

# West of England Friends Housing Society Limited

## Avenue House - Bristol

### Inspection report

Avenue House  
5 Cotham Park North  
Bristol  
BS6 6BH

Tel: 01179892020

Date of inspection visit:  
01 November 2016  
02 November 2016

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

The inspection took place on 1 and 2 November 2016 and was unannounced. The last inspection took place in August 2014 and no breaches of legislation were found at this time.

The home provides care and accommodation for 30 people. There is a registered manager in place. 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.

During our inspection we found that people weren't safe in all aspect of their care. There was a lack of plan in place to describe when a safeguarding alert should be made in relation to unexplained marks and bruises on a person's skin. We also found there was no recording system in place for the administration of prescribed creams.

The home wasn't effective in all aspects. This was because an application under the Deprivation of Liberty Safeguards (DoLS) had not been made for an individual that required it. The Deprivation of Liberty Safeguards provide a framework to assess the needs of a person who may require a deprivation of their liberty in order to receive care and treatment

People reported feeling safe and well cared for in the home and had pendant alarms that allowed them to call staff for help if needed. There were sufficient numbers of staff to meet people's needs and for staff to spend time with people outside of care tasks.

People made positive comments about the staff and told us they felt very well cared for. Comments included "nothing I could find fault with", "exceptionally happy place to be" and "very well looked after, I feel like the queen". People were strongly involved in planning and reviewing their own care and support. People's views and opinions were also taken in consideration in the running of the home. People were positive about the food and meals provided at the home. People's weight was monitored in order to identify any potential concern about a person's nutrition.

Staff received support and training to carry out their roles. Staff told us they felt very well supported by the registered manager and could raise issues or concerns at any time. There was a procedure in place to manage and respond to complaints. There were taken seriously, investigated and resolution reached to the satisfaction of the person raising concerns.

There was a programme of quality monitoring in place and where issues were identified as a result of this action was taken to improve the service. During quality monitoring an issue in relation to the vegetarian meals on the menu was identified and as result meetings were organised between people in the home and the chef.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

People weren't safe in all aspects of their care and support.

There was a lack of clear plan for when a safeguarding alert would be made when marks on the skin were found.

The systems for administering medicines was safe, however there was no recording system for the administration of prescribed creams.

There were enough staff to meet people's needs.

There were risk assessments in place to guide staff in providing safe support for people.

### Is the service effective?

**Requires Improvement** 

The service was not effective in all aspects of care.

An application for one person who required DoLS authorisation had not been made.

Mental capacity assessments were undertaken and best interests decisions made in line with the Mental Capacity Act 2005.

People were supported to see healthcare professionals when required.

People were positive about the meals provided and received support when required.

Staff received training and supervision to support them in their roles.

### Is the service caring?

**Good** 

The home was caring

People were positive about the care they received

People were involved in planning and reviewing their own care

and support.

People's independence was encouraged and when support was provided this was done with respect.

### **Is the service responsive?**

**Good** ●

The service was responsive

There were activities in place for people to take part in.

There was a process in place to respond to complaints.

The service responded to people's needs.

### **Is the service well-led?**

**Good** ●

The service was well led

Staff felt well supported by the registered manager

There were systems in place to monitor the quality of the service

# Avenue House - Bristol

## **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 1 and 2 November and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed information available to us such as the Provider Information Return PIR. The PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also looked at any notifications submitted by the service. Notifications are information about specific events that the provider is required to tell us about.

During our inspection we spoke with eight people who used the service, spoke with three care staff, the assistant manager and registered manager. We looked at care records for three people as well as other records relating to the running of the home such as audits and satisfaction surveys.

# Is the service safe?

## Our findings

People in the home weren't safe in all aspects of their care and support. Staff had been trained in safeguarding vulnerable adults and knew the signs to be aware of that might suggest a person was not being treated well. They told us they felt confident in reporting concerns and knew where to find relevant policies. However we found that for individuals who were at risk of damage to the skin, there was no clear plan for when unexplained bruises or marks would be discussed with the safeguarding team in the local authority. For one person we saw that a number of body charts had been completed to record bruises and marks. It was detailed in the person's care plan that their skin was vulnerable but no clear plan was recorded to explain when safeguarding teams would be alerted if unexplained marks were found. This meant there was a risk that issues would not be reported to the relevant authorities and investigated if necessary.

People told us they felt safe in the home and would be able to raise any concerns or problems if they had them. We also noted that people had pendant alarms in order to call for staff if they required assistance urgently.

There were sufficient numbers of staff to ensure that people's needs were met. There were 30 people living in the home at the time of our inspection and they were supported by four care staff in the morning and a senior care staff. In the afternoons three care staff were on duty and a senior care staff. There were two care staff on duty overnight. Staff told us that these numbers worked well and allowed them to spend time with people outside of care tasks. We observed examples of this taking place during our inspection. We saw one member of staff sitting with a person watching a film together and chatting pleasantly about what was going on. The registered manager told us that they were currently recruiting for one further member of care staff so that they had flexibility to cover sickness absence when necessary.

People in the home confirmed that there were enough staff. One person said "There is always someone you can call on".

There were systems in place to manage medicine safely. They were stored securely in a lockable trolley and temperatures of the room were recorded to ensure they were kept at the correct recommended temperature. The majority of medicines were administered from a blister pack from the pharmacy. This reduced the risk of errors occurring because it was easily visible when medicines had been given. We checked the stock levels of two medicines and saw that they were as they should be. Medicine Administration Charts (MAR) were completed to record when medicines had been administered. We checked a sample of these and saw that they were accurate and contained no errors.

Some people in the home had PRN or 'as required' medicines required. We saw that there was guidance available on the maximum dose the person could receive. This was sufficient for the PRN medicines that we saw, which were medicines such as paracetamol that are commonly used and have few risks associated with their use. We discussed with the assistant manager that a more detailed guidance may be required if more complex medicines were prescribed.

We saw that there was no recording system in place for prescribed creams. The assistant manager told us that senior staff would check verbally with care staff that they had been administered and it would be confirmed at handover but no written records were kept. The assistant manager told us they would look at ways of improving the system so that clear records were maintained for creams.

There were risk assessments in place to guide staff in providing safe care and support for people. These covered aspects of people's care such as the risk of damage to the skin, the risk of malnutrition and the risks associated with people's mobility. Assessments were reviewed regularly to ensure they reflected people's current needs.

When new staff were recruited, procedures were followed to ensure that safe recruitment decisions could be made. We looked at the files of four members of staff and saw that in each case references had been sought. There was also a Disclosure and Barring Service DBS check in place. A DBS check provides information about any convictions a person had and whether they are barred from working with vulnerable adults and children.

## Is the service effective?

### Our findings

There was some evidence that the principles of the Mental Capacity Act 2005 (MCA) were being followed. The MCA is legislation that protects the rights of people who are unable to make decisions independently about their own care and treatment. There was evidence that capacity assessments had been carried out in relation to specific decisions for a person regarding the use of particular equipment. However we did find a lack of understanding of the Deprivation of Liberty Safeguards (DoLS). Procedures were not followed for a person who lacked mental capacity to consent to their care arrangements and may require authorisation under the Deprivation of liberty Safeguards (DoLS). This is a framework that assesses the needs of a person when it is felt that a deprivation of their liberty is required in order to provide safe care and treatment. This meant that people's rights were not fully respected in line with legislation and there was a risk that people were being deprived of their liberty without the legal authorisation. Following our inspection, the registered manager took prompt action to seek advice and make an application for a person as necessary. However the lack of action prior to our inspection meant that people were at risk of their rights not being met in line with legislation.

This was a breach of regulation 13(5) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw that consent was gained for use of photographs and for access to people's care files from healthcare professionals. People signed their consent if they were able to.

Staff told us they were well supported and received sufficient training in order to carry out their roles effectively. Training topics included safeguarding vulnerable adults, health and safety, Mental Capacity Act and fire safety. The registered manager showed us a certificate that the home had received from a national training provider in recognition of their commitment to ongoing training for their staff. Staff told they had received a good induction when they began working at the home that had prepared them well.

Staff told us they had supervision with their line manager every few weeks. Supervision is an opportunity for staff to discuss their performance and developments needs with their manager. Staff also commented that they felt able to approach the registered manager with any concerns between formal supervision sessions if they needed to. We also saw that annual appraisals were carried out. An annual appraisal is an opportunity to reflect on a member of staff's performance over the year and what their development needs for the next year would be.

Most people in the home were independent with eating and drinking and told us they were happy with the quality of food provided. Comments included "food is excellent" and "they are very good at providing things like vegetarian". Other people however felt that the quality of the food was inconsistent.

We saw at the midday meal, people were offered a choice of drinks and meals. People confirmed that if they didn't want a meal on the menu they could request something else and this would be provided for them. Recordings were kept of people's weight so that this could be monitored and action taken if concerns were



identified. For one person we saw that there had been a gradual drop in their weight over the period of the last year. This had been discussed with the person's GP.

People were supported to see healthcare professionals when required. For one person who was at risk of skin breakdown, we saw that the district nurse was consulted regularly when there were concerns about the person's health. There were also regular recordings of the GP visiting the home. This person had also been provided with specialist equipment, such as an air mattress to help prevent skin breakdown. There was a plan in place to guide staff in meeting this person's needs and this included information about the support the person required to reposition at night times to prevent skin damage. We did note that the person's support plan stated that staff should reposition every 2-3 hours, however the night time recording charts showed that this was done two times a night with 5 hours in between. We spoke with the assistant manager about this who told us that since the air mattress had been provided, less frequent repositioning was required.

Where people had specific health needs these were made clear in their file. For example we saw that one person had an allergy to a particular medicine and this was made clear in their support plan. This person also took medication that required careful management and it was recorded that staff had contacted the GP when there were any issues.

## Is the service caring?

### Our findings

People were positive about the care they received at the home. Comments included "Nothing I could find fault with", "Exceptionally happy place to be", "Very well looked after, I feel like the queen". One person commented about staff "Excellent, they are good friends", another person said "Staff are very kind".

Our observations during the inspection showed that staff treated people kindly and with respect. Staff chatted pleasantly with people during the day. Even though many people had a high level of independence in their lives, staff offered support and help when needed. For example at the midday meal, staff supported people by getting them the drink they wanted. All staff were actively involved in the home and built relationships with the people there. During our inspection we saw a member of the maintenance team engaged in an activity with a person in the home; the person clearly enjoyed this.

Staff told us about the ways in which they ensured people's privacy and dignity such as ensuring doors were closed when support with personal care was provided. A number of people were independent in their lives and this was clearly documented in their care plans. This helped ensure that people were able to maintain their skills and abilities.

People were strongly involved in how the home was run and their opinions and views were actively sought. Resident meetings were held regularly and well attended by people in the home. From the minutes of these meetings it was clear that people felt able to voice their opinions and make suggestions about things that might add value to people's experience of living at the home. For example, we saw that one person had suggested an idea about an addition to the garden and had researched what would be involved. We also saw that residents were involved in deciding on the decoration of the home. On the day of our inspection we saw that discussions were taking place about the kinds of paintings that should be on display. Efforts were being made to accommodate everyone's choices. In the minutes of one resident meeting residents were asked their opinions on what chairs should be purchased.

People were involved with planning their own care and support and this was reviewed six monthly with the person and their relative if they wished for them to be involved. Recordings of these meetings clearly reflected that the person had been able to express their views and opinions. Family were also consulted at these reviews where the person was happy for this. In one review we read that a relative had been contacted by phone and had reported being "very happy with care at the home, mum always looks smart and happy".

People were able to maintain relationships with those people who were important to them. During our inspection we saw people going out with relatives. People told us that they could receive visitors at any time.

People's religious and spiritual needs were taken in to consideration. The home was run by the Quaker organisation and many of the people living in the home were of the Quaker faith too. There was a quaker meeting held in the home on a weekly basis and people also attended meetings outside of the home too. Ministers from both the Baptist and Methodist churches attended regularly. The registered manager told

that people of all religions and faiths would be welcomed in to the home.

## Is the service responsive?

### Our findings

People were happy that their needs were met in the home. One person commented that "people try very hard to understand individuals". Another person told us that they appreciated things like being able to have a cup of tea any time they wanted, rather than at set times.

People had clear support plans that described people's individual needs and the ways in which they preferred to be supported. These covered aspects of people's care such as nutrition, tissue viability and health and wellbeing. Information was provided that would allow staff to support people in a person centred way for example by describing the portion size people preferred at meal times. There was also information about the specific religious/spiritual meetings the people liked to attend.

We found that in places the information in people's support plans would have benefitted from more detailed information. For example in one plan, we saw that a person may occasionally need to be supported with the use of a hoist. The plan stated that the need for use of the hoist should be assessed by the care staff. However there was no detail provided about what signs would indicate the need for the hoist. There was also information that staff should support the person with communication, but no further information about the ways in which this should be achieved

There was a programme of activities taking place that people could be involved with if they chose to. There was dedicated room for art activities and we saw some of the items that people had painted and made on display. There was a diary of events for the month on display and this included events such as a newspaper discussion group, knitting group and snooker club. People said they enjoyed the programme of activities on offer.

There was a process in place to manage and respond to complaints. It was clear from the records we viewed that complaints were taken seriously and investigated accordingly. In one example we saw that the person making a complaint had been invited to a meeting to discuss the issue they'd raised. It was clear that a positive resolution had been reached and the complainant was happy with the outcome. There was a complaint that had been made prior to our inspection to the Commission. We asked the organisation to investigate and we were told at the inspection that the board had paid for an investigation. We were told that a copy of the investigation report would be provided when it was ready. This was further evidence of a positive response to investigating concerns and transparency with the findings.

## Is the service well-led?

### Our findings

Staff were positive about the support they received from the registered manager and the organisation as a whole. Staff said they felt able to raise issues or concerns and they were confident they would be listened to. Staff told us they worked well as a team and communication was good. At handover for example, staff said they were given all the information they required. During the inspection we saw that the registered manager had an open door to their office and people frequently came in to speak with her and were warmly welcomed. This helped ensure that they were visible and approachable.

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When discussing the organisation overseeing the home, staff reported positively about what was important to the organisation; such as providing good care and support and "ensuring people were comfortable". The registered manager told us that they had been supported by the board to recruit a further member of staff to ensure that people's care wasn't compromised if a member of staff was on unplanned leave. This showed that the registered manager was supported to provide good quality care by the board overseeing the running of the home.

There were systems in place to monitor the quality and safety of the service provided. A programme of audits was carried out to check on various aspects of the home, such as infection control, care plans and food safety. There were also regular visits from a member of the board overseeing the running of the home. The home scored highly on the audits we viewed. For example in the last Food Safety audit, a score of 99% had been achieved. In a medicines audit in Oct 2016, a score of 99% had been recorded.

People's opinions were sought as part of the quality monitoring process. When people's feedback highlighted an issue this was acted upon. The latest survey had raised an issue about the vegetarian meals available. This had led to a meeting with the chef and residents to view and discuss a sample menu plan for vegetarian meals. The 'quality assurance audit' looked at areas such as whether people felt able to make complaints, response times and cleanliness. We saw that people in the home had responded positively to questions in these areas. One person had written "always kind, often go the extra mile".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The appropriate authority was not sought in line with the deprivation of liberty safeguards when a person needed to be deprived of their liberty in order to receive care and support.</p> <p>This was a breach of regulation 13 (5) of the The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>