

Care Advocates Ltd

# Care Advocates LTD Head Office

## 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

### About the service

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.

Care Advocates LTD - Head Office is a care service providing personal care to people in supported living services across London. At the time of the inspection 3 people were receiving personal care in 2 services. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

#### Right Support: Model of Care and setting that maximises people's choice, control and independence

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible and in their best interests; the policies and systems in the service supported this practice. People received the right support in relation to their medicines and the provider had good oversight of this. People were involved in planning their care and received care how they preferred, such as personal care and their choice of meals. People were supported to be as independent as they wanted to be and to set goals to improve their independent living skills.

#### Right Care: Care is person-centred and promotes people's dignity, privacy and human rights

People received the right support in relation to risks, such as those relating to a learning disability and/or autism. There were enough staff to support people safely. The provider checked staff were suitable to work with people through recruitment checks. Staff received training in infection control practices, including the safe use of personal protective equipment (PPE). People were treated with dignity and respect and were given the privacy they needed. People were encouraged to raise any concerns or complaints, and these were responded to appropriately.

#### Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

The provider understood their requirement to notify CQC of significant events as required by law. The registered manager and staff understood their roles and responsibilities. The registered manager engaged and consulted well with people using the service, relatives and staff. Staff were well supported by the

provider through induction, training, supervision, and meetings. People were supported to live healthy lives.

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 5 March 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted because of the length of time since the service registered with us.

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Care Advocates LTD Head Office

## **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

This inspection was completed by 3 inspectors.

#### Service and service type

This service provides care and support to people living in '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 was a registered manager was in post.

#### Notice of inspection

This inspection was announced. We gave the service 2 working days' notice of the inspection. This was because we needed to be sure a senior person would be available to support the inspection. We also

needed to obtain consent from people using the service to visit their home.

The inspection activity started on 21 April 2023 by visiting 1 supported living service.

#### What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any statutory notifications received. The provider completed a provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. We used all of this information to plan our inspection

#### During the inspection

We spoke with 2 people using the service about their experiences of the care provided and observed interactions between staff and people. We spoke with the registered manager, the operations manager, a team leader and the HR and compliance manager. We reviewed a range of records including care and staff records and records relating to the management of the service.

# 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 new service. At this inspection this key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- The provider ensured risks to people were assessed with clear, up-to-date guidance in place for staff to follow. However, risks relating to how individuals would be supported to evacuate in case of an emergency were not always fully assessed and the provider told us they would review this to improve.
- People received the right support in relation to behaviour which showed distress. Each person had a positive behaviour support (PBS) plan in place to guide staff on how to support them. Staff were trained in understanding and supporting people in distress with intensive training each year.
- Staff understood how to respond to accidents and incidents and received training on this. Systems were in place to record and review accidents and incidents and to put in place any learning from these.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people. People were encouraged to raise concerns with the service which were taken seriously.
- The registered manager understood their responsibility to report any abuse to the local authority safeguarding team as required and to follow their guidance in supporting investigations, to make any necessary improvements and to share learning with staff.
- Staff received annual training on how to recognise abuse and take the right action. Staff understood their responsibilities in relation to this.

Staffing and recruitment

- There were enough staff to support people safely. Staff were not rushed and there were no current vacancies. Additional shifts were filled through overtime and agency staff were not used.
- The provider carried out recruitment checks including those relating to criminal records, references, fitness to work and identification. The provider explored staff work history in depth for the previous 5 years and told us they would expand this to check their full employment history including any gaps.

Preventing and controlling infection

- People received care from staff who followed safe infection control practices. Staff received training in infection control and the safe use of personal protective equipment (PPE) to reduce the risk of infections including COVID-19.
- Staff also received training in food hygiene and followed best practice.
- During spot checks and in gathering feedback from people the provider checked infection control and food hygiene practices to ensure staff followed current guidance.

### Using medicines safely

- People's medicines were managed safely. Risks were assessed and managed well, and staff had reliable guidance to follow. A person told us, "Medicine is stored safely, I've no concerns about medicines."
- Staff received training in managing medicines safely. The provider checked their competence in various ways and told us they would formalise these checks with an annual assessment.
- Medicines administration was recorded in line with best practice.

# 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 of this new service. At this inspection this key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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. 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.

- The registered manager was a best interest assessor for local authorities and understood their responsibilities in relation to the Mental Capacity Act well. Deprivation of liberty authorisations were not required for any people receiving personal care and the registered manager monitored this ongoing.
- People were receiving care and support in line with the principles of the MCA. People receiving personal care had capacity in relation to their care. However, the registered manager and staff understood the need to assess people's capacity in relation to the MCA, if necessary and had received training on this. The requirements under the MCA were discussed in team meetings to keep staff knowledge up to date.

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

- People's needs were assessed by the provider. Before providing care to people senior staff met with them and reviewed any professional reports to check they could meet their needs and visits were arranged.
- The registered manager continued to assess whether people's care met their needs through regularly reviewing their care plans and consulting with people and others involved in their care.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received the healthcare support they needed with staff support tailored to their needs.
- People were supported by staff who understood their healthcare needs and people could tell staff if they had any pain or needed more support.

Staff support: induction, training, skills and experience

- Staff received individual supervision from their line manager plus regular team meetings were held. Staff

told us they felt well supported.

- Staff received regular training in various subjects including medicines management, MCA, positive behaviour support and learning disabilities and autism which helped staff understand their roles and responsibilities.
- New staff completed the care certificate, a nationally recognised qualification for staff new to care. The provider supported staff to complete diplomas in health and social care, including leadership qualifications for senior and aspiring managers.

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

- Each person was involved in planning their own menu to meet their dietary needs and preferences.
- People were encouraged to cook independently or with staff if this was an agreed part of their care.

# 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 of this new service. At this inspection 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; Respecting and promoting people's privacy, dignity and independence

- People told us they liked the staff who cared for them. A person said, "The staff are nice, it's good here." People benefitted from a low turnover of staff, so staff got to know them well. The service recently reviewed staffing across all services to provide more consistency for a person at one scheme who had requested this to better meet their needs.
- Staff were respectful towards people and treated people in a dignified manner. We observed this and staff told us the importance of this.
- Staff we spoke with spoke about the people kindly and it was clear they understood people's needs and preferences as they knew people well. A person told us, "Here I get a lot of dignity and respect. Staff will knock on the door if they want to enter when they need me too, so I get privacy."
- Staff encouraged people to be as independent as they wanted to, and people were supported to set goals to achieve more independence if this was their dream. People were encouraged to improve their daily living skills by doing usual household chores.
- Staff received training in equality and diversity to help them understand the importance of this in caring for people. People were supported to obtain ethnic foods from their ancestral country if they wanted to and people were introduced to foods from around the world at events such as BBQ's at the schemes.

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

- People were encouraged and supported to make their own choices about their care, such as their food and drink. People were free to spend their day how they chose and were free to leave the service at any time.
- Staff provided care in line with people's preferences, including how they liked to receive their personal care and how they wanted to be supported in relation to food and drink.

# 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 of this new service. At this inspection 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

- People's care plans were personalised and detailed their needs and preferences, backgrounds, personalities, those who were important to them and how they preferred to receive their care.
- People were involved in their care plans through regular reviews, both formal and informal, with staff and the managers. A person told us, "I am involved in my care, and I write down all the stuff in my care plan."
- Staff understood people's individual needs and preferences. The service had a low staff turnover and most staff had worked with people for many years, getting to know them well.

End of life care and support

- Although no one at the service we inspected was receiving end of life care, training was available to staff.
- The registered manager told us they would work with the person, their relatives where appropriate and the local hospice to support people to remain at the service at the end of their life if this became relevant.

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

- People had individual activity programmes based on their hobbies, interests and learning needs. Staff were available to support people on activities when this was an agreed part of their care.
- Group activities were arranged in the schemes as well as day trips and people were involved in the planning.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the AIS and key information could be provided to people in alternative formats if necessary.
- Staff prepared some records in easy read format so people could understand them better.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints procedure in place which people and relatives were made aware of.
- People were encouraged to raise concerns or complaints and felt they would be listened to. The provider told us how they were responding to concerns raised by a person and the service had already been

improved in response to this, while other improvements were in progress. A person told us, "We are encouraged to make complaints and I am listened to 100%."

# 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 of this new service. At this inspection this key question has been rated good. This meant service leadership was consistently well managed and well led. Leaders and the service culture they created promoted high-quality person-centred care.

Continuous learning and improving care; managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements

- The registered manager understood the requirement to send us notifications as required by law, although none had been required in the past year.
- The provider had suitable systems to monitor the quality of care people received with a range of checks and audits of all areas.
- The registered manager was experienced and knowledgeable with a background in social work and nursing. A person told us, "I think it is well managed and [the registered manager] is approachable." The registered manager was supported by senior managers, scheme managers and their teams who also understood their roles and responsibilities. Staff felt supported by the provider.
- The provider promoted continuous learning and development for all staff and staff were encouraged to develop themselves and promotion from within the staff team was a focus. Staff took turns to present a care-related topic they had researched at each team meeting and the registered manager told us staff attendance had improved as staff wanted to support each other and learn.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others; 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

- Care was provided to people in a person-centred way. The provider took note of any equality characteristics and recorded them in people's care plans with guidance for staff on how to meet them. People with learning disabilities and autism were supported to set and achieve goals that were important to them, considering their unique strengths and abilities.
- The provider communicated well with people with individual and group meetings and surveys, to check they were happy with the care. A person told us, "I am involved in house meetings. I am listened to, and I can speak freely."
- The registered manager communicated well with staff to keep them informed of any changes to people's care or service developments. Staff were asked for their feedback and felt engaged with the organisation.
- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.
- The provider communicated with external health and social care professionals to ensure people received the care they needed.

