

Mrs Francesca Hooper

# Marston Avenue

## Inspection report

8 Marston Avenue  
Chessington  
Surrey  
KT9 2HF

Tel: 07748647255

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31 October 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

Marston Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Marston Avenue is owned by an individual provider who also manages the service. It therefore does not require a registered manager. 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.

Marston Avenue is a self-contained one bedded home offering a bespoke residential respite service. The service is connected to the provider's home. The service specialises in caring for young and older adults who may have learning disabilities and/or autistic spectrum disorder. People who use the service can choose how long they wish to stay at the home. This can vary from a few days to a few weeks depending on their specific needs. Most people that have used the service have had their stay funded by their local authority.

We inspected Marston Avenue on 31 October 2018. The provider was given 48 hours' notice because the location provides a bespoke respite care service and the provider is sometimes out of the office supporting people who use the service. We needed to be sure that they would be available to speak with us on the day of our inspection.

At our previous inspection in April 2016 we rated the service Good overall. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated any serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to be cared for in a safe manner at Marston Avenue. People were supported to remain safe at the service. Appropriate safeguarding procedures were in place and risks to people were regularly assessed and reviewed. Staff were suitably recruited and met the needs of the people using the service.

Staff were trained to carry out their roles effectively and worked with partnership organisations to meet people's needs. 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 support this practice.

Staff were caring and compassionate, whilst treating people with dignity and respect. People were supported to be involved in decision making in relation to their care.

People received care that was personalised to meet their needs and were supported to partake in activities and maintain social relationships.

Staff had received training in the MCA (Mental Capacity Act) and understood the importance of gaining people's consent before assisting them.

The service completed a detailed personalised support plan for each person with information provided in accessible formats. They kept people's needs under review and made changes as required.

People using the service felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues. Staff also said they felt comfortable in raising any concerns should they have any.

The service was well led with a clear vision to drive the service forward and make improvements to the quality of care. Staff and people who used the service found the management team to be approachable.

Further information is in the detailed findings below.

## 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 continued to be safe.

### Is the service effective?

Good ●

The service continued to be effective.

### Is the service caring?

Good ●

The service continued to be caring.

### Is the service responsive?

Good ●

The service continued to be responsive.

### Is the service well-led?

Good ●

The service continued to be well-led.

# Marston 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 checked 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.

We inspected Marston Avenue on 31 October 2018. The provider was given 48 hours' notice because the location provides a bespoke respite care service and the provider is sometimes out of the office supporting people who use the service. We needed to be sure that they would be available to speak with us on the day of our inspection.

On the day of inspection we found that the person who had planned to spend some days there had cancelled their stay. However, we were able to speak with the person's relative.

Before the inspection we reviewed the information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the provider and the deputy manager. We looked at records which included people's care records, staff files and other records relating to the management of the service.

After the inspection we spoke with 3 care staff and three relatives. We wrote to four external professionals who had been involved in people's care to ask them for their views and experiences of the service.

# Is the service safe?

## Our findings

At our last inspection in April 2016 this key question was rated as 'Good'. At this inspection the rating remained 'Good'.

People's relatives told us they felt Marston Avenue provided a safe environment and that their relatives liked visiting the service to receive respite care. One relative told us, "I am very reassured when [my relative] is there. It is safe and self-contained and the staff are always nearby."

Relatives and staff told us there were always enough staff on duty to keep people safe. The provider described how staff were used to suit the type and length of a person's stay. As the service cared for only one person on any occasion the care staff were selected from a bank of staff and were selected based on the assessed needs of the person and familiarity with staff.

Organisational and local authority safeguarding policies were available for reference which included the different types of potential abuse and staff responsibilities. Staff completed safeguarding training and knew the correct action to take should they witness or suspect abuse. They told us they would report any poor or abusive practice and were confident the registered manager would take appropriate action to ensure people were properly protected.

Any risks to people and staff were identified and managed. People's support plans included information about what staff should do to help them to stay safe. Risk assessments were completed in relation to people's needs and abilities such as the support they needed when accessing the community, managing their money or taking prescribed medicines. Each risk assessment addressed the potential benefits individuals would gain from taking the risk, as well as any control measures which needed to be put in place. Risk assessments were regularly reviewed and updated when people's needs changed.

An external health and social care professional told us they were satisfied that there had not been any issues concerning safety at Marston Avenue.

The provider carried out checks to ensure that staff were suitable before commencing employment which included Disclosure and Barring Service (DBS) checks and references prior to staff commencing work.

Most people using the service did not require support from staff with their prescribed medicines. However, the provider and staff they employed had received training in safe handling of medicines should such a need arise. The provider also had a medicines policy and procedure which detailed how support would be provided to people which was reflective of recommended national guidance and good practice for managing medicines in a care home.

The service was well maintained and hygienic throughout. The respite premises consisted of a bedroom, shower and toilet and a lounge/kitchen. People were encouraged to take part in maintaining the cleanliness of the premises during their stay.

# Is the service effective?

## Our findings

At our last inspection in April 2016 this key question was rated as 'Good'. At this inspection the rating remained 'Good'.

People had their needs assessed before they came to stay at Marston Avenue. Familiarisation visits were arranged so the person, together with their main carer or relative could come to see the service where possible. An individual support plan and assessments were completed by the provider that were used to discuss with the person and / or their representatives about how they wanted to be supported.

Relatives told us they were happy with the support provided by the staff working at Marston Avenue. One told us, "They are great. Because it is a self-contained unit it helps with skills. [My relative] loves the one to one attention and the help with cooking. There is no problem or complaint."

Staff were supported through supervision and training. Staff confirmed they felt supported and were happy with the level of support and training they received. One staff told us, "I've had lots of training and [the provider] always points us to any other interesting online training we might be interested in. We've had all the basics, such as disability awareness, safeguarding, medicines awareness, equality and diversity. Supervision is really helpful and as well as discussing things in person we can get in touch immediately by phone if there is a particular issue."

An external health and social care professional told us that they felt staff were well trained and that where there were people with more complex needs the provider was thorough in asking questions to ensure that appropriate levels of support were provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

People's records showed the provider assessed people's level of understanding and ability to consent to the care and support they needed. A framework and procedure was in place to deal with situations where if people lacked capacity to make specific decisions people involved in their care, such as family members and healthcare professionals would be involved by staff in making decisions that were in people's best

interests.

The provider and all staff had received training in relation to the MCA and DoLS. The provider had a good understanding and awareness of their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one.

People were supported by staff to eat and drink sufficient amounts to meet their needs. People ate at times that suited them and with minimal assistance but staff were on hand if help was needed. Where this was appropriate, the provider monitored people's food and fluid intake to ensure people were eating and drinking enough and that people were maintaining a healthy weight.

People were supported by staff to keep healthy and well. The provider kept daily records in which they recorded the level of support people received, any issues or concerns about people's health and wellbeing and the support obtained for them when this had been needed.



# Is the service caring?

## Our findings

At our last inspection in April 2016 this key question was rated as 'Good'. At this inspection the rating remained 'Good'.

People's relatives told us staff were respectful and caring. One told us, "We looked at three places. When [my relative] visited this place they said, "This is the one". That was good enough for me. They enjoy their time here very much and staff are great with them."

People's right to privacy and to be treated with dignity was respected. People's personal records were kept securely so that personal information about them was protected. People were consulted before routines were followed or activities carried out. One staff member told us, "We have a basic routine with whoever comes for a visit and if people want to stick to it we are ready for that. But we always check in case they want to do something different."

People were supported to develop independent living skills and to achieve goals. This included being supported to continue with their usual routine as they would do if at home, such as attendance at day centres or going swimming or shopping.

Staff knew the people they were supporting very well and could give us a detailed overview of people's preferences and how to care for them with compassion. There were policies and procedures for staff about caring for people in a dignified way and to respect people's confidentiality. People had been asked to consent when information had to be shared with others, for example, with healthcare professionals.

An external health and social care professional told us, "I consider them to be very good in their support to individuals, taking an informed and reflective approach to the support provided."

# Is the service responsive?

## Our findings

At our last inspection in April 2016 this key question was rated as 'Good'. At this inspection the rating remained 'Good'.

People were involved in planning the care and support they needed. Records were person-centred and demonstrated that the provider discussed with people what kind of support they required prior to them using the service. People's relatives and social workers involved in their care also participated in helping people decide on the level of care and support they wanted. Using the information from these assessments the provider put plans in place for how people's care goals and objectives would be achieved with the support of staff.

There was good information about people's specific likes and dislikes particularly for how support should be provided to them. Support had been planned in a way in which people were encouraged to do as much for themselves as they wished and wanted to, to help promote their independence in the home and community, for example when being supported with aspects of their personal care and with shopping or cooking.

One relative told us, "They took good care to talk us through how [my relative's] stay would be and they definitely involved us in getting the information they needed to get to know [my relative]."

People were actively encouraged to pursue activities and interests that were important to them. This included a range of social activities as well as support for people to pursue personal interests. For example, we saw one person's cycling plan, which was detailed and thorough and designed to help the care staff support the person enjoy the activity as fully as possible whilst being specific enough in its instructions to ensure the activity was carried out with minimal risk.

The service was also responsive in the way it managed cancellations and changed timetables. For example, if someone changed their mind and did not wish to come for their arranged stay the service would make arrangements with the main carer and the authority dealing with the funding to "bank" the visit which could then be used at a later date.

One external health and social care professional told us that they found the provider's approach to be flexible, "with a good emphasis on working to achieve goals and specific outcomes."

The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand. NHS and adult social care services are legally required to comply with this standard.

In line with the Accessible Information Standard, people's care records included details about their preferred methods of communication. Accessible person-centred support plans gave information about what people were like, their strengths and the things that were important to them. Pictures and

photographs were used to illustrate the plans and each gave good information about how each person liked to be supported.

Information was shared by staff through daily notes and verbal handovers. The service made good use of technology to ensure that people who were working alone with people had the means to contact the provider, and a group-chat which was password protected was used by the service to enable wider communication.

The service had a procedure in place to manage any concerns or complaints which was accessible to people, their relatives and other involved stakeholders. Relatives told us they felt able to talk to the provider if they had a concern or complaint.

## Is the service well-led?

### Our findings

At our last inspection in April 2016 this key question was rated as 'Good'. At this inspection the rating remained 'Good'.

Staff spoke highly of the support they received from management and felt that communication was good, with information about people's support needs being accurate and helpful. One member of staff told us, "We never work with anyone until we have a full description of their needs, and any updates or issues are always discussed."

An external health and social care professional told us, "Communication and feedback is always good and timely, and they also attend meetings/ reviews as required."

In order to continuously improve the service, the provider actively sought the views of people about their experience of the care and support they received. One way they did this was through questionnaires. People were asked to rate their experiences and for their feedback on all aspects of the service as well as their suggestions for how the service could be improved.

We saw a sample of responses to questionnaires and these rated the service highly, particularly with regard to its welcoming atmosphere and people-centred culture. One comment stated, "For our needs everything was superb. Your heart is in the service offered and you have the client's interests at heart."

The provider encouraged a culture within the service that was focussed on open and transparent lines of communication. One external health and social care professional told us, "Importantly they have always been honest in what they consider they are able to offer the individual, at times openly explaining that they do not have staffing capacity to work with an individual as discussed or as set out in the support plan. This I have valued, rather than them beginning to work with an individual and then struggling to provide quality support. This is a good example of their client focused approach in wanting to meet the needs of the individual and to achieve outcomes to a high level."

In addition to questionnaires, the provider carried out other checks of the service to assess and review the quality of care and support people received. These included checks of people's records, other records relating to the management of the service, cleanliness and hygiene of the home, health and safety in the home and staff training requirements.

The provider had a good understanding and awareness of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of events or incidents involving people who use service.