

Mrs P Barnard

Royal Avenue

Inspection report

77-83 Royal Avenue
Lowestoft
Suffolk
NR32 4HJ

Tel: 01502572057

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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?	Requires Improvement ●

Summary of findings

Overall summary

Royal Avenue is a care 'home'. 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.

Royal Avenue is a care service for up to 23 people who have a learning disability. The service does not provide nursing care.

There were 22 people living in the service when we inspected on 20 September 2018. This was an unannounced 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 using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

The service supports people with regard to a personalised needs assessment and resulting care plan to meet their current needs and staff worked with people to develop their skills to pursue the person's individual goals.

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.

At our last inspection of 13 October 2016, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service did not have an effective quality assurance monitoring process in place. There were no policies and procedures regarding the Mental Capacity Act 2005 (MCA) and no records that people had consented to the care provided.

In the key questions for safe, effective, responsive and well-led we rated the service as 'requires improvement'. In the key question for care we rated the service 'good'. This resulted in the overall rating of the service for that inspection being 'requires improvement'.

At this inspection of 20 September 2018, we noted there have been improvements to the service and the overall rating has improved to 'good'. There were no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In the key question for safe, effective and responsive the rating has improved to 'good' and care remains 'good' but well-led is still rated as 'requires improvement'.

The formal monitoring and audit systems now in place continued to require further operational evidence. This would then show how the registered manager and senior staff assessed the quality of the service,

identified shortfalls and ensured that these were addressed promptly. Although there was clear evidence of monitoring the cleanliness of the service. The formal recording of staff supervision and training was incomplete and care plans had not always been checked that they were up to date. Care staff had spoken with and recorded people's wishes and consent to their care. 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 relation to the MCA were up to date. People were appropriately supported to take their prescribed medicines

There were sufficient numbers of staff employed at the service to support the people living in their home. The staffing rota was clear with regard to which staff were working. The registered manager and staff on duty were cooking the meals for people either in a group setting or on a one to one basis.

The recruitment process for the employment of staff was clear and safe procedures were followed.

People were encouraged to attend appointments with health care professionals to maintain their health and well-being.

Part of the service was being refurbished and people informed us that they had been involved with choosing colours and some people enjoyed supporting the maintenance staff with the decorating of their home under supervision.

There were meaningful and caring relationships between the people using the service and the staff that supported them. People were encouraged to be as independent as possible by a staff team who knew them extremely well.

Staff supported people throughout the day within the service which had been designed to provide areas of interest through gardening, playing music and games and caring for pets.. All people had social calendars of events to attend in the local area and some people attended education courses,

The service had a complaints system and also recorded compliments. The service worked with other professionals providing multi-agency support to enable people to stay in their own home as long as they wished.

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 to people's well-being were assessed and plans were in place to minimise the risks.

There were sufficient staff to meet people's needs and there was a robust recruitment process in place.

Medicines were administered safely

Is the service effective?

Good ●

The service was effective.

People's capacity to consent to care and treatment was assessed and recorded to determine people's level of understanding in accordance with the MCA.

People's dietary needs were assessed and people had access to on going healthcare support

The service accommodation was being refurbished at the time of the inspection.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by staff that knew them well.

Staff were understanding, attentive and caring in their interactions with people.

People's independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their

needs.

There was a complaints and compliments process in place which took into account people's feedback and put things right where necessary.

People were given the opportunity to participate in activities to enhance their well being.

Is the service well-led?

The service was not consistently well-led.

Quality assurance systems had not been fully implemented and audits were not always completed to assess the quality of the service.

The management team continued to welcome support from outside agencies to improve the care offered and increase staff knowledge.

The service provided an open culture and people and their relatives were asked for their views about the service.

Requires Improvement ●

Royal Avenue

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 unannounced inspection took place on 20 September 2018 and was undertaken by one inspector.

Prior to the inspection, we reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

Before the inspection, the provider to 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.

During our inspection, we looked at the care records of four people, recruitment records of three staff members and records relating to the management of the service and quality monitoring. We also looked at staffing rotas and other documents regarding the running of the service including medicine records and records relating to people's consent to the care and support they received. We spoke with five people living at the service and two relatives. We observed the staff interactions with the people at the service. We spoke with the registered manager, deputy manager, a senior carer and two other members of staff.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the service has improved to 'good'.

At our last inspection of 13 October 2016, we identified improvements were needed to improve the medicines procedures. Also there was limited information on how to manage any risks to people living at the service to help to keep them safe.

At this inspection of 20 September 2018, we found the administration and management of medicines had improved. This was because the staff we spoke with were knowledgeable about people's medicines with regard to why they had been prescribed and possible side-effects of the medicines. We saw medicines were administered individually and staff completed the medication administration record (MAR) chart after each administration.

When 'as required' (PRN) medicines are prescribed, there was clear guidance on what each medicine is for, when it should be given and how often and any proactive strategies to use prior to using the medicine. This guidance was in place for the PRN medicines that were being administered.

The MAR charts contained information about allergies and any diagnosed illness. This information was clearly recorded and available for the staff to share with other professionals regarding new prescribed medicines. There was a clear up to date photograph of the person on their MAR chart. The medicines were stored safely and there was a clear procedure for ordering and returning any unrequired medicines to the pharmacy.

At this inspection we found that the necessary improvements had been made to people's care plans regarding managing risks. Detailed risk assessments were now in place within people's care plans. Information was clearly recorded about how staff were required to support people. One person told us, "I am safe here because the staff know me and are kind." Another person told us, "This is my home and the manager speaks with me everyday." A relative told us that they believed that people were safe and protected at Royal Avenue.

The service had a policy and procedure for the safeguarding of people. Staff told us they had received training in protecting adults from abuse. Staff understood the different types of abuse and knew how to recognise them and were able to tell us what action they would take if any form of abuse was suspected. Care staff informed us that they would report any allegations of concern to the registered manager, but could also contact the local authority or Care Quality Commission (CQC). We were therefore satisfied that procedures were in place to protect people from the risk of abuse or avoidable harm.

Each person living at the service had a personal emergency evaluation plan. The plans advised staff how to support people to evaluate the building in times of emergency and how to support them with regard to their individual needs. We saw records which confirmed the registered manager and senior staff worked with the

maintenance staff to carry out fire safety checks.

The staffing rotas had been clearly written and staff were allocated through a keyworker system to spend time with each person using the service. Staff informed us of the shifts they had worked and this was in agreement with the rota. The registered manager told us how much they enjoyed working on a one to one basis with people which enabled them to continue to determine how many staff were needed to support people. The deputy manager informed us they supported the registered manager with many managerial activities. This included assessing how many staff were needed to be on duty and then arranging this with the staff. A member of staff told us, "This is the best place I have ever worked for ensuring there are enough staff on duty to help people." Throughout our inspection the atmosphere was relaxed and we saw staff engaged with people on a one to one basis and also working and playing games in small groups with the people living at the service.

Records showed that full recruitment checks were completed on new staff before they were employed by the service. The deputy manager informed us about the recruitment process including questions asked of candidates regarding their caring and empathetic qualities. We checked recruitment records to verify this information and saw completed application forms with no gaps in the persons employment history. References and disclosure and barring service (DBS) checks had been completed prior to them commencing work at the service. DBS checks verified whether applicants have any criminal records and whether they are barred from working in care services.

There were cleaning schedules of the communal areas and we saw staff had signed to confirm the cleaning had been carried out. People using the service informed us that the staff helped them with the cleaning of their individual rooms. Staff had knowledge regarding infection control and equipment was available such as cleaning materials, aprons and gloves. Staff had received training in this subject. One person told us, "I help the staff with the cleaning." They explained to us how they swept the stair carpet as they considered this was easier than trying to operate a vacuum cleaner in that area.

The registered manager had implemented a system to learn lessons of how to improve and develop the service by allocating senior staff certain responsibilities, these included health and safety, fire safety, care planning, medicines and maintenance. We saw that external contractors carried out annual health and safety checks, which ensured that all necessary checks such as gas checks, fire checks and electrical checks were carried out and maintained to keep the premises safe.

Systems were in place to report concerns to appropriate organisations for information and advice. The registered managers sought to speak with relatives on a regular basis to determine if they had any concerns about people's well-being and on one occasion this had led to the review of a person's one to one care for particular activities known to be of benefit to them.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the service has improved to 'good'.

At the last inspection of 13 October 2016 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent. We identified that improvements were required to ensure that the Mental Capacity Act 2005 (MCA) was appropriately implemented. There was no organisational policy in the service covering the MCA and DoLS (Deprivation of Liberty Safeguards).

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 of 30 September 2018 we saw that action has been taken and there was no breach of the above regulation. The registered manager had sought additional training for the staff with regard to the MCA. All of the staff we spoke with confirmed that knowledge and staff confidence had grown in this area particularly with the recording of the information. The information in people's care plans showed consideration had been given regarding people's capacity to give consent to their care. Staff were able to inform us about how they gained people's consent. We saw that a best interests meeting had been arranged for one person. This was in relation to determining how best for the staff to support the person.

People's individual needs were assessed and their choices recorded about how their care was to be provided. There was a section in people's care plans to record their assessed needs. Some people required assistance with many daily living tasks while other people had no physical needs but were supported with their psychological and emotional needs. The care plans were person-centred to reflect those needs. Staff had engaged with people to discuss their choices about how they wished to spend their time and support required to meet those needs had been recorded. One person told us, "I have a care plan and the staff write things down when we speak about what we are going to do."

Members of staff told us that they had access to training as part of the induction process when joining the service. We saw in the annual training matrix, that training was planned but not always delivered. Staff told us that they had received some training and were not concerned that there was insufficient training but were not clear upon what training they should do and how frequently this needed to be achieved. The senior

staff planned to address the training program so that all staff were clear upon the training the senior staff wished them to attend,

Staff had a yearly appraisal planned and considered they received regular on the spot supervision and support from senior staff as required. We saw that supervision was planned with staff but had not always been carried out and the knock on effect was that the next session had not been planned. Some formal arranged supervision sessions had taken place and staff informed us that they enjoyed these sessions and found them helpful.

We saw that people were provided with well-balanced and nutritious diets. One person told us, "We go shopping to buy the food we want to eat for lunch." The registered manager told us that they liked to help people to cook and prepare fresh food every day. People's likes and dislikes were taken into consideration. Regular menus were planned and were varied providing meals to meet individual needs. People told us they enjoyed cooking and we saw that meal preparation were times when staff worked closely with individuals in a relaxed and friendly environment.

We observed during the morning some people had worked with staff at preparing their lunch. They informed us that they picked a different meal each day of their choice. Another person told us. "There is lots of different drinks here."

The service had very good links with community health care professionals such as epilepsy nurse's, psychiatrists, GP's and district nurses. All of these professionals had been consulted and involved with the support of people at various times and for specific needs. We saw various examples of the continued work the staff had done in improving people's complex and emotional health care needs. A relative told us, "The staff had done extremely well, [my relative] is so much more confident now than they were before coming to Royal Avenue."

At the time of our inspection we saw painting and refurbishment in operation. One person told us, "I helped pick the colour of the paint." Another person told us how they regularly worked with the maintenance staff and enjoyed helping them to test the fire alarms. Other areas of the service that had been recently decorated. The garden had different areas for growing vegetables, large areas for playing games, some building for various activities and also a garden of remembrance.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have rated that the service remains 'good'.

We saw positive relationships between people and staff. One person was talking with a member of staff about what they were going to do that afternoon. The staff member engaged in a friendly and joking chat with the person demonstrating empathy while giving reassurance.

The staff knew people well, and people appeared relaxed in their company enjoying jokes and talking about the music which had been played prior to lunch. We observed kind and respectful interactions where people were given time to express themselves fully. Members of staff were responsive to requests for support and provided sensitive reassurance. One person told us, "The staff are caring, they always want to help you and check how you are." Another person told us, "I like it here because the staff are fun to be with."

The staff supported people to express their views. After lunch staff asked individuals what they wished to do, some people wanted to watch television, others wished to lay down for a nap and others wanted to take part in the afternoon activities. We observed people being supported to take part in a craft session which involved painting. Later in the afternoon staff offered people a choice of drinks and asked if they were hungry and offered biscuits. We saw staff taking time to talk with people to listen to their views and check upon how they were.

People's care plans provided detailed information in regards to people's likes, dislikes, their interests and hobbies. A member of staff told us, "We suggest new things to people such as shopping, swimming, somewhere new to eat or the cinema, but it is always their choice."

People were supported to gain and maintain their independence in line with their assessed needs and skills at that time. We observed that staff continuously encouraged people to do things on their own or with as much staff support as needed. This was always followed with praise when the person had accomplished the task. Some people enjoyed going to a Thursday night club in the evening of our inspection. One person explained to us that they wanted to change into different clothes for the club and what they intended to do at the club. They enjoyed the company of the staff that walked to the club with them, stayed to support them and then returned with them to the service.

A member of staff informed us that people were involved with references to their abilities and needs to select clothing of their choice. All people we spoke with told us that they could have a bath or shower when they wished and staff supported them as necessary.

Staffing rotas were arranged so that staff could support people at appropriate times with regard to their care needs. This meant that not all staff commenced at the same time but were informed of any changes to people's needs from communication books and handovers from existing staff on duty. Within each accommodation with people's permission, staff photographs were displayed at the day and time they were on duty on a rota board. Staff told us that they had time to support people and record information in

people's care plans.

We saw that people's privacy and dignity was respected. A member of staff told us, "I will always knock and close the door and curtains when I provide personal care to maintain the person's dignity." People were treated with dignity, we heard a member of staff discussing plans with a person and they listened carefully to their views. The staff member used regular eye-contact and sat closely with the person supporting them with smiles and encouragement. The conversation used open questions rather than yes or no answers so that the person was able to express themselves and plan the afternoon and evening activities with the member of staff.

The current staff team comprised of some new members of staff alongside some long-standing experienced colleagues. The registered managers tried to ensure that the same staff worked with the same people to get to know them well and could introduce new staff to work with them at times of change. All of the people we spoke with told us they knew the staff.

Staff had a good understanding of the importance of confidentiality. Care records were kept securely in each of the service accommodations when the person lived in a lockable cabinet or behind a locked door.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have rated that the service has improved to 'good'.

At our last inspection of 13 October 2016, we identified the management team had implemented systems which enabled people to complain or comment about the service. However, actions taken to resolve concerns were not formally recorded.

At this inspection of 20 September 2018, we found the service had a clear policy and procedure for the recording of complaints and compliments. Complaints were clearly noted and the actions taken to resolve the complaints were recorded. All of the people we spoke with informed us that they liked the service and were confident that the staff would resolve any problems as they arose or were reported to them. One person told us, "I have no complaints, no nothing with which I can find fault." Another person told us, "I have talked to the staff in the past and would do again if I had to, but things have been good for a long time now." Another person told us, "The manager is great I can tell her anything and she would sort anything out."

This was confirmed by the relatives we spoke with. All of the staff told us that they would try to resolve any problems as they arose but would inform the manager if they were unable to do so and support the person to record the complaint. We saw that the service had received compliments in the form of thank you cards and letters.

People at the service had a vast range of abilities which they continued to develop. Some people had lived at the service for many years while other people were intending to move on to less supported accommodation as had some of their friends who had lived previously at this service. The registered manager was mindful to ensure the care plans supported people with regard to their abilities and plans for the future. The care plans were developed from an individual assessment of need to determine the personalised support required. The staff worked with people to determine and help people fulfil their own individual goals. Some people took an active part in using and working in the local community. Other people were supported to visit the local amenities and spent much of their time being supported by staff at the service.

The senior staff were aware that many of the people at the service had been supported by family members for considerable periods of time prior to them coming to the service. They strove to support the person to maintain those contacts and encouraged the relatives with the consent and support of each individual to be as actively involved as possible.

The care plans were person-centred. People's life histories had been recorded within their care plans and the staff we spoke with had a detailed knowledge of the people living at the service. The care plans clearly recorded people's needs and what the staff were to do to support them and the expected outcome. The staff we spoke with had a very good understanding of people's needs. They had time to read the care plans and contribute important information to them.

At the time of the inspection nobody was receiving end of life care. The staff had worked sensitively with people, relatives and other professionals to plan for future events taking into account people's wishes. These had been recorded and were to be reviewed at each planned review.

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the service still 'requires improvement'.

At our last inspection of 13 October 2016, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance. We identified that improvements were needed because the registered manager and senior team were not ensuring that there were robust systems in place to check that the quality of care provided was safe and of a consistently good quality.

At this inspection of 20 September 2018, there were no breaches of the above regulations. We discussed with the registered manager and deputy manager that although quality assurance systems had been implemented. The management team were not as yet fully implementing quality assurance and fully analysing information to give them effective oversight, or using the information as an opportunity to implement change. For example, the training matrix was not up to date and not all staff had received planned supervision. People's care plans were reviewed but the review process had not identified for those people with a specific diagnosis what actions the staff would take when they were unwell. The risks were reduced as the staff regularly worked at the service, knew people well and were aware of the actions to take to keep people safe.

The service had some audits but did not have a robust quality management processes. The audits were not always planned in advance but action was taken in response to a situation. There had been improvements to the auditing of medicines and cleaning and there was now clarity with the recording of people giving their consent. The registered manager and deputy manager informed us that they would continue with the improvements in these areas and address the issues of planned supervision, staff training and updating the care plans.

We received mixed feedback regarding the support that staff received. Formal supervision was not always held and although staff meetings took place, these were infrequent. Supervision is an opportunity for the staff member and managers to meet and discuss performance and areas for improvement.

There was an open culture at the service. The service had been transparent about the last and previous inspections by the CQC and had sought advice and support from other professionals and services to improve the service. A member of staff told us, "The manager is approachable and very helpful and always wants the best for the people here."

Feedback viewed from relatives was positive and staff spoke highly of the registered manager. One relative told us, "The manager is so approachable and always helpful." Another relative told us, "[My relative] really likes it there and the best compliment I can give is that it is another home and family for them." A member of staff told us, "The deputy manager is very good and I have confidence in the manager, very supportive and understanding."

The service staff worked in line with the values that underpin the Registering the Right Support and other best practice guidance. People told us their choices were respected with regard to the way they lived their life's and felt included in the decision making in their home.

The provider has a legal duty to inform the CQC about changes or events that occur at the service. They do this by sending us notifications. We had received notifications from the provider when required. Feedback received from staff, relatives, health care professionals and people at the service was positive and any comments made to improve the quality of care had been considered and included in the action plan and actions had been taken. This included people being consulted and involved in the choices of decorating at the service. Repairs were carried out in a timely way and the service staff were involved in annual maintenance planning. This ensured that repairs had been dealt with swiftly and any work to improve the environment had been carried out in a timely manner.

The staff worked in partnership with other professionals. We saw that when concerns were noted the staff had immediately contacted other professionals for their support and advice with regard to the well-being of the person.