

John Michael Leitch and Miss Sharon Elizabeth
Keelan

The Avenue

Inspection report

72 Bates Avenue
Cockerton
Darlington
County Durham
DL3 0TU

Tel: 01325240452

Date of inspection visit:
10 May 2017

Date of publication:
27 June 2017

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?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 10 May 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

The Avenue provides care and support for up to three people who have a learning disability close to the centre of Darlington.

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

We last inspected the service in December 2014 and rated the service as 'Good.' The domain of well-led was rated 'Outstanding' in December 2014 and remained 'Outstanding' at this visit.

The service specialises in providing person centred care and support. In the last two years it has supported two people using the service who had lived there for over twenty years to pass away peacefully at The Avenue as they wanted, with the support of their families and with successful multi-agency working.

The registered manager pro-actively worked with all agencies to ensure people's choices were upheld and that the staff team went above and beyond to tenderly care for people at the end of their life in a manner that promoted their dignity.

Feedback from relatives and professionals was exceptional. The community matron, learning disabilities liaison nurse and the service's GP all gave lengthy feedback to the Care Quality Commission. The GP wrote, "The Avenue showed care beyond what is normally observed from family members. It has been a complete privilege to work with this team."

The registered manager continued to lead by example, ensuring they worked alongside staff members and ensuring that people's needs were at the fore front of all activities and planning for the service. On the day of our inspection visit the registered manager had been shopping for people as they were taking everyone living at the home on holiday for a week.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. The registered provider ensured that staff were provided consistently even employing staff who had worked with someone moving into the service to ensure an effective transition.

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 the service supported this practice.

The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

The home was clean and suitable for the people who used the service and appropriate health and safety checks had been carried out.

Risk assessments were in place when required and accidents and incidents were appropriately recorded and analysed by the registered manager and service manager.

Appropriate arrangements were in place for the administration and storage of people's medicines.

Staff received regular supervisions and appraisals. Staff training was up to date and each staff member had a personal development plan to ensure their learning needs were met. Staff had mandatory training to ensure they were working safely but also specialist training such as autism and cancer awareness.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

People who used the service were consulted about activities and interests, and activities were arranged based on people's likes and interests and to help meet their social needs.

The registered provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

The service had excellent links with the local community and local organisations.

Staff told us they felt totally supported by the management team and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained good at caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Outstanding ☆

The service remained outstanding for well-led.

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 registered 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 10 May 2017 and was unannounced. One adult social care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners, the GP and healthcare workers and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

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

During our inspection we met with two people who used the service although they could not directly communicate with us and we spoke with two family members. We also spoke with the registered manager, the service manager and one member of staff.

We looked at the care records of two people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service

Is the service safe?

Our findings

People felt safe at The Avenue. Family members told us , "I know [name] is happy there by how they react. They are always happy to go back after they have visited me."

The house was well maintained. Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date, and fire drills took place regularly. People who used the service had Personal Emergency Evacuation Plans (PEEPs), which meant appropriate checks and records were in place to protect people in the event of a fire.

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. Staffing levels varied depending on the needs of the people who used the service and what activities were planned. Staff members did not raise any concerns regarding staffing levels at the home. A family member told us , "I have never noticed any issue, they are always out and about with people so there must be enough staff."

The registered provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We found the registered manager and the staff we spoke with understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people.

Behaviour guidelines were in place for people who used the service, which described the type of behaviours that people may exhibit, what the triggers and signs of these behaviours were and what staff should do to minimise the risks. For example, if one person became agitated, staff were to give the person an alternative or divert their attention to something they enjoyed.

Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

We found appropriate arrangements were in place for the administration and storage of medicines. Medicines were appropriately stored in each person's bedroom. Temperature checks were carried out to ensure medicines were stored at the correct temperature and administration records were complete and up

to date. Staff received annual competency checks and staff training in the administration of medicines was up to date.

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. Family members told us , "They are all very good and they know my relative very well."

Staff were supported in their role and received regular supervisions and an annual appraisal. Supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. All staff mandatory training was up to date. Mandatory training is training that the registered provider thinks is necessary to support people safely.

We saw the service provided additional training to ensure staff could support the needs of people using the service such as autism for one person who had moved to the service in the year and cancer awareness in relation to good practice of people with learning disabilities. New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care. We saw that any new staff underwent a recruitment process that involved exploring prospective staff members' values and knowledge of supporting people with communication needs.

People had nutritional care plans in place. One person was identified as being at risk of choking and required food to be of a soft consistency and cut up into small pieces. The person had been referred to a speech and language therapist (SALT). We saw the SALT recommendations were included in the person's care plan and a risk assessment was in place. All the records we saw were regularly reviewed and up to date. We saw people having drinks and a snack in line with the care plan guidance. This meant people were supported with their dietary needs. The service had pictorial menus in place to help people to choose items they wanted to eat. We saw for one person who had transitioned to the service in the last year, that the service supported them to maintain a more appropriate dietary intake through intense support and behavioural approaches that gave the person a consistent approach and boundaries to their constant requests.

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 found the service was working within the principles of the MCA. DoLS applications had been appropriately submitted and the registered manager was aware of their responsibilities. We saw that best interest decisions had been taken with people and their advocates in a collaborative way.

Care records included communication plans so staff were aware of how people communicated and what their preferred methods of communication were. We saw the service developed lots of visual prompts for people in the home such as menus and activities so that people could clearly understand what was happening.

The registered manager told us, "Early intervention is so important in relation to people's health. We have introduced a health and well-being support plan where we bi-weekly undertake people's weight, temperature and blood pressure as well as carrying out observations on people's skin and monitoring their pain levels, seizures and exercise levels. The sooner we identify anything and get professional support the better. This helped us identify that one person was unwell when we noticed weight loss and we got medical support straight away." This showed the service supported people to stay healthy.

People who used the service had 'hospital passports' in place and had access to healthcare services and received ongoing healthcare support. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. The service had excellent relationships with local healthcare professionals. The acute liaison nurse for learning disabilities told us, "I feel all the staff have exceptional knowledge of the people they support and they are very approachable." Care records contained evidence of visits to and from external specialists including GPs, dentist, chiropodist, optician, psychologist and SALT.

Is the service caring?

Our findings

When we spoke with the relatives of people who used the service, they consistently told us about the family focus and person centred approach of the service. They told us that staff were without exception caring, person centred, empathetic and supportive. One relative told us, "My relative was at home with me for 55 years, and now he doesn't always want to come home with me for tea. That's breaks my heart but it means he wants to stay at The Avenue with everyone who is there and that's a lovely thing. My relatives can't believe how well everything has gone. It's just excellent."

Feedback from one healthcare professional said, "The staff should be very proud of themselves with the care they deliver and how well they work with other professionals."

We saw staff interacting with people in a person centred, positive, encouraging, caring and professional way. We spent time observing support that took place in the service. We saw that people were respected by staff and treated with kindness. We observed staff treating people respectfully. We saw staff communicating with people positively and we witnessed one situation where a person was getting distressed as they did not know when something was going to happen next. During the observation one staff member gave the person a watch to wear and supported them to understand when it got to a certain time that the activity would happen. The person calmed and when they got anxious again the staff referred back to the watch to distract the person. This showed staff used their initiative to support people manage their anxieties.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining relationships. Relatives told us they had been supported to maintain relationships that were important to them. They told us family and friends were able to visit, at any time. One visitor told us that as they had recent difficulties in travelling, the service had taken their relative to visit them at home which had been very supportive for them.

We observed people being offered choices about what they wanted to do or where they wanted to go. One relative we spoke with told us, "He has just come back from Blackpool and then he is off to Scarborough next week, he has an amazing lifestyle!" Bedrooms were individually decorated and contained people's own personal possessions such as family photographs. The décor in communal areas was decided by the people who used the service at house meetings. People who used the service were also given choices regarding the care staff who looked after them and were able to express a preference regarding male or female staff. There was lots of visual information for people to help them understand what was happening in the home. Indeed there was even a symbol for the CQC inspector on the "Who is in our home today" board.

Care records described people's individual preferences and the choices they had made. Care records also provided important information about what people liked or what may upset them. For example, "Staff to be aware of weather as I don't like going out for walks if it is windy" and "Staff to be aware I don't like loud noises."

Staff treated people with dignity and respect. We witnessed staff speaking with people in a caring and polite

manner and staff were able to tell us how people liked their care to be delivered for example explaining people's specific night time routines and preferences.

During our inspection, we saw in people's care plans that people were given support when making decisions about their preferences for end of life care. In people's care records we saw they had made advanced decisions about their care regarding their preferences for before, during and following their death. This meant people's physical, emotional and spiritual needs were being met, their comfort and well-being attended to and their wishes respected. End of life care was planned so that the person and their families were able to be involved in all decisions about their care and wishes carried out in a multi-agency manner and acting in the person's best interests. This showed the service was caring and open in ensuring people were supported in a holistic way at the end of their life.

Is the service responsive?

Our findings

The service was responsive. We saw that care records were reviewed and evaluated every monthly and a full review took place annually.

People's needs were fully assessed before they started using the service. People were supported to have gradual transitions into the service. 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. This ensured staff knew about people's needs before they moved into The Avenue.

Each person's care record included important information about the person including their family history, likes and interests, and communication skills.

People's care records were person centred, which meant the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. Care plans were in place and included communication, daily living skills, people's daily routines, nutrition, medication, personal care, safeguarding and social relationships.

Care plans described the person's ability with a particular task, what support they required and what the expected outcome was.

Daily records were maintained for each person who used the service, including nutrition, continence, communication and interests, personal care, hobbies and interests, and daily living skills.

A monthly evaluation form was completed for each person who used the service. This included a review of activities and any new activities tried, details of home or family visits, reviews of care plans, whether any incidents had occurred, and whether there had been any changes to health or medicines.

We found the registered provider protected people from social isolation. People had individual activity planners in place and these were evaluated with them for example whether people had been interested and had enjoyed the activity. 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 coffee morning as well as weekend and evening events. People were supported to spend time with their family and friends and we saw the service undertook four large parties each year where people's friends and families were invited to join in the events at The Avenue.

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. There had been no concerns or complaints and multiple compliments from family members and professionals who had worked with the service. 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.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager who was also the registered provider 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 and relatives we spoke with during the inspection spoke very highly of the registered manager.

Feedback about the registered manager from healthcare professionals included, "I have found the management team very approachable and they seek out support from other professionals as soon as possible to ensure their clients have the best care available."

The service had an exceptionally positive culture that was person centred, open and inclusive. 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. One staff member told us, "[Name] treats everyone here like a member of the family. Their care for people is truly amazing. We have seen one person who has moved in here and their behaviours have changed massively because they are happy and settled." One healthcare professional told us, "I have worked in health and social care for 30 years and can honestly say I have not seen a similar balance of professionalism and homeliness in many other settings."

We saw that the registered manager led by example. On the day of our inspection visit they were out shopping in preparation for taking everyone using the service on holiday for a week in Blackpool. They returned to the home and explained how they had planned and assessed the holiday with people and the staff team and they were really looking forward to the activities they had planned so everyone at the service could enjoy the experience.

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; "I love working here, it's an amazing place to work. I feel proud to work here." Staff 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 they 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 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 service learnt from

feedback from staff. One new staff member raised that they found the fire alarm difficult to hear when they were in the kitchen during a fire drill. The registered manager immediately sought advice from their fire equipment contractors and was awaiting additional sounders to improve the level of alarm in the kitchen area.

Meetings took place regularly and people who used the service were able to contribute and make choices regarding menus and activities. This was done through the use of photographs and symbols so people could indicate and contribute their choices. 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.

The home had a business plan and improvement plan which we saw covered not only environmental changes such as improving décor but also plans to improve the person centred work the home had already undertaken and taking into account national initiatives for people with a learning disability and development for the staff team. This showed the home continued to review how it provided its service and to improve it for people and for its employees.

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.

The service maintained excellent links with the local community. People who used the service accessed local shops and leisure facilities and we were told that the service had an open door policy to family and people's friends. Indeed the registered manager held regular parties at The Avenue for people's friends and family to attend. The registered manager had set up a local Gateway club some 20 years ago to provide activities and a meeting place for people with learning disabilities in Darlington that was still going strong.

The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law. The registered provider was displaying their previous CQC performance ratings at the service in line with legal requirements.