

Advance Housing and Support Ltd

70-72 Worting Road

Inspection report

70-72 Worting Road
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 10 May 2018 and was unannounced. At the last inspection in December 2016, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the service had made the required improvement and was rated as Good.

70-72 Worting Road is a 'care home'. The service accommodated eight people in one adapted building. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include: choice, promotion of independence and inclusion. People with learning disabilities and autism who used the service lived as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood and worked to the principles of the Mental Capacity Act (2005).

Medicines were managed safely. Staff had training in medicines administration and were observed by the registered manager to assess their competence.

Recruitment was safe, as all necessary staff pre-employment checks had been completed. There were sufficient staff on duty to meet people's individual needs. Staff were aware of the different types of abuse and the signs to look for. They were confident about how to report any concerns and told us the registered manager would take appropriate action.

People accessed their local community every day and had regular clubs, meetings and activities they engaged with and enjoyed. There was opportunity for people to go on holiday; recent destinations included North Wales and Corfu, both chosen by people living at the service.

People were involved in planning their own care and support. Where possible people had signed their own care plans and drawn pictures of their goals or drawn pictures of the support they wanted from staff. Care plans were reviewed regularly and up to date.

The environment was clean and kept in good repair. People were encouraged to take responsibility for daily living activity such as light domestic cleaning and laundry. People were involved in planning their own menus, shopping for food and preparing their meals. All the meals were prepared using fresh ingredients.

Team meetings were held regularly and minutes kept. Staff received supervision quarterly and had an annual appraisal of their performance. Staff had received training in a range of areas and told us they felt well supported.

People had the opportunity to gain local employment with support from staff, which promoted their independence. The provider had gathered feedback from people, relatives and staff. People living at the service also had the opportunity to attend house meetings where they could voice their views and concerns.

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.

Medicines were managed safely.

Staff were recruited safely and there were sufficient staff on duty to meet people's needs.

Risks to people were identified and safety measures were put in place, risk assessments had been reviewed.

Staff were aware of the different types of abuse and what to do to report any concerns

The premises were well maintained and clean, we observed staff followed good infection prevention and control practices.

Is the service effective?

Good ●

The service was effective.

The service was working to the principles of the Mental Capacity Act (2005). People were supported to make their own decisions.

People's needs were assessed and where required referrals had been made to other healthcare professionals.

People had the opportunity to prepare their own meals and chose their own menus.

Staff were well trained and supported. Staff worked with other agencies when needed to make sure people had the support they needed.

The environment was suitable for people living at the service. People had their own rooms and there was ample communal space for everyone to access.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service was well-led.

Without exception, feedback about the management at the service was positive. Staff told us they felt the registered manager was visible, open, transparent and supportive.

Relatives and healthcare professionals told us the management at the service was good. People had been given the opportunity to give feedback on the service.

Team meetings were regularly held and minutes kept to record discussions.

People had access to their local community and got the support they needed to maintain relationships that were important to them.

70-72 Worting Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 May 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We reviewed all the information we held about the service including statutory notifications. These are notifications that the service is required to send us by law about events that occur at the home such as deaths, accidents and incidents and safeguarding alerts.

During our inspection, we spent time with people who live at the service and staff. This enabled us to observe and talk with people about how their support was provided. We spoke to four people, four members of staff and the registered manager. Prior to the inspection, we contacted five healthcare professionals for feedback about the service, we received replies from four. Following the inspection, we contacted three relatives to ask for their feedback about how the service was managed.

We looked at a range of records relating to how the service was run. This included three care plans, two staff files, medicines administration records and health and safety records.

Is the service safe?

Our findings

At our last inspection in December 2016, we rated this key question as requires improvement with an identified breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We identified that medicines were not managed safely and the premises were not at all times safe for people to use. The provider completed an action plan telling us what they were going to do to meet the regulation. At this inspection we found the service had made the required improvement, it is rated as Good.

People, relatives and healthcare professionals told us they thought the service was safe. One person told us, "I am safe, I have a key to my room." A relative told us, "The service is so safe it is the best it has ever been." A healthcare professional told us they had no concerns about the service at all.

Medicines were safe. Medicines administration records (MAR) were completed in full with no unexplained gaps. There were PRN protocols in place for all 'as required' medicines. PRN protocols give staff guidance on when to administer 'as required' medicines. Only authorised staff had access to the keys of the medicines storage. The temperature of the room where medicines were stored was being checked daily and recorded. Medicines had been signed into the service and the amount of medicines held in stock recorded. This meant that the service had an audit trail of the stock held in service. We checked the stock against the totals recorded and found them to be correct. Staff were trained before administering medicines and their competencies checked and signed off by the registered manager.

Premises and equipment were managed safely. At our last inspection, we found that window restrictors were not tamper proof. The registered manager showed us that these had all been replaced. All of the windows had restrictors that were lockable. This meant any unauthorised person could not adjust them. External contractors visited to regularly service equipment such as fire equipment and electrical equipment. Fire checks were carried out weekly and there were records to demonstrate that the service had regular fire drills and training. Water checks for legionella were being completed and staff recorded the temperature of water prior to a person having a bath or shower. Whilst water temperature was regulated, these checks were an additional safety measure to make sure people were not at risk of being scalded by water that was too hot.

Accidents and incidents were logged onto the provider's electronic system so that senior management could also monitor for any trends or patterns. The registered manager told us the provider had a 'Safe audit committee'. This was a group of staff from across the provider's services who met regularly to discuss incidents, accidents and near misses. Any lessons learned from all services were shared with all staff so that everyone in the organisation could make changes if needed.

Cleaning schedules were in place and the service was clean with no odours present. People were involved in keeping their home clean and we saw a person enjoying doing light domestic duties. There was personal protective equipment such as gloves and aprons available. The registered manager had completed an annual statement on infection prevention and control. This is a review of any incidents and outbreaks of infection, training provided to staff on infection prevention and control, risk assessments and reviews of

policy. This meant the service had a summary and overview of their infection prevention and control practice.

The local authority had inspected the kitchen in February 2018 and given the service a '5' rating. This meant the service had very good hygiene standards in the kitchen. All of the staff working at the service had received food hygiene training as they often supported people to prepare food.

Staff we spoke with were knowledgeable about the different types of abuse. They were all sure about how to report abuse and confident the registered manager would take appropriate action. The staff were aware of the whistleblowing procedure and a poster was available in the office with the necessary number to call. Whistleblowing is a process that supports staff to report poor practice or concerns about a service.

Where needed people had support plans for behaviour that may challenge staff. There were clear strategies in place for the staff to follow and to support the person. People had been involved in developing their own strategies where appropriate. One person talked to us about their traffic light system, which supported them when they became anxious. They told us that the green light meant there was no intervention needed; the amber light meant that their behaviour required some adjustment so they would take themselves to a quieter place, and red meant they needed to calm down so they would do this in their own room. The person told us, "I did this, I made it" which meant they had been involved in developing the tool to support themselves. They also told us that it worked for them.

There were sufficient staff available to meet people's needs. The registered manager told us that staffing hours were flexible and could be altered to meet people's needs. For example, if people living at the service all chose to have an evening indoors staff support hours could be moved to a different time. This meant people could have staff support when they needed it. The service used a sleep over system, this meant that one member of staff slept at the service each night. The needs of the people living at the service had been assessed as only needing this type of support overnight.

Risks had been assessed. There was a whole service risk assessment, which the registered manager had completed which assessed risks in a number of areas such as slips, trips, fire safety and financial abuse. People's individual risks had been assessed and safety measures put in place. For example, people we reviewed who had swallowing difficulties and were at risk of choking had guidance regarding the consistency of their food and drinks. The guidelines were based on swallowing assessments carried out by a speech and language therapist (SALT). Staff we spoke with were aware of the identified risks and what to do to minimise the risks.

Recruitment checks were in place for all staff. The staff files we checked contained pre-employment checks including references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on people who have made an application to work with adults at risk. This helps employers to make safer recruiting decisions and helps prevent unsuitable staff from working with people.

Is the service effective?

Our findings

At our last inspection in December 2016, we rated this key question as requires improvement with an identified breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as the service was not working to the principles of the Mental Capacity Act 2005. At this inspection we found the service had made the required improvement, it is now rated as Good.

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. We found the service was working within the principles of the MCA. The registered manager had completed mental capacity assessments where appropriate to assess people's capacity to make specific decisions. Where more complex decisions were needed, the registered manager had sought support from healthcare professionals to assist in the assessment of people's mental capacity.

People can only be deprived of their liberty so that they receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The service had applied to the local authority for DoLS authorisations and was waiting for them to be processed.

Individual needs had been assessed and where needed referrals had been made to other agencies. Assessments covered a range of needs including people's sexual knowledge, life skills, finance handling skills as well as needs such as personal care and mobility. One healthcare professional told us that the service "Always works to meet people's health needs in a positive way." The community team for learning disabilities was involved with people at the service and visited on a regular basis. One healthcare professional told us they had no concerns with the service provided to people that were known to them.

People had a health passport, which gave detail on needs such as communication, eating and drinking, medicines and behaviours that may challenge. This document had been designed to go with people when they moved between services or were admitted to hospital. The registered manager told us they worked with outside agencies to "transition" people in or out of the service. This meant that the staff worked to reduce any anxiety that a change of service may cause. They did this by giving people time and support that was appropriate to them. For example, the registered manager told us that a new person was moving to the service. They supported this transition by offering the opportunity to spend an afternoon or morning at the service, then maybe a meal, and built up to an overnight stay. This meant that people currently living at the service also had the opportunity to meet any new person.

Staff were supported with regular supervision. Records demonstrated that supervisions were comprehensive and covered a range of topics such as concerns, training needs, successes and discussion about people's needs. New staff had a period of induction when they first started at the service. This involved training, shadowing a more experienced member of staff and training. The service used an

induction checklist and an induction handbook to make sure all the necessary knowledge, skills and competence was checked. One member of staff told us their induction was good and they had been supported by the registered manager and their colleagues. They told us, "I was given time to learn."

Training was available both online and face to face. The provider had recently introduced an online range of training options for staff to access. The registered manager showed us a range of courses that were available to all staff, which included: food hygiene, safeguarding and medicines administration. All staff had the opportunity to complete a Health and Social Care Diploma at a level two or three. This was a work based occupational qualification aimed at care staff, which involved written assessment and observation of practice.

People were involved in planning their own menus. They had support from staff to shop online, and then unpacked the food once delivered. People were encouraged to prepare and cook their own food as much as possible. The registered manager told us all meals were prepared with fresh ingredients so there was limited use of convenience foods. Healthy eating was promoted by staff with support given to monitor weight where appropriate.

The environment was comfortable and homely. We were able to see all of the building and found it was in good repair and suitable for the support provided. There were two large bright lounges for people to use, a conservatory and a large dining area. People had been involved in the choice of colour and choice of furniture. There was a small courtyard area, which had garden furniture and front and back gardens. The back garden was private and secure and people were encouraged and supported to maintain as much of it as possible.

Is the service caring?

Our findings

At our last inspection, we found the service was caring. At this inspection, we had no concerns and the service continued to be Good in this key question.

There was a real sense of inclusion and respect at 70-72 Worting Road. The interactions we observed with people and staff were respectful, natural and relaxed. People did not hesitate to approach staff and clearly knew them well. People we spoke with told us they liked the staff and indicated they were happy with all of the staff who were on duty. One person told us, "[staff] is kind". A relative told us, "[relative] loves it there, the staff are so lovely to her."

People were supported to maintain privacy, dignity and independence. People had keys to their own rooms so they could lock them if they wanted. We observed that staff knocked on people's doors and waited to be invited in. The registered manager asked people if they minded us having a look at their rooms, they did not mind. People had been able to choose how they wanted their rooms to be decorated. They had chosen a colour scheme and personalised their room with their own belongings.

Staff we spoke with told us how they promoted people's dignity. They told us they supported people with personal care with the doors closed, they closed curtains where needed. Staff told us they used people's preferred names and respected people's decisions with regard to their personal care. A relative told us, "[relative] is always well turned out, clothes are clean and tidy and they always smell nice."

Individuality was celebrated by a staff team that were equally diverse. Person centred values were promoted and supported by a staff team who recognised people's right to lead a life of their choosing. Choice was promoted and supported in every aspect of daily life, people chose when to get up, what to do with their day, what to eat, what to drink, who to talk to and how they would express themselves.

People were supported to maintain their independence. They all had daily living skills sections in their care plans, which outlined their domestic responsibilities. These had been developed with the person. During our inspection, we observed one person doing some light dusting, hoovering and cleaning of their room. They were very happy doing these tasks. We observed that people were going out when they wanted to do their own shopping, going to the bank with support to pay their own bills and going to meet family members for a coffee.

People were involved in all aspects of the service where appropriate. The registered manager did a monthly health and safety audit which people were involved in. Each month different people walked around the service with the registered manager checking things were up to date. For example, one month they checked that all electrical equipment had a portable appliance test. The registered manager told us that people checked all equipment for a sticker that indicated it had been tested by an electrician.

There was no restriction on visiting times. Relatives and friends were welcomed at any time. People were supported to maintain relationships that were important to them. A relative told us that their family member

came to stay with them every other weekend for the whole weekend. They told us this was important to them and enabled the person to see their extended family. They also told us that their relative "never has any concerns about going back to Worthing Road". This gave the family confidence that their relative was happy and well supported.

There were monthly house meetings, which were open to everyone living at the service. Minutes were kept, we saw that recent issues discussed were house issues, security issues, house jobs and health and safety. Easy read minutes, that contained pictures for reference were produced and posted on the house information board.

Records were kept confidential and secure; however, people could access them at any time they wished. There were pictorial aids around the service to support people with anxieties. People had flash cards, which they were used to communicate and people had weekly schedules that were pictorial. This meant that a picture replaced text so that people could see what was being asked of them or what they had to do.

The service had received compliments about the approach of the staff. Healthcare professionals we contacted also complimented the staff at the service. One told us, 'I have found staff to be helpful and caring'. Another told us they found the staff to be 'caring' and 'considerate to people's needs'. Feedback complimented the attitude of staff towards people describing it as "positive". There was a sense that staff were more than willing to work with healthcare professionals to meet people's needs.

There was a key worker system in place. This meant that each person had an allocated member of staff as their key worker. The key worker worked closely with the person, their relatives and any professionals to make sure needs were being met. Relatives and healthcare professionals told us the key worker system at the service worked really well. We saw positive feedback given by a professional about a member of staff in their supervision notes. They praised the member of staff on their knowledge of the person and their needs.

Is the service responsive?

Our findings

At our last inspection, we found the service was responsive. At this inspection, we had no concerns and the service continued to be Good in this key question.

People had care and support plans that were comprehensive and detailed. There was good detail on a range of needs such as personal care, relationships and social networks, communication and finances. The plans were all up to date and had been reviewed. The registered manager told us people had reviews of their care six monthly and all care plans were re-written annually.

People were involved in planning their own care. Where appropriate and able people had signed their own care plans. One person had written their own sections and drawn pictures to be included in their care plan. Communication needs were highlighted and specific guidelines were in place on how best to support people. For example, one person was described as "non-verbal" with regard to communication. Their care plan stated that they communicated well using Makaton and pictures. Makaton is a simple form of sign language that people with learning disabilities can use to communicate with others.

Healthcare professionals told us the service was responsive to people's changing needs and without hesitation referred them to relevant services if needed. One healthcare professional told us, "They [staff] are so organised and on the ball, they are quickly on the phone if they need us."

Activities were planned on an individual basis. People living at the service led lives of their choosing. Some people had jobs in the local community so went to work on certain days of the week. There was the opportunity to go to local clubs and meet with friends and people who had similar interests. People were supported to go on regular holidays to places of their choosing. People had been able to visit, Portugal, Corfu and more recently North Wales. We observed another holiday was being planned for this summer.

People were growing their own vegetables in the garden. One person talked to us about this activity, they told us, "I enjoy it, it is good, I am watching them grow." They had planted a selection of vegetables with support and were checking on them daily. It was hoped the vegetables would be able to be used for the meal provision.

The Accessible Information Standard 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 they are given. The service provided people with information in a range of formats. For example, the complaints procedure was available on a board at the service in an easy read and pictorial format. There were sections of people's care plans that were pictorial and simplified so that they could be understood easily by people.

The service had not received any complaints but there was a policy in place. We asked one person if they knew what to do if they wanted to complain. They said they did and they would "tell him", they pointed to the registered manager. Relatives we spoke with told us they had nothing to complain about but would if

they needed to. There were numerous compliments received from healthcare professionals and outside agencies about the care provided at the service.

End of life care was not being provided at this time. We discussed this with the registered manager who told us that where appropriate discussions would be held. One person had stated preferences about what they would like to have at the end of their lives and this was recorded in their care and support plan.

Is the service well-led?

Our findings

At our last inspection, this key question was rated as requires improvement. At this inspection, the service had made the required improvement.

People had been able to give feedback about the service and how it was managed. In addition to house meetings, the provider also used survey's to gather people's views. The most recent results were from survey's completed in March 2018. The results were all positive for the service, people were happy with how things were managed and how they were supported.

Feedback about the management of the service was very positive. We observed people interacting with the registered manager using a variety of communication methods such as Makaton and positive body language. A relative told us, "[manager] is great, they have such respect from people and the staff." Another relative told us, "Much of the success of the house is down to the manager."

Leadership at the service was visible and well thought of by everyone we spoke with. All of the healthcare professionals we had feedback from praised the management of the service. There was a confidence that they were a good role model for staff. One healthcare professional told us, "They [staff] are very well-led, the manager has a lovely nature and is a very good role model." All the staff we spoke with told us they had good support from the manager and that they were approachable about any issue.

Staff told us the team supported each other. Comments included, "I have support from my colleagues, they help me, they explain and are very supportive", "We all work together, and we get on well as we talk to each other a lot." Staff also felt well supported by the registered manager. Comments included, "We see a lot of him, he is very supportive and motivates you to do a good job" "He listens to my ideas and makes this a great place to be working."

The registered manager told us that equality and inclusion was important to them personally and professionally. They always tried to promote the provider values and led by example. The provider promoted equality amongst the staff by offering training in equality and diversity. We saw the provider had a banner on their intranet offering staff a course on 'Transgender support for adults with a learning disability and/or Autism'. A member of staff told us, "We all work well as part of a team; we are all different, we are different ages, and have different backgrounds, experiences and cultures. We talk about our differences and focus on the people we support, we get on well."

Team meetings were held quarterly. There were minutes for each meeting and agenda items included safeguarding, equality and diversity and the provider values. The provider values PRIDE were evident on a poster at the service. PRIDE values were partnership, respect, innovation, drive and efficiency. The provider also celebrated staff achievement with PRIDE awards. Any members of staff could be nominated for an award, which were shared quarterly. Winners could be staff who had been nominated by people, relatives or colleagues.

The provider had a national forum for people who used the service. This made sure that people were involved in how services were managed. There was also a staff forum called 'The Voice'. Members of staff could choose or be nominated to be 'voice reps'. The provider completed staff surveys annually and the results were shared with everyone.

Quality monitoring was in place and records demonstrated that quality and safety checks were being completed on a regular basis. The provider had completed a full two day quality audit in November 2017 looking at all areas. Actions from this audit were included on the service improvement plan. We observed that the service scored 90% overall on this audit with a 100% score for medicines management. The provider visited the service quarterly and monitored actions outstanding on the service improvement plan. Records demonstrated that other audits were taking place on a regular basis such as health and safety and cash handling audits. The registered manager told us this was helpful as they were a "fresh pair of eyes looking at the service".

Community links were established and maintained. People accessed their local community for a range of services on a regular basis. The registered manager told us that the local neighbours were supportive of people and there were good relations with nearby traders. For example, one person liked to go and buy their publications from a local shop. They were able to do this independently as the local shopkeeper knew the person and knew what they wanted. A local barbers shop knew people well and people were encouraged to return by the offer of discounts. This meant that people were able to use services that were supportive of their individual needs.

The service worked in partnership with other agencies. We saw that there was a working relationship with the pharmacist. There were records of their visits and the actions taken to support compliance with medicines management. The registered manager told us they were able to call the pharmacist at any time with any queries, which supported the service to make sure medicines were well managed.