

Avenues London

13a Repton Drive

Inspection report

Sarnett House
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Romford
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Date of inspection visit:
12 September 2017

Date of publication:
25 October 2017

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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 comprehensive inspection took place on 12 September 2017. At our previous inspection on September 2016, we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the service was rated Requires Improvement. The breaches related to an absence of sufficient systems in place to support people who lacked capacity to make their own decisions. People did not have personalised care plans which identified their specific care needs and how these should be met by staff. Sufficient systems were not in place to effectively assess and improve the quality and safety of the service provided.

After our last inspection, the provider sent us an action plan to say what they would do to meet the legal requirement. This, had been signed by the registered manager as completed in November 2016.

At this inspection, we found the provider had made the required improvements as outlined in their action plan. The service was now compliant with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

13a Repton Drive is registered to accommodate six people with profound and multiple learning and physical disabilities. People are accommodated in a purpose built bungalow. At the time of our inspection, the service was providing care and support to six people.

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 and associated Regulations about how the service is run.

During this inspection, we found that medicines were managed safely by trained staff. Staff received regular competency checks to ensure they had the correct skills for administering medicines.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy. Systems were in place to minimise risk, to ensure that staff supported people as safely as possible.

The provider had systems in place to deal with foreseeable emergencies and there were safeguarding adult's policies and procedures in place. Accidents and incidents were recorded and acted on appropriately. Pre-employment checks had been carried out to ensure staff were suitable to work with people safely. There were appropriate numbers of staff to meet people's needs.

Staff were knowledgeable about people's individual needs and how to best meet these needs. Staff had access to support, supervision, training and on-going professional development that they required to work effectively in their roles. The training and support they received helped them to provide an effective and

responsive service.

Staff had received Mental Capacity Act 2005 (MCA) training and understood the systems in place to protect people who could not make independent decisions. The service followed the legal requirements outlined in the MCA and the Deprivation of Liberty Safeguards (DoLS).

People received a person centred service and had detailed personalised plans of care in place. They were supported by kind, caring staff who treated them with respect. Their cultural and religious needs were respected and celebrated.

People were supported to maintain good health and nutrition.

People and their representatives knew how to raise a concern or make a complaint. Effective systems were in place to manage complaints.

People lived in an environment that was suitable for their needs. Specialised equipment was available and used for those who needed this.

The quality of the service was monitored by the service's operations manager and the registered manager. The service had a positive ethos and an open culture.

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.

Risks were clearly identified with strategies in place to minimise risk.

People received their medicines safely from trained and competent staff.

There were safeguarding adult's policies and procedures to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the necessary skills and knowledge to meet their needs.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005).

People's nutritional needs and preferences were met.

People were supported to maintain good health and had access to health and social care professionals when required.

Is the service caring?

Good ●

The service was caring. People were treated with kindness and their privacy and dignity were respected.

People received care and support from staff who knew about their needs, likes and preferences. They were encouraged to be as independent as possible.

Staff were attentive to people's needs. They provided care and support to people in a way they understood.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to make choices about their daily lives.

Individualised care plans gave clear information to staff about how people liked and needed to be supported.

Any complaints or concerns were listened to and addressed satisfactorily by the service.

People were supported by staff to participate in activities of their choice.

Is the service well-led?

Good ●

The service was well-led.

There were systems and processes in place to monitor and evaluate the service provided.

People using the service and their relatives were asked for their views about the service through satisfaction surveys.

Staff told us they were well supported by the management team.

13a Repton Drive

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 comprehensive inspection took place on 12 September 2017 and was unannounced. It was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. The provider completed a Provider Information Return (PIR). 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. We also looked at other information we held about the service, including previous reports, complaints and notifications. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We met six people who lived at the service during the inspection. However, most people were unable to speak with us directly about their views of the service because of their disabilities. We therefore observed the care and support provided to them by the staff and briefly spoke with three people and three relatives. We also spoke with three members of staff, the registered manager of the service and professionals who visited the home.

We looked at three people's care records and a range of records relating to how the service was managed. These included training records, staff rotas, documents relating to the provision of the service, medicine records, quality monitoring records as well as policies and procedures.

Is the service safe?

Our findings

People received care from a staff team who ensured they were safe. We observed that people in the home appeared safe, well and relaxed in the company of staff and other people using the service. Relatives commented "I think she is safe there" and "Yes [the person] is safe."

People were protected from the risk of abuse, because the provider had up to date policies and procedures in place for safeguarding adults from abuse. Staff had received training to ensure they were knowledgeable about how to respond to safeguarding concerns. They were aware of the signs of abuse and knew what action to take if they had any concerns. Staff were also aware of the provider's whistle blowing policy and knew how to report issues of poor practice. Where required, the manager submitted notifications to the Care Quality Commission (CQC) and referrals were sent to safeguarding authorities as appropriate. Information was displayed in the office detailing how to report safeguarding concerns to relevant agencies, such as the local authority, police and CQC.

There were sufficient staff to meet people's needs and to support them with what they chose to do. This was both in the service and out in the community. There was a stable staff team and any absences were covered by them or through regular agency staff. These were staff who had been providing support to people for a long time, which meant people received continuity of care. This meant people received consistent support from staff they knew who were aware of their support needs and how to meet these needs. People's relatives told us that staff were available when needed and provided good personalised support. We saw that people were supported in a timely way and staff gave them the time and attention they required.

Recruitment processes ensured that staff were suitable for their role and staffing levels were responsive to people's needs. Appropriate recruitment checks were conducted before staff started work, to ensure they were suitable to be employed in a social care environment. The organisation's human resources (HR) department carried out all the necessary checks. Staff records we looked at confirmed pre-employment and criminal records checks were carried out before they started work. Therefore, people were protected by the organisation's recruitment process which ensured that staff were suitable to work with people who needed support. The registered manager and staff told us that they were not allowed to begin work until all the checks had been completed.

Risks were identified and systems were in place to minimise them. Risk assessments were comprehensive, personalised and included clear information for the staff about how to respond to different situations and how to keep people safe. For example, we saw assessments for using equipment and supporting people during mealtimes. When appropriate, there was information from other professionals included in the assessments and plans were in place for keeping people safe. For example, one care plan contained guidance for staff about suitable hydrating foods that the person required and had a recognition and management plan in place for coughing and choking, when the person was eating or drinking. This provided staff with detailed guidance about signs to look out for when supporting the person at meal times and the actions to take in the event of a medical emergency. Risk assessments were person centred and a positive approach to risk taking was adopted which enabled and promoted greater independence for people.

People received their medicines in a safe way. Medicines were stored securely. The staff training records confirmed that they had completed up to date medicine administration training. The staff responsible for administering medicines had received training and had their competency tested. We found the medicine administration records were up to date and accurate. There was a medicines profile for each person with photographs and relevant information about their medicines, allergies and related health conditions. In addition, there were individual protocols for the administration of PRN (as required) medicines and the use of emergency medicines (such as those used for someone having an epilepsy related seizure). These protocols gave detailed information for the staff about when these medicines might be needed and specific administration instructions. Medicine administration records were up to date and accurate.

The registered manager undertook regular audits, to ensure medicines received in to the home and administered could be accounted for. There were appropriate storage facilities for controlled drugs (CD). CDs are prescription medicines that are controlled under Misuse of Drugs legislation. We saw that the service had a CD policy in place. No one at the service received controlled drugs at the time of the inspection. All of the above meant that medicines were consistently managed and people received their medicines in a safe and effective way.

The environment was safely maintained. Staff had completed risk assessments about different aspects of the environment, practices and equipment. These were regularly reviewed and updated. There were checks on health and safety, including fire safety, electrical and gas safety, infection control and water temperatures, which were all checked by qualified professionals. These were all recorded with satisfactory outcomes. Regular fire drills took place and there was an individual emergency evacuation plan for each person, explaining how they should be supported to evacuate the building. Staff confirmed that they had received fire safety and first aid training and were aware of the procedure to follow in an emergency.

Is the service effective?

Our findings

At our last inspection on September 2016, we found that there was an absence of sufficient systems in place to support people who lacked capacity to make their own decisions. We saw that most people living in the home could make basic decisions but required assistance to make complex decisions. However, we found that people who may lack mental capacity did not have formal capacity assessments carried out or best interest checklists as laid out in the MCA, in their care plans. During this inspection, we found improvements had been made.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At this inspection, we found that staff had completed MCA and DoLS training and were aware of how to promote people's rights to make decisions about their lives. We saw that, where required, people's care plans contained mental capacity assessments and records from best interest decisions that were made on their behalf. When important decisions needed to be made about a person's care and treatment, meetings were held with relatives and other professionals to discuss what was in their best interest. From our discussions with staff they understood the principles of the MCA and best interest decision making. We observed staff gained people's consent before they delivered care. People were consulted about their preferences and, where necessary, we saw staff used methods such as objects of reference and picture cards to aid communication.

The registered manager was aware of when to make a referral to the supervisory body to obtain a DoLS authorisation. Records showed that this was thought to be necessary for all of the people who used the service. This helped to ensure that people were not being unnecessarily or unlawfully deprived of their liberty and that their human rights were protected. This demonstrated that decisions were made in people's best interests where appropriate and the service was working within the principles of the MCA.

People received care and support that promoted their health and wellbeing. People's physical and mental health needs were monitored and recorded by staff in a health plan and medical advice was sought promptly when required. Health plans gave details of the person's health needs and how these should be met. Details of medical appointments, the reason and the outcome were all clearly recorded. Staff worked with health care professionals and we saw consultations with a speech and language therapist and dietician around concerns about a person's swallowing reflex and nutritional needs. Therefore, people's healthcare needs were monitored and addressed to ensure that they remained as

healthy as possible.

Care records contained evidence of visits to see external specialists when required. People's health care needs were documented within their plan and highlighted any risks relating to people's health or actions required by staff. A relative told us "They always keep us informed about any health issues [the person] might have."

Staff told us that they received good support from the management team. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). There were also opportunities for the staff to discuss their own work and any needs they had. Staff told us that they received supervision and training relevant to their roles and this had resulted in an increased confidence and understanding of their roles. Records showed that supervision sessions were being carried out at regular intervals, to promote and support individual performance. A staff member told us "Yes the manager is very approachable and supportive. We all work together to make sure people are well looked after."

People's needs were met by staff who were competent and able to carry out their roles and responsibilities. Mandatory training was completed in areas including emergency procedures, falls awareness, infection control, safeguarding people and medicine administration. Training was organised centrally by the registered provider and the registered manager used an electronic system to monitor staff completion of training. This showed that most staff had either completed mandatory training or had it arranged. New staff completed an induction programme consisting of shadowing more experienced members of staff, mandatory training and reading the service's policies and procedures. Hence, the training offered by the service ensured that staff were equipped with the skills and knowledge necessary to provide care for the people they supported.

In their PIR, the manager told us that all staff either had a care qualification or were undergoing the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. Since our last inspection a number of staff had completed training in autism and epilepsy so that they were equipped to meet people's specific needs at the home.

People were provided with a choice of nutritious food and drink. Staff informed us that people were involved as much as possible in the shopping and creating the menus. Staff were knowledgeable about people's nutritional needs such as the need for soft foods to reduce the risk of choking. People's care plans documented and monitored any risks relating to people's nutritional needs. Guidelines by health care professionals such as dieticians and speech and language therapists were in place to ensure people received appropriate care and support to meet their nutritional needs. Food and fluid charts were in place and records showed that these were up to date and had been completed accurately.

Is the service caring?

Our findings

We observed that caring relationships had developed between people and staff. People nodded and smiled when asked if they thought the staff were kind and caring. Relatives told us, "Staff are friendly and welcoming." Another relative said, "I think they are brilliant, they look after [the person] really well."

Staff were friendly and patient. They demonstrated a caring and compassionate approach both in their conversations about the people they care for and in the interactions we observed. There was a relaxed atmosphere in the home. People looked comfortable and at ease with the staff who supported them. We saw that staff treated people respectfully and took their time whilst supporting them with personal care and daily living tasks.

People's privacy was respected and they were supported in a way that respected their dignity. When people needed support with their personal care this was done discreetly. For example, staff told us how they promoted people's privacy and dignity by knocking on people's doors before entering their rooms, ensuring doors and curtains were closed when offering support with personal care and by respecting their choice if they wished to be alone or spend time in their room.

People's religious, cultural and social needs were identified and addressed. Staff informed us that festivals from different religions were celebrated. For example, Holi, Diwali, Easter and Christmas. We saw photographs showing how festivals were celebrated in people's rooms. Staff were knowledgeable about people's needs with regards to their disability, race and religion and supported people appropriately to meet their identified needs and wishes. We saw that rooms were decorated reflecting people's cultural backgrounds with pictures of Asian art, religious figures and family photographs.

Care plans contained communication passports which provided guidance for staff and professionals about how best to communicate with people. This included how people preferred to be addressed and how individuals chose to express themselves. We saw that staff were familiar with people using the service and knew how best to support them. Care plans demonstrated that where possible people had been involved in decisions about their care including involvement from relatives and representatives for people who required support to make choices about their care.

Staff respected people's choice and preferences and we saw how people preferred to spend their time. We observed that staff spent time with people engaged in conversation and activities. For example, staff supported some people to participate in arts and crafts activities whilst others used the sensory room and another person was supported to go out with staff.

People were supported to maintain relationships with relatives and friends relatives confirmed that staff always made them feel welcome at the home. They were invited to review meetings and other relevant meetings and events. People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them via use of pictorial formats.

Staff spoke to people in a polite and friendly manner and spent time with them. This was by talking to them and preparing a hot drink together, providing encouragement when performing tasks, discussing what they wanted to do and giving any support or reassurance that people may need, in order to maintain their independence. We saw that staff had good knowledge of people's behaviour and body language and were able to communicate effectively with them. For example, when enquiring if they wanted a drink or if they wanted to participate in an activity. This was because the staff had worked at the home for a long period of time and knew people well.

Is the service responsive?

Our findings

At the last inspection in September 2016 we found that care plans were not sufficiently personalised to meet people's needs. They were not always reviewed and updated in accordance with people's changing needs.

At this inspection we found that a comprehensive assessment of people's needs had been carried out. We saw that detailed care plans had been developed based on the assessment. The care plans were personalised and covered all areas, which people required support with. This meant that people received care that met their individual needs. In a quality assurance survey relatives/representatives rated the quality of support, the staff and the service as "excellent." Comments received by the service via questionnaires included, "I think you are doing a fantastic job. It's a very friendly and uplifting environment" and "All the carers are very involved, attentive and enjoy helping all the residents."

We spoke to staff who knew people well and were aware of their individual care and support needs. We were informed that people were non verbal. We observed that all the people who used the service were able to communicate their needs by actions or facial expressions and understood simple questions. We saw that preferred methods of communication by individual people were noted in the care plans and specific guidelines were in place for staff to recognise how people expressed pain, pleasure, disapproval or agreement with any of the tasks that were carried out by the staff.

Therefore we saw that people's care plans contained clear information to enable staff to provide personalised care and support in line with their needs. For example, one person's communication plan stated, "When I start rocking, it means I might be bored. You should spend some time with me on a one to one basis." Their care plan stated that [the person] had limited communication but could express themselves using gestures and touch by walking towards and touching an item they wanted. Another care plan for a person (who had visual impairment) stated, "Always knock and call out to let [the person] know who is entering the room. Always explain what is going to happen to make them feel at ease. Give constant encouragement and praise whilst carrying out any tasks."

People received a service that was responsive to their changing needs. Staff told us that they followed people's care plans and routines. Health and social care professional's advice was recorded and included in people's care plans to ensure that their needs were met. This contained guidance for staff on managing people's conditions, such as meeting nutritional needs and managing sight impairment. For example one care plan stated, "Use short sentences. Use hand over hand technique to support activities." Daily records were kept by staff about people's day to day wellbeing, personal care, nutrition and activities they participated in, to ensure that people's planned care met their needs.

Care plans were reviewed every six months and updated when needed. Staff told us that in addition to care plans and records, they got updates at shift handover from other staff. Therefore, staff had current information about how people wanted and needed their support to be provided. We spoke with staff regarding people's individual care and support needs. Staff told us they worked closely with people as keyworkers. They held monthly one to one meetings to check on people's progress and identify new goals.

This meant that people received care and treatment in accordance with their identified needs, wishes and preferences.

The registered manager and staff ensured that everybody was supported to follow their interests and take part in social activities. People were encouraged and supported to participate in a wide range of activities and trips they liked both in the service and in the community. We saw photographs of some of the activities they had undertaken which included arts and crafts, going shopping, swimming, cinema as well as day trips and meals out. Therefore, the arrangements for social activities met people's individual needs and prevented a sense of social isolation.

People and their relatives were supported and encouraged to raise any issues they were not happy about. We saw a pictorial complaints procedure which was displayed in people's rooms. People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be fully considered. The registered manager had a complaints system in place to record concerns and the action that had been taken as a result. One relative told us, "If I had a complaint I wouldn't hesitate, I would go straight to [the registered manager]." Staff told us they would refer complaints if any, to the manager and they immediately resolved any small issues.

Is the service well-led?

Our findings

At the last inspection in September 2016, we found that the provider did not have appropriate systems in place to assess, monitor and improve the quality of the service.

At this inspection, we found that sufficient quality assurance measures were in place and were effectively implemented by the management team. The systems in place ensured that there was continuous oversight of the service which led to the improvement of all aspects of the service.

The provider had systems and processes in place to regularly assess and monitor the quality of service people received. The organisation's operations manager visited monthly to carry out a quality audit. The registered manager showed us the audits that were conducted which were based around the five domains inspected by CQC. These included whether the service was safe, effective, caring, responsive and well-led. The reports highlighted areas for action with timescales for completion of these actions, to ensure areas for improvement were implemented promptly. The registered manager informed us that regular audits were carried out by the service's operations manager to ensure outstanding issues were actioned and improvements made. The audits included health and safety, medication, quality, finance and information governance. Key performance indicators were set by the organisation and the service managers sent in a return each month with information pertaining to the key performance indicators such as audits of finance, medication, health and safety and any safeguarding incidents.

There was a registered manager in post who had responsibility for the day to day running of the service. There was a clear management structure in place. Staff were clear about their roles and responsibilities and told us they received good support from the management team.

Staff members were encouraged to be a part of the service and were able to contribute to its development. A staff member said, "This place has a calm atmosphere. We all work together and support each other. The manager is approachable and supportive." All of the staff we spoke with told us that there was good team work and good communication. There were regular staff meetings where the service and people's individual care needs were discussed. Records were appropriately maintained, was up to date and accurate.

Staff felt listened to, supported and their views were respected by the manager. Staff understood the aims and objectives of the service and these were discussed at staff meetings. Daily handover meetings and staff meetings were used to discuss any issues and share information about any changes. The staff team worked in partnership with relevant health and social care practitioners such as the SaLT team and community nurses in order to improve people's health and wellbeing.

There was a service development plan in place to develop and improve the service. For example, a recent project was implemented whereby an office orientation system was set up. This was aimed to ensure that all staff could access appropriate records and information at the service and not just the management team.

We found that the management team had worked hard to update records which were systematic, accurate

and easily accessible. For example, the development of individual folders for each person living at the service contained current and relevant information about them making it easier to access information. Care plans had been reviewed and updated to take into account any changes in people's support needs, which staff were aware of. This was identified at our last inspection and during audits undertaken by the operations manager. This demonstrated that quality assurance systems were sufficiently used to drive forward improvements to the service.

Questionnaires were sent out to people's relatives/representatives in August 2017, for comments about the quality of service. The responses were positive. For example when asked what the service could do better, comments included, "Nothing. The staff and service are excellent" and "I have never had any problems at this property, so in my opinion nothing needs doing better."