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The Avenue

Inspection report

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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?

Outstanding



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection visit took place on the 18th December 2014 and this was unannounced.

We last inspected the service on 17th December 2013 and we found that the service was meeting the requirements of the regulations at that time.

The Avenue provides care and support for up to three people who have a learning disability. The home does not provide nursing care. There were currently two people living at the home who have been there since it opened

eighteen years ago. All but two of the staff team have also worked at the home for over ten years. The home is in the suburbs of Darlington and close to public transport and shops.

There is 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.

Summary of findings

There were policies and procedures in place in relation to the Mental Capacity Act 2005 and Deprivations of Liberty Safeguards (DoLS). The registered manager had the appropriate knowledge to know when an application should be made and how to submit one. This meant people were safeguarded.

We saw that staff were recruited safely and were given appropriate training before they commenced employment. Staff had also received more specific training in managing the needs of people using the service such as epilepsy and palliative care. There were sufficient staff on duty to meet the needs of the people and the staff team were very supportive of the manager and of each other. Staff had been employed at the home for a long time at this home ensuring a stable staff team. Medicines were stored and administered in a safe manner.

There was a regular programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify their personal and professional development. Staff told us they felt very supported by the management of the home.

We saw people's care plans were person centred and were derived from thorough assessments. The home had developed easy read care plans to help people be involved in how they wanted their care and support to be delivered. We saw people being given choices and encouraged to take part in all aspects of day to day life at the home, from going to the cinema to helping make drinks. One person who was in the process of transitioning to the home had an excellent transition plan in place.

The caring nature of staff and the registered manager were highlighted by the comments and feedback we received and saw from visitors, relatives and healthcare professionals following the death of one person who lived at The Avenue. Staff were committed to providing this person with one to one support throughout their time in hospital and advocated on behalf of the person to bring them home to receive palliative care with the support of other agencies. This person was thought of as part of the family at The Avenue and the dedication of staff to meet their wishes at the end of life whilst supporting other people at the home sensitively and with dignity was highly commended.

The service encouraged people to maintain their independence and people were supported to be involved in the local community as much as possible using public transport and accessing regular facilities such as the local G.P, shops and leisure facilities.

The service undertook regular questionnaires not only with people who lived at the home and their family but also with visiting professionals. The comments made by healthcare professionals who worked with the home following the illness and passing away of one person who lived at The Avenue were excellent. We also saw a regular programme of staff meetings where issues were shared and raised. The service had an easy read complaints procedure and staff told us how they could recognise if someone was unhappy. This showed the service listened to the views of people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Staff were recruited safely and given training to meet the needs of the people living at the home.

Staff knew how to recognise and report abuse. Staffing levels were good and were built around the needs of the people using the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Good



Is the service effective?

This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported. People had photograph menus to help them make choices.

Staff received regular and worthwhile supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties Safeguards (DoLS) and they understood their responsibilities.

Good



Is the service caring?

This service was caring.

The home demonstrated excellent support and care in a range of challenging situations.

It was clear from our observations and from speaking with staff they had an excellent understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



Is the service responsive?

This service was responsive.

People's care plans were written from the point of view of the person receiving the service. Plans described how people wanted to be communicated with and supported using easy read language and photographs that were individualised to each person.

The service provided a choice of activities based on individual need and people had one to one time with staff to access community activities of their choice

There was a clear complaints procedure in easy read format and staff, visitors and relatives all stated the registered manager and all staff were approachable and would listen and act on any concerns.

Good



Summary of findings

Is the service well-led?

This service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Staff and relatives and visitors all said they could raise any issues with the registered manager.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

The registered manager led by example and created a caring environment where people could fulfil their potential and be a part of a "family" unit.

Outstanding



The 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.

The inspection visit took place on 18th December 2014. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager provided this to CQC and it was used to help plan this inspection.

We also reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

At our visit to the service we focussed spending time with people who lived at the service and their visitors, speaking with staff and observing how people were cared for. We also looked at the care records for two people to see if information recorded matched with the care needs that staff told us about.

During our inspection we spent time with two people who lived at the service who did not have verbal communication, one visitor, one relative, two care staff, the service manager and the registered manager. We observed care and support in communal areas. We also looked at records that related to how the service was managed and looked around all areas of the home including people's bedrooms with their permission.

As part of the inspection process we also reviewed information received from the local authority who commissioned the service. Prior to the inspection we spoke with one member of the contracts team within the local authority who raised no concerns about the service.

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. One visiting relative told us; “I know my relative is safe and happy here.”

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. The staff we spoke with told us they were aware of who to contact at their local safeguarding authority to make referrals or to obtain advice. One staff member said; “I’d report it straight away, I know the number for the local safeguarding office”. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff also told us how they dealt with emergencies such as fire or a medical emergency and they had received training so that “Everyone was as safe as possible.”

An infection control audit had been carried out by the home in December 2014 and policies were also reviewed at this time. We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. One staff member told us; “I am the infection control champion and I go to the local forum meetings and bring information back to the home.”

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility in each person’s bedroom where the temperature was monitored daily to ensure medicines were stored correctly. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. One staff member said; “Everyone is monitored until they feel comfortable with meds and we are all trained to NVQ 3 medicines level.” Policies were in place for the control of medicines and these were very specific including a policy for each person at the service in terms of how they needed support for the administration medicines. An accompanying risk assessment was also in place.

We saw the home had worked with the local GP practice to draft protocols for all homely remedies used in the home to ensure staff were clear about when and how they should be administered. As part of the competency checking of staff in administering medicines, staff were observed for how well they communicated with people. We saw on one direct observation record that a staff member asked for clarity about an antibiotic drug that had been prescribed. This was to ensure they knew what the new medicine was for, the dosage and time it needed to be administered. This showed that staff checked and queried if there were unsure about any medicine administration. There was also clear guidance in place for “as and when required” medication so that staff knew when and how much medicines to give.

We were told that staff were rostered to work according to the needs of the people living at the home and the staff rotas showed that more staff were on duty during the day to enable people to access community activities. The staff team at the service were long standing with all but two staff knowing the people who lived at the service for over 10 years. This meant that people knew who would be supporting them.

We saw that recruitment processes and relevant checks had been carried out to ensure staff were suitable to work at the service. Most of the staff had worked at the home for over ten years, including the registered manager who had been at the home since it opened. We saw that Disclosure and Barring checks had been carried out to ensure people were suitable to work with vulnerable adults. These checks were carried out for any new employees and also on a three yearly basis for established staff members. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

Is the service safe?

The home had an induction checklist in place which included an induction to the home and the Skills for Care formal induction programme. The home induction included several direct observations and recording about how the new staff member communicated with people and ensured they provided choices to people they were supporting. There was also a more detailed supervision programme in place for new staff. We spoke with one new staff member who joined the service earlier this year. They explained they had received six supervision sessions since June 2014 and these were on specific topics such as safeguarding or dealing with emergencies.

Risk assessments had been completed for areas such as risks associated with going out into the community such as shopping or going to the cinema. The registered manager explained that “positive risk” was in place so that staff and people were supported by policies and procedures so people could access the community and live a fulfilling

lifestyle. The risk assessments we saw had been signed to confirm they had been reviewed. The home also had an environmental risk assessment that had been reviewed in October 2014 and was updated every three months. The service manager explained the home had achieved the “Contractors Health and Safety Scheme” accreditation in 2014 which meant that the service completely reviewed all its policies and procedures in relation to health and safety in the home and this was assessed by the accrediting body. We saw that temperatures were monitored daily within all rooms of the home.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the home tested the water for legionella, the boiler had been serviced and portable appliance testing had been carried out in 2014.

Is the service effective?

Our findings

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there were two people using the service who needed an authorisation in place. We saw an assessment tool was in place to make individual judgements on mental capacity. We saw evidence of authorisations and of review dates having been agreed. We spoke with the service manager about best interest decisions. They told us they had a specific positive risk policy and risk assessments were recorded using this procedure and the service was looking at setting up best interest meetings in relation to people and the administration of their medicines and the management of their finances. Staff were able to explain the DoLS process to us and said they had received training to ensure they understood the implications for people. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

All staff had an annual appraisal in place. We saw for one newly recruited staff that the registered manager had postponed the usual appraisal date so they could have more time to work with their new objectives. This showed that the home tailored staff support to meet the individual's needs.

Staff told us they received supervision on a monthly basis and records we viewed confirmed this. There was a planner in place showing all the dates when staff were booked in to have supervision sessions over the next 12 months.

We viewed the staff training records and saw the majority of staff were up to date with their statutory training requirements. We looked at the training records of two staff members which showed in the last 12 months they had received training in food hygiene, fire, safeguarding, infection control, equality and diversity, health and safety, dementia awareness, epilepsy, Deprivation of Liberty Safeguards and the Mental Capacity Act amongst others. One new member of staff told us; "I had a six day induction when I started at the home and it helped me massively as I hadn't worked in care before." And "The staff here all helped me, they were really supportive." Another staff

member told us; "I have just completed Dementia training at the local college, it was brilliant, the trainer really made you understand how it is from the perspective of someone with dementia." We saw that staff were all supported to undertake National Vocational Level training and all staff had achieved Level 2 as a minimum or were working towards their relevant awards. One staff member said; "Everyone had got good training and they all know their roles well."

Staff told us they met together on a regular basis and we saw minutes from monthly staff meetings to show that items such as day to day running of the home, training, activity planning and any health and safety issues were discussed. Staff told us; "The managers offer any support you need," and "We have a standard agenda that always includes health and safety but we always talk about how we can improve."

Each person had a keyworker at the home who helped them maintain their care plan, liaise with relatives and friends and support the person to attend activities of their choice. We saw keyworkers undertook a monthly report with the person and one staff member told us this was to "Make sure that any changes however small are recorded and that people are happy with the care, support and activities they have been doing."

The home had a domestic kitchen and dining area. The menus showed a hot meal was available twice a day and there were choices at all mealtimes. We saw that menus had been developed using photographs and symbols to help people recognise the choices they could make.

The menu was planned with the staff team and people living at the home and as well as planning and cooking, everyone also helped with the food shopping. One person had specific dietary needs for diabetes and we saw that this was catered for in the menus and was detailed within their care plan. Staff also told us that adapted plates and cutlery were also in place for people, as well as telling us about people's likes and dislikes.

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. Each person had their own diary containing what they had eaten and drunk during the day. This meant that people's nutritional and hydration needs were being monitored. The staff team had training in basic food hygiene and in

Is the service effective?

nutrition and health and we saw that the kitchen was clean and tidy and food was appropriately checked and stored. We also saw staff wearing personal protective equipment and dealing with food in a safe manner.

The registered manager told us that district nurses, dieticians and speech and language therapists visited and supported people who used the service regularly. We saw records of such visits to confirm that this was the case.

The registered manager told us that all people who used the service were registered with the same doctor. We were told that the GP practice was very supportive. We were told that the district nurse team visited the service regularly to provide healthcare support to one person. Comments from the district nurse team included; "The staff really care about the clients and are very polite and respectful to both the clients and our team who visit twice daily." Another nurse stated; "It's a lovely place to visit, they are always doing activities and going on days out. The staff are lovely and know residents very well."

People were supported to have annual health checks and were accompanied by staff to hospital appointments. We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and speech and language therapist. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

We spoke with one relative who visited the service regularly and said they were; "Glad that my relative is here," and "If there are any problems, they would ring me straight away." We also met with a friend who was visiting the service and who said they were always made welcome by all the staff at the home.

The home had an ongoing programme in relation to maintaining the environment. We saw that in the previous 12 months the home had replaced carpets, replaced flat roofs to the exterior of the property and decorated the bathroom. One person had also been assisted to move into a bedroom on the ground floor of the property because of increasing mobility issues.



Is the service caring?

Our findings

People who used the service had complex needs and difficulty with communication so they had little or no verbal communication. We looked at the care plans of two people which described their body language when they were happy or unhappy. We saw them interacting with staff and laughing and smiling with them just as it stated within their care plan. Staff told us; “We know people so well, that we can tell straight away if their behaviour changes that something is wrong.” When one person’s relative arrived they became very excited and staff supported them to get their coat as they were going out for a drive together.

Care plans covered areas such as medicines, keeping people safe, nutrition, personal hygiene and accessing the community and were written in clear language from the point of view of the person in an accessible format. Each person had a copy of their plan in an easy read pictorial format and this was reviewed with them each month by their keyworker who evaluated it with the person to ensure they were happy with the care and support provided.

The registered manager told us they were planning to introduce care co-ordination meetings in 2015 to replace the monthly care planning review system and annual review process. They told us these meetings would happen quarterly and would ensure that professionals and the person came together and would review what was going well and where any additional support was needed. This showed the service had an improvement plan in place to improve the quality of the service people experienced.

We asked staff how they would support someone’s privacy and dignity. They told us about ensuring people’s doors were closed if they were providing personal care and about covering people’s modesty.

Staff demonstrated they knew people well. Talking to staff, they told us about the two people currently living at the service and how they knew if they were happy, sad or upset and how they immediately took action to ensure people’s wellbeing was good. For example, one person didn’t like sad music on the television or radio so staff immediately took action to turn over the channel or turn the volume

down to avoid distress to this person. One new staff member said; “I’ve picked lots of things up not just from the care plans and talking to other staff but by being observant. You can ask any staff here a question.” One staff member told us how one person loved Match of the Day and they always ensured that if football was on the television then they were able to watch and enjoy this either in the lounge or in their own bedroom.

Posters were on display at the home about advocacy services that were available and staff told us that advocates would be sought if anyone felt this was required.

Staff and people using the service were saddened by the recent death of one of the people who lived at the service. This person’s illness and death highlighted the care, dedication and support of staff at The Avenue. The registered manager and the team of staff maintained a presence 24 hours a day at the hospital for three weeks and the person returned home only for 6 days before they were re-admitted to hospital. Again staff kept a vigil all the time assisting the hospital staff and this person who exhibited some very challenging behaviour to support the Intensive Care Unit staff at the local hospital. They undertook to do this whilst still caring for the two other people who remained at home at The Avenue.

A letter from the Senior Sister at Critical Care at the local hospital stated: “There was one night when the manager of the home sang to him all night to settle him down and that did bring a tear to my eye” and “He went home and passed away in the familiar place he loved surrounded by a wonderful team who genuinely loved him. I cannot speak more highly of the outstanding team at The Avenue and the excellent compassionate team work we witnessed”.

Another letter from this person’s family said; “I feel that X never lived in a care home; he lived in his house with people there to help him. We will never forget what you did for him.”

Another letter from one of his friends stated; “The care they were given was second to none, they were looked after with great dignity. You gave him what he wanted and that was to go home and die a dignified death.”

Is the service responsive?

Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service's quality assurance procedure that the registered manager sought the views of people using the service on a regular basis and this was recorded. This included people living at The Avenue as well as relatives and visitors. The complaints policy also referred to external agencies which people could use if they preferred. This information was also supplied to people who used the service using symbols and an easy read format. Staff told us how they knew if service users were unhappy by their expression and behaviour as they knew people so well.

Staff told us that; "Care plans tell us a lot." We saw that care plans were very person centred; this meant they were written from the point of view of the person. Both plans we looked at contained a one page profile, and these were also in place for all staff who worked at the service. One page profiles are a short introduction to a person which informs staff members of what they need to know or do to support that person. There was also a 24 hour care plan which gave a clear description of each person's routines throughout the day such as; "I like to put my pyjamas on when I'm in the house as this makes me feel comfortable." Each plan stated who was involved in developing it including the person, staff and family members. There was a detailed communication section that gave someone's communication strengths, what was important to them, what support the person needed and the outcome and areas for development that the home was supporting the person to achieve.

One staff member told us; "Even though people can't verbally communicate they can still indicate what they like and dislike and we always make sure that we give people choices about food or what to wear." Each person's bedroom was highly personalised with keyworkers supporting people to decorate and furnish their room according to their needs and wishes.

Staff told us that activities were based around people's needs and likes as well as encouraging people to be involved in the day to day running of the home such as food shopping. We saw that activities were decided with the person and included going to a weekly cinema morning as well as weekend and evening events. People were supported to spend time with their family and friends and one visiting relative told us they "were amazed" by how much people got out and were part of the community. Staff also told us; "We can be out all week but we also do things at home like foot massage and arts and crafts." We saw how people had worked on a huge Christmas decoration that was on the wall in the kitchen.

The registered manager told us they were in the process of transitioning a new person to live at The Avenue. The manager was approached by a family who were looking at placing their relative into long term care. The family knew the home and staff through activities such as the Gateway club, an evening activity centre for people with learning disabilities that their relative and people from The Avenue attended. The staff visited the family at their home and spent time talking with them and learning about the person. The manager also met with the day services staff where this person attended, again to learn more about them and to help decide if The Avenue would be the right place for this person to live. Staff told us the person visited for tea and the person's family also visited The Avenue before they tried an overnight stay. The home had developed a transition plan which recorded on a scoring system whether the person had enjoyed activities and food during their short stays so that this could be built into their care plan. The home also told us they had shadowed the person with their relative when they were out in town shopping to look at how well the person coped with community access. Staff told us; "We have done everything to find out what the person likes and dislikes and we have written their assessment and care plan with his family to make sure we make this move as successful as possible." This showed the service worked with families and other professionals to ensure a smooth and successful transition into the service.

Is the service well-led?

Our findings

The home had a registered manager. The registered manager had been at the home since it opened over 20 years ago and was regularly at the service on a day to day basis. Staff, relatives and visitors we spoke with during the inspection spoke very highly of the registered manager. One staff member said, “They are excellent, they set us such an example for how to care and support people, they are a truly wonderful person.”

We were told of how the registered manager had spent long hours at the hospital providing support day and night when one person was extremely ill and then advocated on behalf of the person to ensure that they could return home for palliative care because that was their wish. Other staff at the home including the service manager also spent long hours at the hospital to ensure this person wasn’t left alone as they knew they would be anxious and would become challenging to hospital staff. The staff team said; “We all pulled together when the person was in hospital, the nurses were excellent to us.”

A visitor who was a good friend of the person who had died had called in during the course of the inspection and we spoke with them as they had a drink and chatted with staff and people who lived at The Avenue. They told us they often called in to the home and they became very emotional as they told us how the registered manager and staff team had ensured that their friend’s “every wish was granted.”

The registered manager told us about their values which were communicated to staff. They told us how they worked with all staff to ensure that people who used the service were treated as individuals. The registered manager was very focussed on people having the choices and opportunities to live life as any ordinary person who was not in a care home and the feedback from staff and relatives confirmed this was the case. Staff told us; “The registered manager has a passion for caring for people and encourages us to make everyone live a normal day like anyone in the community.” We saw that the registered manager led by example. Staff told us that they utilised local community facilities such as shops, the cinema and leisure facilities and used public transport with people regularly. The registered manager told us that following the

death of one of the people who used the service earlier in the year, neighbours, friends, and district nurses all attended the funeral as the home was very much part of the local community.

The staff we spoke with said they felt the registered manager and service manager were very supportive and approachable. One staff member said; “If you have a problem you can bring it up easily.”

Staff told us that morale and the atmosphere in the home was excellent and that they were kept informed about matters that affected the service. One staff member said; “It’s great working here, it’s like being part of a family.” Two staff both said they could not think of anything they could improve or change about the service. They told us that staff meetings took place regularly and that were encouraged to share their views and to put forwards any improvements they thought the service could make. We saw records of staff meetings which had taken place monthly in 2014 and issues discussed included health and safety, infection control, training and services changes and development. This showed that staff were involved in the running of the service.

The home carried out a wide range of audits as part of its quality programme. The service manager explained how on a monthly basis they carried out an audit that covered the environment, health and safety, care plans, accident and incident reporting as well as how the home was managed. This looked at whether house meetings, supervisions and training were up to date and whether any complaints or concerns had been received. Additional checks also took place on medicines and infection control with any actions clearly identified and dated so they could be addressed.

We saw that the staff had regular meetings with people who used the service to seek their views and ensure that the service was run in their best interests. The home also sought feedback from relatives and a wide range of professionals with whom the service had regular contact. The surveys used were in an easy read format and talked about whether the service was person centred, as well as questions about the friendliness and professionalism of the staff as well as the cleanliness and presentation of the home.

During 2014, the registered manager informed CQC promptly of any notifiable incidents that it was required to tell us about.

Is the service well-led?

The home had a business plan and improvement plan which we saw covered not only environmental changes such as replacing carpets and décor but also plans to improve care co-ordination and further improvements to

the person centred work the home had already undertaken. This showed the home continued to review how it provided its service and to improve it for people and for its employees.