

Avenues London

Avenues South East - 6 Peel Way

Inspection report

6 Peel Way
Romford
Essex
RM3 0PD
Tel: 01708 386478
Website: www.avenuescss.org.uk

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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 

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection. At our previous inspection 13 September 2013, we found the provider was meeting regulations in relation to outcomes we inspected.

Six Peel Way is a care home that provides care and support for up to six adults with learning disabilities. There was a registered manager in place. A registered manager is a person who has registered with the Care

Summary of findings

Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of the inspection the home was providing care and support to six people.

The relatives of the people using the service said their relatives were safe and that staff treated them well. Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported. Managers and staff had received training on safeguarding adults, the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

We found that people's relatives, their care managers and appropriate healthcare professionals had been fully involved in the care planning process. Where a concern regarding a person's ability to make decisions about their care was identified the manager worked with the local authority to ensure appropriate capacity assessments were undertaken. We found there were procedures and risk assessments in place that reduced the risk of harm and abuse to people and kept them safe. There was effective contact with healthcare professionals. People

were registered with a local GP Practice and they had access a range of health care professionals such as dentists, dieticians, opticians, district nurses and chiropodists when required.

Most of the staff had worked at 6 Peel Way for many years and they knew people using the service very well. This offered people continuous and consistent support with their care needs. Staff had completed training relevant to the needs of the people they supported. There was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it.

A person using the service said they would tell staff if they were not happy or if they were upset and staff would help them. Relatives told us they knew how to make a complaint if they needed to. They were confident that the manager would listen to their complaints and they would be fully investigated and action taken if necessary.

The local Healthwatch told us they had recently carried out a visit to the home. They said they found the home to be warm and welcoming and there was a very pleasant atmosphere.

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?

The service was safe. There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

There were enough qualified and skilled staff at the home to meet people's needs. The manager and staff received training on the Deprivation of Liberty Safeguards and the Mental Capacity Act.2005.

Good



Is the service effective?

The service was effective. Staff had completed training relevant to the needs of people using the service. People's care files included assessments relating to their dietary needs and preferences. People had access to a GP and other health care professionals when they needed it.

Good



Is the service caring?

The service was caring. Throughout the course of our inspection we observed staff speaking to and treating people in a respectful, caring and dignified manner. Although some people living at the home could not speak staff knew them well and understood their methods of communicating.

The relatives of people using the service told us they had been consulted about their relative's care and support needs.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and their care files included detailed information and guidance for staff about how their needs should be met. There were a range of individual activities available that were appropriate to the needs of people using the service.

People's views were listened to in resident's meetings. People we spoke with said they knew how to make a complaint if they needed to and they were confident their complaints would be fully investigated and action taken if necessary.

Good



Is the service well-led?

The service was well-led. The provider recognised the importance of regularly monitoring the quality of the service provided to people living at the home.

Most of the staff team had worked at the home for many years and they knew people using the service very well. This offered people using the service continuous and consistent support with their care needs. Staff said they enjoyed working at the home and they received good support from the manager.

Good



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Detailed findings

Background to this inspection

We visited the service on the 14th August 2014 to carry out this inspection. We talked with two people who used the service and the relatives of three people using the service. We also spoke with three care staff, the deputy manager and the area manager. The manager was not available when we visited. We contacted them following the inspection and they provided us with information relevant to the inspection.

People living at the home had complex ways of communicating and some were not able to fully tell us their views and experiences. Staff used picture boards used to communicate with some people. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

The inspection team consisted of a single inspector. We observed care and support in communal areas and saw how people were being supported with their meals during lunchtime. We looked at records about people's care, including two care files of people who used the service. We

looked at records relating to the management of the home for example, staff recruitment and staff training records, safeguarding records, quality monitoring reports and records of incidents accidents and complaints.

Before the inspection we looked at the information we held about the service including notifications they had sent us and the provider 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 care managers from the local authorities that commission the service, a GP and the local Healthwatch to obtain their views.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the services safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

A relative of a person using the service said, "We feel sure my relative is safe at Peel Way, we have known most of the staff for many years and they are all very caring." The relative of another person said "My relative is in safe hands, the staff treat them really well."

The deputy manager told us the manager was the safeguarding lead for the home. We saw the service had a policy for safeguarding vulnerable adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and what they would do if they thought someone was at risk of abuse, including who they would report any safeguarding concerns to. The deputy manager told us they and all staff had attended training courses on safeguarding adults from abuse. This training course also covered the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005. The training records we looked at confirmed this. Staff told us they were aware of the whistle-blowing procedure for the service and that they would use it if they needed to.

The manager and the deputy manager told us they and all staff went through a thorough recruitment and selection process before they started working at the home. They were interviewed and full employment checks were carried out. The deputy manager told us recruitment records were held at the organisation's human resources department. We contacted the human resources department. They confirmed that all staff had completed application forms that included their full employment history with explanations for any breaks in employment. They had obtained criminal record checks, two employment references, health declarations and proof of identification. They told us all staff were required to apply for a new criminal record check every three years.

We looked at the home's staffing roster. There were three staff on an early shift and three staff on a late shift. One member of staff worked through the night with the support of a member of staff, if required, who slept at the home. The deputy manager told us that staffing levels were constantly evaluated and arranged according to the needs of the people using the service. For example, if people had arranged social activities or they needed to attend health

care appointments additional staff cover was arranged. Staff told us there was always enough staff on shift and said that if there was a shortage, for example due to staff sickness, management arranged for replacement staff.

People's care files included risk assessments and details of how staff should support them in order to minimise the risk to them. We saw that each person had a missing person's form which included important information about them and an individual fire evacuation procedure. We saw risk assessments for identified risks such as visitors to the home and using sharp knives. These risk assessments were kept under regular review. We noted however that one person's risk assessment related to visitors to the home had not been followed by staff. During the inspection this person presented behaviours which compromised their dignity that were not recorded in the risk assessment. The deputy manager told us they would review this person's risk assessment immediately. Following the inspection the manager sent us a copy of this person's reviewed risk assessment. They told us the incident had been discussed with staff at a team meeting and measures were put in place to reduce the risk of this occurring again.

The manager told us that people currently using the service had capacity to make some decisions about their own care and treatment. However when there were concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interest' in line with the Mental Capacity Act 2005. Following the inspection the manager provided us with evidence confirming that capacity assessments had been carried out for each person using the service and said these were kept in people's care files.

The deputy manager told us they and the manager attended training run by the local authority on the Deprivation of Liberty Safeguards (DoLS) in May 2014. They said they had considered people's needs in regard to the recent Supreme Court judgement and had made an application to the local authority due to the locking of the front and back doors at the home. Care managers from two local authorities confirmed that the manager had liaised with them and had made DoLS applications.

Is the service effective?

Our findings

We observed how people were being supported and cared for during and after lunch. Some people ate their meals in the dining area and some in the garden. The atmosphere was relaxed and unrushed. We heard staff ask people if they were ready to eat, if they liked the food they were eating, if they wanted a drink or if they wanted anything else. One person said, "The food is very nice" and "I get enough." Another person said, "I enjoy the food, it's nice." After lunch we saw people completed domestic tasks such as tidying the dining area and washing up. We saw two people hang laundry on a clothes line in the garden and another person having a cigarette.

Staff had the knowledge and skills required to meet the needs of people who used the service. One member of staff said "We get really good training and refresher training from the organisation. It all relates to people's needs. As a team we work well and all know what we need to do to support people using the service." Training records showed staff had completed an induction programme and training that the provider considered mandatory. This training included working with people with autism and de-escalation and diffusion. Some staff had also completed training on mental health, positive support behaviour and challenging behaviours.

Staff told us they had completed an induction when they started work and they were up to date with their mandatory and essential training. They told us that all staff working at the home had completed accredited qualifications in health and social care. Staff said they received lots of training, regular formal supervision, an annual appraisal of their work performance and they attended regular team meetings. They said they were well supported by the manager and there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

The deputy manager showed us weekly menus. The meals were varied and included plenty of fruit, vegetables and drinks. They told us people using the service and staff met each Sunday to discuss what was to be included on the weekly menu and people went shopping with staff each Monday. People's care records showed that the home worked closely with the speech and language therapy team (SALT) in supporting people with their dietary needs. Alongside the menus the deputy manager showed us a list of foods approved by a dietician for one person, high risk foods for another person and a list of food to avoid for a third person using the service. One of the care files we looked at included an assessment completed by the dietician. The assessment recorded the risks to the person using the service and the foods they needed to avoid. The therapist also made recommendations on appropriate foods and drinks, equipment to be used, the assistance required and things to look out for.

People using the service had access to appropriate healthcare professionals. The deputy manager told us that all of the people using the service were registered with a local GP Practice and they had access to a range of health care professionals such as dentists, dieticians, opticians, district nurses and chiropodists when required. A GP told us on the occasions they visited the home they found the staff to be knowledgeable and helpful and they had no concerns about the quality of care provided to people using the service. Staff monitored people's health and wellbeing and where there were concerns people were referred to appropriate healthcare professionals. People using the service had health action plans which took into account their individual healthcare support needs. We saw the care files of people using the service included records of all their appointments with health care professionals.

Is the service caring?

Our findings

Two people using the service showed us their bedrooms. These were clean, well decorated and furnished. People's individual personalities and interests were taken into account. One person had a mural and pictures of elephants on his walls and elephant ornaments. They said "I like elephants" and "the staff helped me to decorate my room." The other person's bedroom overlooked the garden. They showed us their television and radio. They said "I like to listen to music. I have a nice room and I like to watch the birds in the garden."

Throughout the course of our inspection we observed staff speaking to and treating people in a respectful, caring and dignified manner. Although some people living at the home could not speak staff knew them well and understood their methods of communicating. Pictures were used by staff to help some people make choices and decisions on a day to day basis. A member of staff showed us some of the pictures they used to communicate with people. These included pictures of meals, restaurants, parks, libraries, doctors, markets and activities such as cinema, bowling and shopping. We saw picture boards with pictures of the staff on shift, planned activities for the day and the lunch time meal. For example we saw that one person's board indicated they would be listening to music and attending a drama club.

The deputy manager showed the minutes from monthly meetings attended by people using the service. The meeting had a set agenda which consisted of discussing people's health, activities, rooms and any other business. We saw these were well attended by people using the service and their comments and suggestions were

recorded. For example one person said they wanted an abacus for their room and another person said they wanted to go to the cinema and for a meal. The manager told us that these requests had been actioned.

The relatives of people using the service told us they had been consulted about their relative's care and support needs. One relative said, "The care my son gets at the home is fantastic. He is always out doing things. We have to ring before we go there just to make sure he is in. We regularly go to review meetings to talk about his care needs and they tell us if anything changes. The staff are brilliant, like one big happy family." Another relative said, "My relative has been there for many years, so have most of the staff. The staff are very caring and I have confidence and trust in them when it comes to looking after my relative."

A care manager from a local authority said they had placed two people at the home. Their general impression of the home was that it was good. The staff were friendly and compassionate. The people they placed there had complex behavioural needs and they were being supported well and sensitively. They said these people's families had expressed to them that they were very happy with the home.

Staff told us how they made sure people's privacy and dignity was respected. They said they knocked on people's doors before entering their rooms and made sure doors were closed and curtains drawn when they were providing people with personal care. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes people wanted to wear or the food they wanted to eat.

Is the service responsive?

Our findings

We saw that assessments were undertaken to identify people's support needs before they had moved into the home. Care plans were developed outlining how these needs were to be met. The care files we looked at included care and health needs assessments, care plans and risk assessments. They were well organised and easy to follow. Care plans included detailed information and guidance for staff about how people's needs should be met. The files included evidence that people using the service, their relatives, care managers and appropriate healthcare professionals had been involved in the care planning process. In one person's file, for example, there were steps and prompts for staff on how to support the person with bathing, going to bed and keeping safe in the community. The files also contained the person's life story, their preferred method of communication, their likes and dislikes, their hobbies and interests and their religious, cultural and social needs. We saw that the information in the care files had been reviewed on a regular monthly basis.

The relatives' of the people whose care files we looked at told us they were always invited to care planning meetings and felt they were fully involved in planning their family member's care. One relative said, "I and my husband attended a meeting there last week with the manager and social services. We attend review meetings, we know and agree with what's in my son's care plan and they always keep us up to date if there are any changes in his care and support needs."

We saw that each person using the service had an individual activity programme. Activities varied for each individual but included domestic tasks such as making

lunch, washing up, laundry and room cleaning. Social activities were arranged dependent of peoples preferences and included walks in the local community, attending a drama club, yoga classes, personal shopping, gardening, visiting a local pub and sports club. A member of staff told us two people using the service had been on recent holidays. A holiday had been arranged for three other people in September 2014. The home had a minibus. The member of staff said there were regular trips out to the seaside, the zoo and places people using the service found interesting, for example to castles and the Norfolk Broads.

People using the service had a service user's guide in their bedrooms. The deputy manager told us these were developed in formats appropriate to each person's communication method. One person using the service showed us their service user guide. This was completed in words and pictures and included important information about the home. The guide also included the home's complaints procedure. One person using the service told us they would tell staff if they were not happy or if they were upset and staff would help them. The relatives of two people using the service told us they knew how to make a complaint if they needed to. They were confident that the manager would listen to their complaints and they would be fully investigated and action taken if necessary. One relative said, "I would complain to the manager or any of the staff and I know they would sort it out. The other relative said "I know about the complaints procedure and know what to do. I have every confidence in the home." The deputy manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. At the time of the inspection the manager told us they had not received any complaints.

Is the service well-led?

Our findings

We saw satisfaction surveys completed by the relatives of three people using the service in June 2014. All of the relatives rated the quality of the support provided at the home as excellent. One relative commented, "The staff at Peel Way have always given my relative excellent care. We find them all very kind and approachable. We are very happy with where our relative is and hope they can continue to be cared for there." Another relative commented "My brother continues to be well looked after as he has done so for the last twenty years at Peel Way. The staff have my full admiration and support where necessary." Following the inspection the manager contacted us and told us they were awaiting the return of more questionnaires before collating the information and producing a report and action plan. They said they would feedback the findings to people using the service, their relatives and staff and that this information would be used to improve the quality of service provided at the home.

A manager from a local authority commissioning team said they had placed four people at the home. They said a care manager and colleagues from the local Healthwatch team recently visited the home out of hours for a visit and no concerns were raised. We spoke with the Healthwatch team, they told us they had carried out a visit to the home during the evening of the 24 July 2014. They said they found the home to be warm and welcoming and there was a very pleasant atmosphere.

We saw that regular audits were being carried out at the home. These included health and safety, medicines administration and finance audits. We also saw completed quality assurance audits conducted by an external

manager which covered a range of areas such as complaints, incidents and accidents, safeguarding alerts, medication errors, health and safety, compliance with the Care Quality Commission and staff training and supervision. The reports also included action plans. We spoke with the area manager about the quality assurance audits. They said the organisation monitored quality within its care homes. Homes were audited monthly, bi-monthly or quarterly depending on risk. If they had concerns about a care home they would be audited on a monthly basis. They said there were no current concerns about 6 Peel Way and audits were currently being carried out there every three months.

Throughout the course of this inspection it was clear from staff, people using the service, their relatives and the professionals we spoke with that the home had a positive and open culture.

Everyone spoke positively about management of the home. Most of the staff team had worked at the home for many years and they knew people using the service very well. This offered people using the service continuous and consistent support with their care needs. They said they enjoyed working at the home and told us about the support they received from the manager. One member of staff said, "The manager is very supportive and very approachable, they have an open door policy and I can talk to them any time I need to." Another member of staff said, "The manager is helpful, if I have a problem I can talk to them about it." We saw that staff meetings were held every month. Items discussed at the July meeting included people using the service's holidays and any changes to their support needs, staff annual leave, a summer barbeque, shift planning and health and safety issues.