

Advance Housing and Support Ltd

Nicholas Court

Inspection report

Nicholas Court
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London
E13 9NA

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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:

- Nicholas Court is a care home providing personal care and support for people with learning disabilities and complex needs. The care home is registered for eight people.
- At the time of this inspection there were three people using the service and one person about to start their transition into the service.
- The care service had 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 using the service can live as ordinary a life as any citizen.

People's experience of using this service:

- People were protected from avoidable harm and abuse.
- People's risks were assessed, and plans were in place to minimise the risks.
- Staff were recruited safely and were supported with training, supervision and appraisals.
- People's care needs were assessed before they began to use the service to ensure the appropriate support could be given.
- People were supported with their healthcare needs and their medicines were managed safely.
- People and their relatives were involved in decisions about the care.
- Staff knew how to provide an equitable service.
- People's privacy and dignity was promoted, and they were encouraged to maintain their independence.
- People received personalised care which included their preferences and the goals they wished to achieve. This included their choice of activities.
- 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.
- People's communication needs were met.
- Staff and relatives gave positive feedback about the leadership within the service.
- People were asked to provide feedback on their satisfaction with the service.
- Quality checks were carried out to identify areas for improvement.

Rating at last inspection:

- Good (report published on 19 March 2016).

Why we inspected:

- This was a scheduled inspection based on the previous rating.

Follow up:

- We will continue to monitor the service through the information we receive.
- For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Nicholas Court

Detailed findings

Background to this inspection

The 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.

Inspection team:

- Our inspection was completed by one inspector.

Service and service type:

- Nicholas Court is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- This inspection was unannounced.

What we did:

- Before the inspection we reviewed the information, we held about the service including notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law.
- We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We contacted the local authority with responsibility for commissioning care from the service to seek their views about the service.
- During the inspection, we spoke with one person who used the service, one relative, the registered manager and three care staff.

- We reviewed three care records for people using the service, including risk assessments. We viewed the transition paperwork for one person who was preparing to move into the service.
- We reviewed three staff files including recruitment and supervision.
- We looked at records relating to how the service was managed including staff training, medicines and quality assurance documentation.
- After the inspection, we spoke with one relative.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- Relatives told us they felt their family members were safe at the service. One relative said, "[Person] is safe but has freedom to be around [their] flat and go into [their] garden."
- People were protected from the risks of being harmed or abused.
- The provider had safeguarding adults and whistleblowing policies which gave clear guidance to staff on how to raise concerns.
- Staff completed safeguarding adults training and knew the actions to take if they suspected somebody was being abused.
- Staff comments included, "When you see anything that is not right, you have to speak out to the manager or higher, to the local authority or CQC" and "I would stop it first and I would report it."
- There had been no safeguarding incidents since the last inspection.

Assessing risk, safety monitoring and management:

- People had comprehensive risk assessments which gave clear guidance to staff about how to reduce the risks of harm people may face. Risk assessments included mobility and falls, choking, nutrition and weight loss and behaviours which may challenge including positive behaviour support plans.
- People had a missing person information sheet with their photo and a list of actions staff must take should the person go missing.
- Building safety checks had been carried out in accordance with building safety requirements with no issues identified.
- The service had a fire risk assessment in place which all staff had signed to indicate they had read and understood it. People using the service had a personal emergency evacuation procedure in place.

Staffing and recruitment:

- The provider had a safe recruitment process in place. Relevant checks were carried out before someone was employed that included staff providing proof of identification, confirmation of their legal entitlement to work in the UK and written references.
- New staff had undergone criminal record checks to confirm they were suitable to work with people. The provider had a system to obtain regular updates to the criminal record checks to check the continued suitability of staff.
- There were enough staff on duty to meet people's needs and staff confirmed this.
- Records showed people had dedicated one to one staffing during the day and two staff if they accessed the community. One relative told us, "[Person using the service] is very happy to stay here. [Person] has always got two staff."
- The registered manager used a system of matching staff skills and abilities with people using the service when designing the rota. For example, not all staff were strong swimmers so on days when one person went

swimming, there was at least one staff member who could swim on that person's staff rota.

Using medicines safely:

- Medicines were stored appropriately and safely.
- Records showed staff had received training on the safe administration of medicines.
- People had a medicine care plan which gave clear guidance to staff on how the person preferred to take their medicines and how to administer the medicines safely.
- Records were kept of medicine administration to each person and these were completed correctly.
- People prescribed medicines on an 'as needed' (PRN) basis had clear guidelines in place so that staff would know when these should be administered and how to do so safely. However, there was no PRN guideline in place for one person. We raised this with the registered manager who took immediate action.

Preventing and controlling infection:

- There were adequate handwashing facilities in the premises so that staff, people who used the service and visitors could wash their hands.
- Staff confirmed they were provided with enough personal protective equipment such as gloves and aprons to enable them to carry out their job safely.
- The service had an infection control policy which gave clear guidance to staff on how to reduce the risks associated with the spread of infection.
- Records showed staff were up to date with infection control training.

Learning lessons when things go wrong:

- The service had a system in place to record accidents and incidents. The registered manager analysed these regularly to identify trends and ways to reduce their occurrence.
- The registered manager gave an example of where lessons were learnt at the service. One person who chose to switch off lights and close the curtains had an accident one day where they slipped and fell. The lesson learnt was that staff now instructed the person to leave the lights on when it is dark during waking hours and if the person switched the lights off, staff prompted them to switch them back on.
- The registered manager told us the service has a "lessons learnt day" every year which other agencies attended such as the Anscroft Trust who deal with serious case reviews to share learning.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Relatives told us they were happy with the care provided to their family members. One relative said, "We are very happy. [Person] is well cared for."
- People's needs were assessed before they began to use the service and included visiting people in their current service to observe how staff worked with them.
- Assessments were comprehensive and gathered detailed information about which aspects of daily living the person needed support with.
- People's histories, cultural requirements, important relationships and preferences were captured during the assessment process.

Staff support: induction, training, skills and experience:

- New staff completed a three-month induction period which included shadowing experienced staff and training in safety topics such as first aid and fire safety.
- New staff completed the Care Certificate as part of the induction. The Care Certificate is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised.
- Training records showed staff received training in topics relevant to the people who used the service such as positive behaviour support, epilepsy and diabetes.
- Staff confirmed they received regular training opportunities. Comments included, "I have done all my training. Some of them are like a refresher and sometimes things change" and "Training is very useful. I always request it."
- Records showed staff were supported with regular supervision meetings. Staff confirmed these meetings took place and they found them useful. One staff member told us, "It gives you the chance for [management] to decide on how best to support you."
- Staff were given an annual appraisal which gave them the opportunity to set new goals for the forthcoming year. One staff member told us, "We talk about what went well and didn't go well and what is expected for you to improve on."

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

- People were supported to eat a nutritionally balanced diet. We observed people's kitchens were well stocked with a variety of nutritious food and drink.
- A relative told us they were happy with the nutrition support given to their family member. They said, "[Staff] put all the things in the fridge and let [person] choose."
- Staff were knowledgeable about people's dietary requirements and preferences. One staff member told us, "[Person] has got choices. You give three choices and then [person] will pick one."

- Staff monitored people's weight regularly to ensure they could offer appropriate support for weight loss or weight gain.

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

- The service worked jointly with healthcare professionals to ensure people received timely and effective care.
- One person was unable to cope with attending the hospital for appointments. The service arranged for appointments with the consultant to take place by Skype. Skype is a method of having a conversation over the internet using video or voice calls.
- The registered manager explained how it was identified there was a lack of communication between the service and a health professional. Actions were taken and now there was a regular meeting between the registered manager and involved healthcare professionals. The registered manager told us, "Now there is open communication. We now also ask for a printout of the report from GP appointments. Now we have the relationship and partnership working."

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

- Relatives and records confirmed people had access to healthcare services and were supported to live healthier lives.
- Care records contained a hospital passport and a health action plan. A hospital passport provides key information about a person with a learning disability including personal details, communication needs, likes and dislikes. It is aimed at enabling hospital staff to know how to make the person comfortable during their hospital stay.
- The service maintained a record of healthcare appointments and the outcomes. Records showed people had access to the GP, speech and language therapy, gastroenterology, nursing, psychiatry, psychology, dietitian, and dentist.
- One staff member told us, "We have a diary and the health check book for [person]. We keep a record in the diary and we monitor it. Every Monday, we look at appointments for the week and book dial a ride or computer cab. I will call the staff to tell them [person] will have an appointment on their shift. I always stick the appointment letter to the diary."

Adapting service, design, decoration to meet people's needs:

- The premises consisted of five self-contained flats and each flat had its own garden.
- Each flat was personalised with the person's preferred décor and furnishings.
- There was also a communal garden which was available for use by all people using the service.
- The registered manager told us there were plans to build an additional room in the garden to create a communal space for people to have social gatherings.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training in the MCA and DoLS and described how they supported people to have maximum choice and control of their lives in the least restrict way possible. A staff member told us, "We have to get consent [for] everything. We are there for [the person] and not to rule [them]."
- Records showed people had a legally authorised DoLS in place because they required a level of supervision that may amount to their liberty being deprived.
- Mental capacity assessments had been completed when needed and their outcomes were documented.
- People who were unable to sign for their agreement to receive care due to lack of capacity had this stated on their care plans.

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.

Good: 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:

- Relatives thought staff at the service were caring. One relative told us, "[Staff] put so much effort in [person]." Another relative said, "They are very kind. They consider [person's] needs."
- Staff knew people well including their care needs and preferences. One staff member told us, "I got to know what [person] needs because of the experience I have with autism and challenging behaviour. I shadowed [person's] staff, I read their notes and I read [person's] body language." This staff member gave an example of how they discussed dietary matters with one person and explained to them why it was important to reduce their sugar intake. The result of this was the person was able to reduce their sugar intake which had a positive outcome for their health.
- People had an allocated keyworker who was a named care worker responsible for overseeing the care a person received.
- The provider had an equality and diversity policy which gave clear guidance to staff about providing an equitable service.
- Staff demonstrated they knew how to provide an equitable service. Comments included, "We have to treat you the same, equally. Make sure you are welcome, make sure I welcome you", "We don't treat [people using the service] equally - its according to their care plans and their needs" and "In life we have our dignity which has to be preserved. It's equal rights for everybody. Respect their [people using the service] religion, whatever they believe in, and respect their sexuality."

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

- A relative confirmed they were involved in decision-making about the care and told us, "They email my [spouse] almost every day and I come every day." Another relative told us, "I do go to all the review meetings."
- The registered manager told us, "[People] have their families involved in their care. One person is verbal and will tell you what they do not like. The other two are non-verbal but have family involved."
- Staff described how they involved people and their relatives in making decisions about the care. Comments included, "There is a good relationship between Advance and the family. [Person] is somebody who loves home. If there are any changes, we will contact the [relative]" and "They [people and relatives] are very, very involved in making day to day decisions."
- People's choices were promoted. Staff comments included, "We promote choices by allowing [person] to choose, either the activity or the food [person] wants to eat" and "I realised [person] loves making tea, so I said let's encourage them to see if they could do it. Now we have a permanent chair in the kitchen so [person] can help. We work through what [person] likes and we are able to achieve a lot."

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was promoted. We observed staff knocked on doors before entering people's flats.
- Staff described how they promoted people's dignity. One staff member told us when giving personal care, "We lock the door. We draw the curtains. We talk to [person] nicely."
- People were encouraged to maintain and increase their level of independence. For example, one person told us they enjoyed helping with the preparation of their meals. This person also assisted staff with a monthly health and safety check of their flat. Records showed this person completed a pictorial and tick box health and safety check form.
- Staff gave examples of the support they gave people to develop their independence. One staff member told us, "There are a lot of activities we ask [person] to help us with. Putting the kettle on, sweeping and mopping. [Person] knows the right bucket for the right area. [Person] helps with the chopping in the kitchen. Another staff member said, "I always encourage [person] to do things. For example, when finished eating, [person] likes to wash their own plate and put it away. [Person] does laundry; now we are encouraging them to fold it."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans were comprehensive, person-centred, contained people's preferences, what they needed support with and the outcomes they wished to achieve. For example, an outcome for one person was to be actively involved in deciding what they eat and in the preparation of meals. The care plan gave detailed instructions to staff about how to provide support with this.
- Staff understood how to deliver personalised care. One staff member told us, "[Person-centred care] is care designed for the individual." Another staff member said, "It means supporting a service user based on their needs and what they want. [Person] loves watching cartoons and has made me love it as well. [Person] loves tea and now I drink tea. I have learnt a lot from [person]."
- Care plans were reviewed every six months or sooner if needed.
- Each person had an individual programme of activities which they liked to participate in. For example, one person's care plan stated, "I am taking part in lots of different activities. I like painting and table games, baking cake, also watching cartoons and dancing. I am involved in making phone calls, reading letters, opening gift boxes."
- The provider met the requirements of the Accessible Information Standard (AIS). The AIS requires providers to evidence that they record, flag and meet the accessible communication needs of people using the service.
- Care plans were pictorial to make them accessible to people. One person's care plan stated, "Staff will use alternative forms of communication such as objects of reference and body language to encourage me to make choices and get involved in activities. Staff will encourage me to pick up objects of reference (e.g. plastic cup) and I then get involved in making my cup of tea. Staff would give me a lot of praise for every little step I take in completing the task."
- People had a pictorial "All About Me" book which included information about how they liked to communicate and their interests.
- One person told us they collected fridge magnets and were happy for us to look at these in their kitchen. This person enjoyed artwork and told us they had recently sold one of their pieces of art. The expression on their face and the tone of their voice was evidence they were delighted with this accomplishment.

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy and procedure in place which advised staff on how to handle complaints.
- Relatives told us they knew how to make a complaint but had not needed to. One relative said, "If I am not happy [with the care], I would just talk to the manager." Another relative told us, "I'm much happier where [person] is now."
- Staff knew what actions to take if somebody wanted to complain. Responses included, "I would give them the number of the manager and advise them to talk to the manager. I would advise them the manager will

deal with it right away", "I would give them the complaint form" and "I would ask them to report to the manager and [registered manager] will take care of that."

- The registered manager told us there had been no complaints made.

End of life care and support:

- There was nobody using the service who required end of life care.
- The provider had an end of life and palliative care policy to give guidelines to staff in the event of a person using the service requiring this type of care. The policy included planning ahead for end of life if a person is diagnosed with a terminal illness or is approaching the end of their life.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Relatives gave positive feedback about the registered manager. One relative told us, "[Registered manager] is very easy to talk to. The communication with us and [that] she has with other agencies is good."
- People were relaxed with staff and the registered manager.
- Staff told us there was effective communication within the team. This ensured staff were kept up to date with changes in people's support needs. Comments included, "The other staff update me, and I will have to go through the messages", "They [staff] do verbally tell you. I read through the daily log" and "We normally have handover passed verbally and written down. We have a communication book."
- The registered manager understood their responsibility with duty of candour. Duty of candour means providers and registered managers must act in an open and transparent way with people who use services and their representatives about the care and treatment they receive. This includes actions that providers must take in relation to notifiable safety incidents.
- The registered manager told us they had an 'open door policy' to encourage a culture of openness and transparency. The registered manager explained the provider had an 'I am not proud' system and phone number for staff to speak up about any issues or worries. We saw the phone number for this service was displayed on the noticeboard.

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

- The provider had submitted relevant statutory notifications as required. A notification is information about important events which the service is required to send us by law.
- Staff spoke positively about the leadership in the service. Comments included, "[Registered manager] is a good leader", "So far so good. [Registered manager] is someone who took me out of my shell [gave me confidence]" and "[Registered manager] has told me if I can't do something to tell her and we will sit down together and trash it [work it out]. She always advises on what to do."

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

- The service kept a record of compliments. A relative had written, "I would just like to say that the new [staff member] has been brilliant and has done a brilliant job with handling [person who used the service]."
- The provider sought feedback annually from people who used all their services and relatives. The analysis of the feedback received in 2018 showed 91% of people using the services were happy with their service. The analysis included a comparison with previous years which showed a steady increase in satisfaction levels

each year.

- The analysis of the feedback survey showed an action plan of identified issues which included finding ways to enable people with complex needs to participate in the survey.
- Staff confirmed the organisation treated staff equally. Comments included, "They respect everyone's [staff's] needs" and "We do have equal treatment. There's no room for discrimination. It's in the policy."
- The registered manager told us, "We will support them [staff] with whatever in their lives." They gave us examples of staff with spiritual needs or who identified as lesbian, gay, bisexual or transgender.
- The provider held regular staff meetings to update staff on policy and changes within the service. Topics discussed in recent meetings included health and safety, staff awards, teamwork, training, updates on people using the service and business continuity plan.
- Staff told us they found team meetings useful. One staff member said, "Team meetings are useful." Another staff member told us, "Very useful because we will trash out [discuss] issues."
- The provider encouraged people using their services to be involved in staff recruitment. The registered manager showed us pictorial interview questions which a person from another of the provider's services asks potential new staff. They told us this person has provided valid reasons for employing or not employing candidates. One person at Nicholas Court did not yet have the confidence to participate in interviews for staff but had provided two questions to ask applicants in relation to their personal support needs.

Continuous learning and improving care:

- The provider carried out an annual audit of the service which included delivery of care, staffing, health and safety and medicines. We noted from the 2018 audit that a recommendation was made for the service to explore ways to encourage people to give feedback on how they would like the service to be run. The registered manager told us they were in discussions with the team to enable this to happen.
- The registered manager had a system of carrying out various quality checks of the service. These included a monthly infection control audit within each person's flat which included checking the cleanliness of the environment, noting any identified issues and taking action to resolve them.
- Staff completed a weekly health and safety check in the person's flat they were working in. Identified issues were noted and passed to the registered manager for action. We saw identified issues were promptly addressed.
- The registered manager told us the provider had a staff award system which recognised staff performance through nominations. Nicholas Court won a quarterly award in 2017 and the annual award in 2018. The award was called PRIDE because staff were awarded for their contribution to partnership, respect, innovation, drive and efficiency. The registered manager told us the award system helped to drive improvements throughout the organisation.

Working in partnership with others:

- The registered manager gave examples of working in partnership with other agencies to improve the service. The registered manager explained they have a 'lessons learnt' day annually which was attended by STOMP, a project aimed at helping people to stay well and have a good quality of life, who put on a play for staff. The aim of STOMP is to stop the over-medication of people with a learning disability or autism.