

# Avenue Community Nursing Home Limited

# The Avenue Community Nursing Home

## Inspection report

47 The Avenue  
Linthorpe  
Middlesbrough  
Cleveland  
TS5 6PE

Tel: 01642816721

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28 June 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

The inspection took place on 20 April 2017. The inspection was unannounced.

The Avenue community nursing home is based in a residential area of Middlesbrough. The home provides personal care and nursing care for older people, people with a mental health illness and people living with dementia. The service is situated close to the local amenities and transport links. The service is registered for 13 people and on the day of our inspection there were 12 people using the service.

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

We last inspected the service in June 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

The atmosphere of the service was relaxed, but very welcoming. People who used the service told us they felt at home and visitors were welcome and that the home at any time.

We saw staff interacting with people in a person centred and caring way. We spent time observing the support that took place in the service. We saw that people were always respected by staff and treated with kindness. We saw staff communicating with people well and at times use their skills positively to reassure people who used the service.

People were encouraged to enhance their wellbeing on a daily basis to take part in activities that were valued. Staff spent their time positively engaging with people as a group and on a one to one basis in meaningful activities. People were supported to go out regularly too. Throughout the day we saw that people who used the service, visitors and staff were comfortable and had a positive rapport with the registered manager and also with each other.

People's care plans were written in plain English and they also included a personal history and described individuals preferences and support needs. These were regularly reviewed. Some were not written in a person centred way and this was addressed at the inspection.

Care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care plans showed that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP, dentist or optician.

People who used the service were supported on a one to one basis or by sufficient numbers of staff to meet

their individual needs and wishes in a person centred way.

Staff training records, showed staff were supported and able to maintain and develop their skills through training and development opportunities that were accessible at the service. The staff confirmed they attended a range of valuable learning opportunities.

Staff had regular supervisions and appraisals with the registered manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs. Records that showed there were robust recruitment processes in place.

We observed how the service administered medicines. We looked at how records were kept and spoke with nursing staff who administered medicines and we found that the process was safe.

People were encouraged to eat and drink sufficient amounts to meet their needs. They were offered a varied selection of drinks and snacks. The daily menu was reflective of people's likes and dislikes and offered varied choices and it was not an issue if people wanted something different.

A complaints and compliments procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had their rights respected and access to advocacy services if needed.

We found an effective quality assurance survey took place regularly and we looked at the results. The service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues. People who used the service and their representatives were regularly asked at meetings for their views about the care and service they received.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### 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 remains well led.

# The Avenue Community Nursing Home

## **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 28 June 2017 and was unannounced. This meant that the service was not expecting us. The inspection team consisted of one Adult Social Care inspector.

At the inspection we spoke with five people who used the service, the deputy manager, the registered manager, one member of nursing staff and one care staff.

During the inspection we spoke with a visiting professional from the community mental health team.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, provider information report, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including the local authority commissioners.

Prior to the inspection we contacted the local Healthwatch who is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection, the provider completed a Provider Information Return. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how the staff interacted with people who used the service and with each

other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and interactions between staff and people who used the service.

We also reviewed records including; three staff recruitment files, two medicines records, safety certificates, two care plans and records, three staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings, newsletters and policies.

# Is the service safe?

## Our findings

The people who used the service told us they felt safe and that there were enough staff to meet their needs safely. One person commented "The staff are always here when I need them, they check on me." And another told us; "The staff help me with my finances and with my tablets." And another told us; "I'm safe, the staff check on me through the night."

Staff interacted with people on a one to one basis and more depending on their required needs. Staff were available and helped people to take part in activities. Staff were not rushed and had time to talk with people.

Staff had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding. This showed that staff knew how to recognise and report abuse.

We saw from rotas that there was a consistent staff team and a low turnover of staff. The home had never used agency because there was sufficient staffing to provide cover arrangements within the existing staff team.

Staff files showed the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions

Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE). This included the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse and are subject to additional legal requirements in relation to their safe management.

People's individual medicines records contained their photograph, allergy information, medicine information. We discussed medicines with the nursing staff. They knew exactly how the people liked to take them and if they wanted juice or water for example.

Peoples care plans contained individualised risk assessments that were reviewed regularly and enabled people to take risks in their everyday life safely.

There were systems in place for monitoring the safety of the premises. These included checks on the fire alarm system, hot water and appliances.

We saw the most recent fire safety inspection report from the local fire authority and we saw that

recommendations they had made had been addressed. People who used the service each had personal evacuation plans in place to be used in the event of a fire.



# Is the service effective?

## Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team, people who used the service and the visiting professional we spoke with felt that staff knew them and their care needs well.

We saw records that showed us a wide range of community professionals were involved in the care and treatment of the people who used the service, such as social work team, and opticians. Evidence was also available to show people were supported to attend medical appointments.

Supervision and appraisals took place with staff regularly to enable them to review their practice.

Supervision files showed staff were given the opportunity to raise any concerns and discuss personal development.

The training list showed the range of training opportunities taken up by the staff team to reflect the needs of the people who used the service. The courses included; infection control, equality and diversity and management of aggression. However there was no training provided regarding dementia. We discussed this with the registered manager who then booked training for all staff in dementia awareness.

Throughout the inspection we observed people being offered drinks and snacks. The menu that we looked at offered choices. We could see that if a person didn't want what was on the menu or even changed their mind, this wasn't a problem and other options could be arranged. One person who used the service told us; "The food here is second to none it is fantastic I like spaghetti bolognese."

We saw people enjoying their lunch. We could see that there were enough staff available to support people. People could have their lunch in their room if they wished. The atmosphere in the dining area was relaxed and not rushed.

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. There was one person who used the service with a DoLS in place and these were applied for and monitored by the registered manager.

Where possible, people were asked to give their consent to care, before any treatment or support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary.

## Is the service caring?

### Our findings

People who used the service told us the staff were caring, supportive at all times. One person told us; "The staff are all nice and kind. They help me when I want to have a bath and get my hair done." And another told us; "The staff are fantastic, no complaints what so ever."

When we spoke with the visiting professional they told us; "The staff here are brilliant, very caring, approachable and very responsive, they communicate well with us and they help the place feel like a home for people and that is the most important thing."

We spent time observing people throughout the inspection and there was a consistent relaxed, warm and homely atmosphere. The visitor told us they were always made to feel welcome. Staff interacted with people in a positive, encouraging and caring way. We saw that people were respected at all times by staff and treated with kindness.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining important relationships. People who used the service told us they had been supported to maintain relationships that were important to them. They told us family and friends were able to visit at any time. Staff respected people's dignity. They knocked on peoples doors before entering and asked their permission before entering their rooms. One staff member told us; "Staff respect people and their dignity, if someone needed to change clothes after their meal we would ask them and make sure their dignity is kept." People's privacy was respected, one person told us; "I have my own space, I have my own privacy. I have a normal life now I'm here and not in hospital."

People were supported to maintain their independence and people we spoke with told us; "I have lived here for a few years now and I have help so I can look after myself." And "The staff help with somethings and we help with others, I set the table and help bring shopping in and put it away."

When we asked staff how they supported people to maintain their independence they told us; "Independence is what we encourage and people want it especially around their finances, that is most important to them."

People who used the service had regular access to advocacy services and several were using them at the time of our inspection staff and the registered manager were knowledgeable and knew whom to contact if anyone needed advocacy and there were contact details on display throughout the home.

People were supported to be active in their chosen religion and were supported to maintain this. One person told us; "I go to church, I go once a week to the one over the road with my friends"

We were given examples of how people accessed advocacy and how they supported people. One person who used the service was being supported by an advocate in relation to their DoLS and decision making.

## Is the service responsive?

### Our findings

The service had two activities co-ordinators and a mix of planned events, activities and outings and activities depending on people's preferences. During our inspection we saw people enjoying a game of dominoes and others going out shopping. One person who used the service told us "The best thing about here is that I can please myself and do the things I want to do, when I want." Another told us; "We go out, I go out every day to the shops, the park or to visit my family for a coffee."

People were involved in the running of the home and there were regular meetings for people to attend to voice their opinions and share ideas. The main subject people liked to have a say on was the menu, their favourite foods and shopping. For example when new menu items were not enjoyed they were discussed and then removed from the menu also a holiday for some people had been organised at a recent meeting.

People had care plans in place that contained information about their history and their care needs and these were regularly reviewed. However when we looked at two of them and found that they contained very little person centred details regarding peoples preferences and dislikes. Some of the information in the care plans was clinical and at times written in a negative way focusing on the medical view of a mental health illness and not the person. When we raised this with the deputy manager and the registered manager they agreed and assured us they would introduce a one page profile into the care plans to focus on the person and how they would like to be supported. These were produced with people immediately following the inspection and evidence of this was shared with the inspector.

People were supported by person centred approaches, when we spoke with the visiting professional they told us; "The main thing that stands out for me is that this is a home, it is person centred and not at all clinical."

We asked care staff how they ensured they provided person centred approaches to supporting the people who used the service and one staff member told us "We treat people as individuals, we don't say to people 'this is what you're going to do' we ask them, choice is everything."

People who used the service knew how to make a complaint or raise issues. Everyone we spoke with was aware of how to raise concerns or make a complaint if they needed to. one person told us; "I know what I need to do. I would tell the staff and then someone higher if things were going wrong." This showed us that the complaints procedure was well embedded in the service and staff and visitors were confident to use it when needed. The service had not received any complaints in the last twelve months.

## Is the service well-led?

### Our findings

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. We saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have.

We spoke with members of the staff team and they gave positive feedback about the management of the service. One member of staff told us; "The manager is always around and very supportive." And another told us; "The manager comes in and works together with us."

Regular team meetings were organised by the registered manager to communicate with team members and these were well attended, recorded and valued by staff. Team meetings were themed and we saw that regular health and safety meetings took place where the manager would discuss with the team any accident or incident that had taken place and to take on board any learning as a team.

The registered manager showed how they adhered to company policy for risk assessments and general issues such as trips and falls, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

The registered manager ran a programme of audits throughout the home and these were carried out regularly and they included; Medicines, accidents and incidents and the environment.

The registered manager showed how they adhered to company policy for risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

The most recent quality assurance survey results were available. These were collected regularly by using a short survey. The results contained positive feedback from people who used the service, visiting professionals, staff and relatives.

Policies, procedures and practice were regularly reviewed in light of changing legislation to inform good practice and provide advice. All records observed were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.