful and caring staff team who recognised people's equality and diversity needs.

The management team supported care staff to build positive relationships with people to enable them to offer suitable care to meet their individual needs.

### Is the service responsive?

Good 

The service was responsive.

People were offered a flexible service that responded to their individual needs according to their preferences.

People's needs were regularly reviewed and care plans were updated as necessary with the involvement of people, their families and other professionals, as appropriate.

People knew how to make a complaint. The service listened to people's views and concerns and ensured that any issues were addressed and rectified as quickly as possible.

### Is the service well-led?

Good 

The service was well-led.

The quality assurance processes were effective and identified any improvements needed.

Staff felt they were well supported by the registered manager.

People, relatives and others were asked for their views on the quality of care the service offered.

# Osborne House

## 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 7 August 2018. It was carried out by one inspector and was announced. 48 hours' notice of the inspection was given because the service is small and we needed to be sure the registered manager or senior staff were available. We were assisted on the day of our inspection by the registered manager.

Prior to the inspection we looked at the provider information return (PIR) which the provider sent to us. 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. Additionally we looked at all the information we had collected about the service. This included the previous inspection report and any notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we sought feedback from people who use the service, staff and health and social care professionals. We contacted six health and social care professionals involved with the service and received one reply. We spoke with two relatives of people living in the service following the inspection visit. Additionally we spoke with the registered manager, three staff members and the three people receiving a regulated activity.

We looked at the three people's records and records that were used by staff to monitor their care. In addition we looked at the latest staff recruitment files, staff training records and a range of documentation that related to the management and quality monitoring of the service.

# Is the service safe?

## Our findings

People were protected against the risks of potential abuse. There had been no safeguarding alerts since the change in registration. We were confident that should a situation arise appropriate action would be taken and records would be made which would include the outcomes of any investigation.

A social care practitioner told us that they were confident that people were kept safe and had their needs met. They told us, "Very positive service. All who live there report being happy and well cared for. Good liaison with local authority and very supportive of individuals when they experience health issues and require hospital care." A person's relative commented, "He is very well cared for and they look after him very well indeed."

Staff were provided with information so that they knew what to do if they suspected one of the people they supported was being abused or was at risk of abuse. They received a copy of the company's whistle blowing procedure and had the training and knowledge to identify and report safeguarding concerns to keep people safe. There were enough staff employed by the service to safely meet people's needs within the requirements of their care packages.

Risks relating to people and the support they required were assessed. They included health, financial and nutritional risks. Plans to manage and mitigate risks were in place and reviewed regularly. People's support plans contained guidance for staff to help minimise risk without restricting people or their independence. The home environment was assessed to identify safety risks to both people using the service and the staff working with them. Staff told us they always had up to date information. They said that communication between the team was effective and ensured they were always aware of any changes.

People's care was provided by care staff who had been checked to ensure, as far as possible, they were suitable and safe to work with people. Recruitment processes were robust and rigorously followed. They included safety checks such as Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with people and application forms were fully completed. The service was supported by an organisational wide human resources department. However, the registered manager checked the recruitment documentation, completed the interviews and made the final decisions about whether to employ applicants into the service. The registered manager valued the views of people regarding the staff who worked with them. The number of staff required was determined by the needs of the people using the service.

People received their medicines safely and at the time they required them. Staff had been trained in the safe management of medicines. Their competency was checked by senior staff who had been specifically trained in making competency observations. Medicine administration records (MARs) recorded the times and quantities of medicines given. The records reflected that the medicines and dosages prescribed were correctly administered. MAR sheets were audited regularly and any shortcomings were identified and discussed with staff members. There had been no medication errors identified since the change in registration. The help individuals needed and/or requested with their medicines was very clearly described on their plans of care.

The service did not, currently, support people who had complex behavioural issues. However, care plans reflected any specific information needed to assist staff to meet any special needs, such as dementia, that people may be living with.

There was a system for recording accidents and incidents. The registered manager confirmed any accident or incident was reviewed so that lessons could be learnt and shared with the team. There had been no accidents or incidents in the previous 12 months. Staff were aware of actions to take in an emergency and the provider had a contingency plan to assist staff in dealing with situations such as staff sickness or poor weather conditions.



## Is the service effective?

### Our findings

People's needs were assessed thoroughly before a service was offered. The information obtained during the assessment included personal likes and preferences, social interests, cultural and spiritual wishes as well as physical and emotional needs. People and when appropriate their family and other professionals were involved in the assessment. The registered manager told us this enabled them to establish people's desired outcomes and plan relevant and achievable goals with people. This information was captured in support plans which were wholly focused on the individual. The guidance and information available in the support plans was sufficiently detailed to help ensure staff provided effective support for people in the way they preferred. Staff had received training in equality and diversity and there were examples of them respecting and supporting people with protected characteristics.

People benefitted from a staff team who were supported in their job role. Regular one to one meetings were held between staff and their line manager. The supervision matrix in place supported this. Staff told us, "The manager is extremely approachable and we always communicate with each other with regard to any concerns. And we have regular meetings to discuss each client." Annual appraisals provided staff with the opportunity to reflect on their work and discuss their development needs. Staff were observed while working with people on a regular basis. This was designed to ensure that all staff were working to the practice standards required by the provider. Family members were complimentary about the staff and in particular we were told, "They are all excellent." And, "The staff are wonderful".

New staff were provided with induction to the service and training which followed the care certificate standards. All staff were offered the opportunity to gain a nationally recognised qualification in health and social care. We were told by the registered manager that all staff were working towards a range of qualifications within the Qualifications and Credit Framework. Refresher training was provided annually and varied from face to face and practical training to eLearning.

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. Staff had received mental capacity training and understood their responsibilities. When necessary, best interests meetings were held with people, professionals and others who knew people well.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The registered manager was aware that any applications to deprive a person of their liberty would need to be made to the court of protection via the person's funding authority. All three people receiving the regulated activity of personal care were subject to the provisions of the deprivation of liberty safeguards through the court of protection.

The registered manager and the staff team were committed to supporting people with healthy nutrition and

spent time with people discussing menus. They were aware of the type of foods people preferred and helped them meet their diverse needs in relation to diet. Where there were concerns regarding people's nutritional intake, this was monitored and if necessary advice sought. People were supported with their health and well-being needs. People were assisted to make and attend medical appointments when necessary. Health professionals were contacted for advice when required.

## Is the service caring?

### Our findings

People received care and support from staff who knew them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff had received training within equality, diversity, human rights, dignity, respect and person centred care.

People were valued and treated with kindness, dignity and respect. The staff team were dedicated and committed to providing support that was person-centred and promoted people's independence as far as possible. They were motivated by the registered manager to deliver support that was sensitive, compassionate and empowering. A family member had commented, "The staff are, without exception, brilliant – we always feel they are part of the family." Another comment stated, "[name] always looks content, clean and very much loved by his staff. There is nothing to criticise."

People were encouraged and supported to be as independent as possible. How people should be supported with their independence was well documented in care plans. Risk assessments assisted care staff to help people retain and develop as much independence, as was appropriate, as safely as possible.

The registered manager stated that people's support plans were: "Completed together with them to ensure their choices and wishes were respected". People's needs and preferences were known well by the staff supporting them. This was demonstrated when the manager and staff told us about people's interests and the support they provided to assist people in attaining their goals. People's diverse physical, emotional and spiritual needs were clearly recorded in care plans, if appropriate to the care package they were receiving. They included areas such as background and social inclusion. People's diverse needs were met as identified in their individual packages of care. The service had an equality and diversity policy which included people and care staff. Staff completed equality and diversity training as part of their induction and were able to describe how it impacted on their daily work.

The registered manager believed strongly that continuity of support staff was key to providing the best possible service to people. A matching process was used during the interview process to help ensure staff were compatible with the people they supported. This had helped to foster trusting relationships. An external social care professional was very positive about the services and care provided by Osborne House.

People's personal information was stored securely in the service's office in order to maintain confidentiality. Computer records were password protected and any records kept in the house were stored in accordance with the provider's policies on confidentiality.

## Is the service responsive?

### Our findings

The service provided people with responsive and flexible care and their changing needs were identified and responded to in a timely way. One relative told us about the support provided to their family member when they required a hospital stay. The care and support was described as wonderful and when referring to the staff they were described as, "absolutely amazing." The registered manager told us the service was run to, "Always put people first". The feedback we received confirmed this was the case.

People's support plans were reviewed regularly and people were encouraged to contribute to planning their own support with the help of relatives and professionals as appropriate. This helped to ensure information was up to date and people's most current needs and preferences were reflected. Care plans included the necessary information for staff to offer responsive care. People's preferences and choices featured prominently in their individual care plans. One person told us about the activities they attended each week and said, "I love it here. It's my home." People's methods of communication were clearly noted on care plans. They enabled staff to communicate with people in the way they needed to. People were encouraged to give their views of the service in ways appropriate to them. Support plans were person centred providing detailed guidance for staff. The registered manager told us that people's care and support plans were formally reviewed within a 12 month period, or as changing needs required. Staff spoke of good team work and communications to ensure people's needs were met.

The registered manager was aware of the Accessible Information Standard (AIS). AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. A variety of communication methods were used to help ensure people understood information and they were able to express their needs and views. For example, communication passports and visual aids assisted those with difficulty in using verbal language to make their wishes known. The registered manager told us the consent form and individual health action plans were already produced in a more accessible format.

The registered manager and the support team worked closely with health and social care professionals in the interests of the people they supported. This included GPs, psychologists, OTs and social workers. We received information from a professional who commented on how well support was delivered and made reference to the good communication with the local authority.

People and their relatives were encouraged to give their views and feedback on the service. They knew how to make a complaint if necessary and were confident concerns would be dealt with effectively if raised. We reviewed the complaints record and found that no complaints had been raised in the previous 12 months. However, we were confident that should any arise they would be dealt with in accordance with the provider's policy and resolved to the satisfaction of the complainant.

## Is the service well-led?

### Our findings

The registered manager was extremely knowledgeable about the people the service provided support for, their families and the staff they employed. They told us they valued the relationships that had been built and felt this was how they had achieved positive outcomes for the people. The registered manager was enthusiastic and committed to providing support for each person that reflected their individual and diverse needs. They sought a variety of resources and experiences for the people they supported and encouraged the staff team to do the same. Staff were eager to make suggestions and said their views and opinions were always listened to and valued.

There was an open and empowering culture in the service that was person-centred. This was embedded into the values shown by the staff team. It was clear that this culture stemmed from the registered manager of the service. Staff spoke highly of the support received from the management team and their commitment to doing the best they could at all times. Staff told us they were very happy working at the service and one described it as their 'dream job'.

The management team sought up to date information on best practice via information from appropriate organisations and associations as well as using relevant internet resources. They were keen to develop relationships with professionals and worked closely with other teams to gain positive outcomes for the people they supported. The relationship with the local GP surgery was described as excellent and extremely supportive of the people living in the service.

Staff told us the registered manager worked flexibly with them to accommodate their needs and confirmed the whole team worked together to support each other. One staff member commented, "I feel the staff work well together to keep all the clients safe and well". There was a mutually supportive culture in place where staff felt confident in seeking advice from the management team. The registered manager worked closely with staff on a frequent and regular basis so that the quality of the service was monitored in a very effective manner.

The registered manager understood when they needed to notify the Care Quality Commission of significant events. Notifications, whilst very low in number, had been sent in a timely manner when required. The quality of the service was monitored and audits identified shortfalls or areas for development. Examples of audits included those carried out on support files, recruitment records, individual staff supervision and medicines. In addition, a continuous improvement plan had been introduced which focussed on areas requiring attention. This was a live document that was updated according to the actions required and at least on a six monthly basis. A full audit by the provider was undertaken which covered all areas of the service. The last provider audit was conducted in November 2017. This audit used the five key questions and rated them according to the assessed outcomes. We noted that the service had been rated outstanding in effective due to the monitoring and actions taken over the health and wellbeing of people. Well led received a requires improvement rating as staff were not always wearing their ID badges and there was a need to increase the number of staff meetings.

Areas of concern were addressed in order to improve the service and action was taken promptly to discuss any issues relating to practice. People's opinions were sought, analysed and acted upon. The most recent quality survey illustrated people were satisfied and pleased with the service they received. We were told that incidents and accidents were analysed for trends and any learning was shared with all concerned.

Formal staff meetings were held but as already stated had fallen short of the provider's requirement. However, the registered manager pointed out that as a small service staff were constantly working together and sharing information instantly with each other. Staff confirmed the methods of communication were very good. One staff member described communication as excellent. They told us they were able to speak with the registered manager at any time for advice and received regular updates on what was happening in the service and the wider organisation.