Avenues London

Fen Grove

Inspection report

76 Fen Grove
Sidcup
Kent
DA15 8QQ

Website: www.avenuesgroup.org.uk

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14 February 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 14 February 2018 and was unannounced. 76 Fen Grove provides accommodation for people who require nursing or personal care for up to four adults who have a range of needs including learning disabilities. 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. At the time of the inspection the home was providing care and support to four people.

At our last inspection of this service on 29 December 2015 the service was rated Good. At this inspection we found the service remained Good. The home demonstrated they continued to meet the regulations and fundamental standards.

The service had 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.

Staff knew how to keep people safe. The service had clear procedures to support staff to recognise and respond to abuse. The registered manager and staff completed safeguarding training. Staff completed risk assessments for every person who used the service and they were up to date with detailed guidance for staff to reduce risks.

The service had an effective system to manage accidents and incidents, and to prevent them happening again. The provider carried out comprehensive background checks of staff before they started working and there were enough staff to support to people.

Medicines were managed appropriately and people were receiving their medicines as prescribed. Staff received medicines management training and their competency was checked. All medicines were stored safely. The service had arrangements to deal with emergencies and staff were aware of the provider's infection control procedures and they maintained the premises safely.

The provider trained staff to support people and meet their needs. The provider supported staff through regular supervision and appraisal.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible and the policies and systems in the service support this practice.

Staff assessed people's nutritional needs and supported them to maintain a balanced diet. Staff supported people to access the healthcare services they required, and monitored their healthcare appointments. The

registered manager and staff liaised with external health and social care professionals to meet people's needs.

People, and where appropriate their relatives were involved in the assessment, planning and review of their care. Staff considered people's choices, health and social care needs, and their general wellbeing.

Staff supported people in a way which was kind, caring, and respectful. Staff protected people's privacy and dignity.

The provider recognised people's need for stimulation and social interaction. People were supported to maintain relationships with people that mattered to them. People's needs were reviewed and monitored on a regular basis. The service had a clear policy and procedure about managing complaints. People knew how to complain and told us they would do so if necessary.

There were systems in place to monitor the quality of the service provided. People's views about the service were sought and considered through meetings and satisfaction surveys. Staff felt supported by the registered manager. The service worked effectively with health and social care professionals, and commissioners.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Fen Grove

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 14 February 2018 and was unannounced. One inspector and an expert by experience inspected. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted health and social care professionals involved in people's support, and the local authority safeguarding team for their feedback about the service. We used this information to help inform our inspection planning.

During our inspection we spent time observing the support being provided to people. We also spoke with one person and two relatives, two members of staff, one external healthcare professional, the registered manager and the area manager. We looked at two people's care records and four staff records. We also looked at records related to the management of the service such as the administration of medicines, accidents and incidents reports, Deprivation of Liberty Safeguards (DoLS) authorisations, health and safety records, and the provider's policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe and that staff and the registered manager treated them well. When asked what you think of it here, one person told us "nice" do you feel safe "yes". One relative said their [loved one] is safe.

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary. Staff we spoke with told us they completed safeguarding training and this was confirmed by the provider's training records. Staff were also aware of the provider's whistle-blowing procedure and they said they would use it if they needed to. The registered manager told us that there had not been any safeguarding concerns since our previous inspection in December 2015. This was confirmed by the local authority safeguarding team.

The provider completed risk assessments for every person. These included manual handling risks, bed rails, using a wheel chair, eating and drinking, bathroom, pressure care, and behaviour that challenges. Risk assessments were up to date with detailed guidance for staff to reduce risks. For example, we saw guidance in place from the Speech and Language Therapy (SALT) where people had been identified as being at risk of choking. We observed staff following this guidance and providing appropriate support to the person during a lunchtime meal in order to manage risk. We observed during the lunch time that people were getting the correct diet when needed. Records further confirmed that staff followed the prescribed guidance.

The service had a system to manage accidents and incidents to reduce the likelihood of them happening again. Records demonstrated that staff identified concerns, took actions to address concerns and referred to health and social care professionals when required. There was an up to date accident and incident policy in place. For example, records showed that one person was referred to healthcare professional for advice about managing their behaviour. We noted that their care plan had subsequently been updated to include further guidance for staff on how best to support them, and records showed that their behaviour was monitored at regular intervals.

There were enough staff on duty to help support people safely in a timely manner. The registered manager carried out a regular review of people's needs in order to determine staffing levels which met people's needs. Records showed that staffing levels were consistently maintained to meet the assessed needs of people. The registered manager told us if they needed extra support to help people, they arranged additional staff cover by using staff rota or a staffing agency.

The provider carried out comprehensive background checks of staff before they started work. These included checks on their qualifications and experience, as well as reviews of their employment histories, references, criminal records checks and proof of identification.

Staff supported people to take their medicines safely. One person told us, "Yes, they [staff] give me my

medicines." One relative said, "Definitely, they're [staff] spot on with that." Another relative commented, "Yes" staff give my [loved one's] medicines."

The provider had a policy and procedures which gave guidance to staff on their role in supporting people to manage their medicines safely. Medicines were securely stored and were only accessible to trained staff whose competency to administer medicines had been assessed. Staff monitored medicines cupboard temperature to ensure that medicines were stored within the safe temperature range. We observed staff providing people with appropriate support whilst administering medicines, for example by ensuring that they were positioned correctly and comfortably. Staff completed Medicines Administration Records (MAR) which were up to date and accurate when reviewed against the stocks of people's medicines. The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need to be administered routinely. PRN protocols gave an explanation of when medicines should be given, the signs to look out for in the person, which meant they would need the medicine, the required dosage and how often the dose should be repeated.

Staff kept the premises clean and safe. They were aware of the provider's infection control procedures. Bedrooms and communal areas were kept clean and tidy. We observed staff using personal protective equipment such as gloves, and aprons to prevent the spread of infection. Staff told us and we saw they washed hands before and after any procedure. They used protective materials like gloves and aprons when necessary. Staff and external agencies, where necessary, carried out safety checks for environmental and equipment hazards such as hoists, and safety of gas appliances.

The service had arrangements to deal with emergencies. Records confirmed that the service carried out regular fire drills. People had personal emergency evacuation plans (PEEPs) in place which gave guidance for staff and the emergency services on the support they would require to evacuate from the service. Staff received first aid and fire awareness training so that they could support people safely in an emergency.

Good

Is the service effective?

Our findings

People and their relatives told us they were satisfied with the way staff looked after them, and that staff were knowledgeable about their roles. One person told us, "Staff understand my needs and they are nice." One relative said, "My [loved one] needs a lot of help, staff are trained and my [loved one] is looked after well."

The provider trained staff to support people and meet their needs. The registered manager told us all staff completed mandatory training identified by the provider. The mandatory training covered areas from basic life support, food safety, health and safety, infection control to moving and handling and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us the training programmes enabled them to deliver the care and support people needed. The service provided refresher training to staff as and when they needed. Staff training records confirmed this.

Records showed the provider supported staff through regular supervision and appraisal. They included discussions about staff members' wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. Staff told us they felt supported and were able to approach the registered manager at any time for support. One member of staff told us, "Supervision and appraisal are helpful to air your concerns, and worries about service users. I feel I am listened to, I get the required training and I feel better equipped with skills."

The registered manager carried out assessment of each person to determine the level of support they required, which involved feedback from relatives, where appropriate. This information was used as the basis for developing personalised care plans to meet their individual needs. These assessments indicated their dietary requirements and their care and support needs. We saw that where speech and language therapist's advice had been sought for people with swallowing difficulties, there were eating and drinking support guidelines for staff to follow in place in their care files. People had access to specialist equipment enabling greater independence which met their physical, emotional and sensory needs. Equipment included hoists, slings, wheelchairs, adapted beds, cutlery and toys.

The Mental Capacity Act 2005 (MCA) provides 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 provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was aware of the DoLS and worked with the local authority to ensure the appropriate assessments were undertaken.

Where applications under DoLS had been authorised we found that the provider was complying with the conditions applied on the authorisations.

Staff asked for people's consent, where they had the capacity to consent to their care. Records were clear on people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them. Records showed that people's mental capacity had been assessed relating to specific decisions about the support they received where staff suspected they may not have capacity to make the decision for themselves. Assessments had been completed in accordance with the requirements of the MCA. Where people had been assessed as lacking capacity we saw that the relevant decision had been made in their best interests, with the involvement of staff, relatives and/or healthcare professionals, where appropriate. For example about having bed rails, staff administering medicines, and the use of moving and handling equipment.

Staff supported people with their nutritional needs. People and their relatives told us they had enough to eat and drink. One person told us, "I tell staff what I want and they get it. I have enough to eat and drink." One relative said, "Yes, my [loved one] likes food." Another relative commented, "Yes, there is enough food and drink." Staff recorded people's dietary needs in their care plan to ensure people received the right kind of diet in line with their preferences and needs, including any assistance required whilst using kitchen appliances. For example, we saw information available to staff on which people needed soft or blended diets, and food cut up into small manageable pieces.

People received appropriate support to eat and drink. Interactions between people and staff during a lunchtime meal were positive and the atmosphere was relaxed and not rushed. We observed staff providing support to people who needed help to eat and drink. They had meaningful conversations with people, and helped those who took their time and encouraged them to finish their meal.

Staff supported people to access healthcare services. One person told us, when I need to go to hospital, staff come with me. One relative said, when my [loved one's] needs changed they [staff] sought healthcare support.

The service had strong links and worked across with local healthcare professionals including a GP surgery, district nurses, Speech and Language Team (SALT), psychiatrist, and community learning disability team (CLDT). A member of staff told us, "We follow recommendations from the healthcare professionals including GP, SALT and CLDT." We saw the contact details of external healthcare professionals, specialist departments in the hospital, and their GP in every person's care record. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments. The staff attended healthcare appointments with people to support them where needed.

The service met people's needs by suitable adaptation and design of the premises. People's bedrooms were personalised and all had ceiling track hoists. The registered manager told us that the provider was in the process of planning to construct a separate bedroom, to meet the changing needs of a person. Until this had been carried out, interim arrangements were put in place.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and looked after them with respect. One person told us, "Staff look after me, they are nice." One relative said, "They [staff] are all nice." Another relative said, "Staff have been great."

We observed staff communicating with people in a caring and compassionate manner throughout the time of our inspection. Staff took time to talk to people on a one to one basis, talking gently and in a dignified manner. They pro-actively engaged with them, using touch as a form of reassurance, which was positively received.

Staff involved people or their relatives in the assessment, planning and review of their care. One person told us, "I am involved in my care review, they [staff] talk about things and I say what I want." One relative said, "I was involved in care plan reviews." Staff completed care plans for every person, which described the person's likes, dislikes, life stories, activities, their interests and hobbies, family, and friends. Staff told us this background knowledge of the person was useful to them when interacting with people who used the service.

Staff respected people's choices and preferences. For example, staff respected people's decisions on where they preferred to spend their time, such as in their own room or the lounge. One member of staff told us, "I ensure people's choices are respected, such as clothes, food and drinks, and if they would like to stay in bed or come into the lounge."

People and their relatives told us staff treated them with dignity, and that their privacy is respected. One person told us, "They [staff] knock on the door before they enter my room." One relative said, "Yes, they [staff] do show respect, towards my [loved one] and treat them with dignity." We saw staff knocked on people's bedrooms before entering people's rooms and they kept people's information confidential. We noticed people's bedroom doors were closed when staff delivered personal care. People were well presented and we saw examples of staff helping them to adjust clothing to maintain their dignity. Records showed staff received training in maintaining people's privacy and dignity.

Good

Is the service responsive?

Our findings

Staff recognised people's need for stimulation and supported them to follow their interests, and take part in activities. One person told us, I go to day centre, cinema club, watch football, shopping and have been to a lots of shows. One relative said, "My [loved one] gets taken out a lot. They are happy with activities." We saw weekly activities plans for each person. Individual activities included aromatherapy, visiting a local cinema, attending day centres, and accessing the community amongst others. During our inspection people had an aromatherapy session with an external professional, and they appeared relaxed after the session.

Staff had developed care plans for people based upon their assessed needs. These contained information about their personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included dependency assessments which identified the level of support people needed. Care plans were reviewed on a regular basis and reflective of people's current needs. Staff completed daily care records to show what support and care they provided to each person. The service used a communication log to record key events such as changes to health and healthcare appointments for people. Relatives told us there were no restrictions on visitor times and that all were made welcome.

People's care plans included details about their ethnicity, preferred faith and culture. The registered manager told us that the service was non-discriminatory and that staff would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. Staff showed an understanding of equality and diversity. One member of staff told us, "Everybody has an opportunity and access to do what they like, and we make sure to support them."

People and their relatives told us they knew how to complain and would do so if necessary. None of the people we spoke with had needed to complain. One relative told us if they had any concerns "I take it up with the manager and I feel am able to do it." The provider had a clear policy and procedure for managing complaints and we saw this information was displayed in the communal areas to ensure people were aware of what they could expect if they made a complaint. The registered manager told us that there had been no complaint received since the previous inspection in December 2015. Records we saw further confirmed this view.

Good

Is the service well-led?

Our findings

People and their relatives commented positively about staff and the registered manager. One person told us, "The manager arranged my birthday party at the day centre. There was a disco, birthday cake and a photo booth." We saw the photos taken at the party. One relative said that the home was well run and that they were happy about it.

The service had 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.

The registered manager knew the service well and was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. There was an out of hours on call system in place that ensured management support and advice was available to staff when required. We saw the registered manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One member of staff told us, "The manager is approachable and supportive, and we all work as a good team." Another member of staff said, "The manager is wonderful, I feel supported, and everybody is well cared for."

The registered manager held meetings with staff where staff shared learning and good practice so they understood what was expected of them at all levels. Records of staff meetings showed that areas discussed had included details of any changes in people's needs, guidance to staff about the day to day management of the service, discussions about co-ordinating with health and social care professionals.

The service had an effective system and process to assess and monitor the quality of the care people received. This included checks and audits covering areas such as staff observations, medicines audits, health and safety checks, house maintenance, care planning and, risk assessments, food and nutrition, infection control, and night spot checks. The provider made improvements as a result of these checks and audits. For example, care plans and risk management plans were up to date, and the medicines administration records (MAR) was signed by two staff, the second staff member signed as a witness to avoid any medicines errors.

The service had a positive culture, where people and staff told us they felt the provider cared about their opinions. The provider sought people's views through the use of care reviews and satisfaction surveys. However, the results of the satisfaction survey were awaited at the time of the inspection. The registered manager told us that they encouraged and empowered people and their relatives to be involved in service improvements through periodic care review meetings. We observed that people and staff were comfortable approaching the registered manager and their conversations were friendly and open.

Care records showed that the service worked effectively with health and social care professionals, commissioners, speech and language therapist (SALT), and the community learning disability team. One visiting healthcare professional told us, "The manager and staff work as a good team. The service is well run."