Averesidential Care Ltd

The Avenue Care Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We inspected this service on 15 September 2015. The inspection was unannounced. Avenue Care Home is a care home registered for a maximum of four adults who have mental health needs. The service is currently a home for women only.

At the time of our inspection there were two people living at the service. No one was detained under the Mental Health Act or under formal supervision in the community.

The service is located in a terraced house, on two floors with access to a front and back garden.

We previously inspected the service on 7 January 2014 and the service was found to be meeting the regulations.

Avenue Care Home had a registered manager at the service. 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.

Summary of findings

Referrals to the service could be made by local authorities. People had to be under the care of the local community mental health team.

During the inspection there was a calm and pleasant atmosphere. People using the service informed us that they were satisfied with the care and services provided. They said that they were treated with dignity and respect and we observed good quality interactions between staff and people using the service.

Staff were fully aware of people's needs as a result of working with people using the service and information provided by the staff from the community mental health team. Their needs were documented within detailed care plans. Staff responded quickly to people's change in needs if they were physically or mentally unwell.

Care records were individualised and reflected their choices, likes and dislikes, and arrangements were in place to ensure that these were responded to. Care plans provided detailed information on people's health needs which were closely monitored. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, the local community mental health team (including mental health professionals and social work staff) and the local general hospital.

Risk assessments had been carried out and these contained guidance for staff on protecting people. Care plans were developed and updated with input from health and social care professionals.

People were promoted to live full and active lives and were supported to access activities in the wider community if they wished. People's cultural and religious needs were actively facilitated by staff.

People had their medicines managed safely. People received their medicines as prescribed and on time. Staff had been carefully recruited and provided with training to enable them to care effectively for people, although three staff required formal training in medicines management. Storage and management of medicines was well managed with clear processes in place.

Staff felt supported and there was always a manager available on call, but there was no evidence of regular supervision documented. Staff knew how to recognise and report any concerns or allegations of abuse and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

There were enough staff to meet people's needs.

The home had comprehensive arrangements for quality assurance. Regular audits and checks had been carried out by the registered manager.

We found the premises were clean and tidy. The home had an infection control policy and measures were in place for infection control. There was a record of essential inspections and maintenance carried out. There was clear documentation relating to complaints and incidents.

Management of money for people using the service was well managed and organised.

People told us the management was a visible presence within the home. Staff talked positively about their jobs telling us they enjoyed their work and felt valued. The staff we met were caring, kind and compassionate.

The building was not suitable for people with significant mobility problems although this was not an issue for the people who used the service at this point in time as nobody had any mobility problems.

We have made recommendations in relation to staff training and supervision.

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?

Good

The service was safe. There were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people. People felt safe.

Risks had been identified and managed appropriately. Assessments had been carried out in line with individual need to support and protect people.

Medicines were administered safely and as prescribed.

Is the service effective?

Requires improvement

The service was not always effective. People received care and support that met their needs.

Most staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards and staff displayed a good understanding of the requirements of the act.

Not all staff had received formal training in managing medicines. This is an additional safeguard in safe medicines management.

The registered manager provided a mentoring role to staff on a regular basis but this was not formalised in supervision records.

People were supported to have their choices and preferences met. People were supported to maintain a healthy diet.

Is the service caring?

Good

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Religious and cultural needs were actively supported by staff.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care records were personalised and met people's individual needs.

Staff knew how people wanted to be supported.

People were supported to do activities that were meaningful and were planned in line with their interests.

Summary of findings

People's experiences were taken into account to drive improvements to the service.

There was a complaints policy in place, and complaints were managed in line with this policy.

Is the service well-led?

Good

The service was well-led. There was a clear objective for the running of the service.

There was good leadership provided by the registered manager.

There was evidence of audits taking place in a number of areas to ensure the service offered was of a high standard.

The service was well regarded by the local mental health team and staff were motivated to develop and provide quality care.

The Avenue Care Home

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 15 September 2015 and was unannounced. It was undertaken by an inspector for adult social care.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with one person who lived at Avenue Care Home (the other person living at the service did not want to speak with us), the registered manager and one member of staff. We observed the interactions between people and staff and discussed people's care needs with staff. We inspected the premises.

We also inspected two care records related to people's individual care needs, three staff recruitment files and five staff training records. We look at the records associated with the management of medicines, and management of people's money. We reviewed health and safety documentation, staff employment and supervision records, incident and complaints logs and quality audits undertaken by the service. We reviewed staff meeting minutes and questionnaires which had been completed by multidisciplinary staff who worked with people living at the service.

We spoke with a social worker from the community mental health team on the day of the inspection and got feedback from one of the psychiatrists who works with the people who use the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. “I feel safe”. “I get on well with staff”. “I feel staff can help me – no problems”.

People were protected by staff who were confident they knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. In order to ensure the safety of one particularly vulnerable person living at the service, the staff supported them from a distance when they smoked out on the street at night, even if this was in the early hours. This balanced the person's freedom with ensuring their safety at night.

Detailed care plans and risk assessments were in place. Staff understood the needs of people using the service and knew how to reduce environmental stress and anticipate situations which might trigger people to become anxious and / or agitated. For example, one person at the home could at times become agitated due to their mental health needs. Staff were observant to the person’s changing moods and used distraction techniques and de-escalation to reduce people’s anxiety.

There was a recent incident in which a person had been found to have potentially dangerous kitchen equipment in their bedroom. Following this, the kitchen equipment had been safely locked away by staff but was available to others to use freely whilst supervised. This was a proportionate response to ensure the safety of people living at the service.

Medicines were managed, stored, given to people as prescribed and disposed of safely. There were two lockable cupboards, one for current medicines and the other for medicines either to be returned to the pharmacist or for medicines that had been picked up for future use. All medicines were clearly labelled.

We spoke to staff about medicines management. They understood the importance of safe administration and management of medicines, and were observed by the registered manager for competency in administration. The registered manager undertook regular audits of medicines and spoke with staff if there were any errors.

People’s money and finances were managed well. Where people were not able to look after their own finances, staff managed their money. Records were clearly documented and people using the service signed for cash and their receipts for all purchases. There was a policy in place to explain the process.

As part of the quality assurance process, daily environmental checks were conducted to ensure the environment was clean and safe for people, and repairs were carried out quickly. The premises were in good condition and the environment was clean.

Clear notices identified different uses for chopping boards in the kitchen to ensure good hygiene. Different mops and buckets were used for different areas of the service and the premises were clean throughout. Where people were able they were responsible for cleaning their own rooms, but where needed staff offered support with this. Staff understood the importance of following infection control procedures.

The registered manager informed us that new admissions to the home were carefully considered to ensure the mix of people in the house remained as stable and safe as possible, and that their needs were within the skill competency of the service.

People were supported by staff who had experience of working with vulnerable adults. Safe recruitment practices were in place. Records showed appropriate references and Disclosure and Barring Service checks (DBS) checks were undertaken before staff began work to ensure that staff were safe to work with people.

Requires improvement

Is the service effective?

Our findings

People we spoke with confirmed they felt staff were well-trained. Professionals were confident staff had the skills they needed to support people. Staff said they had been supported at the start of their employment by a thorough induction to the home. Staff were aware of people's personal history where this was available.

People received care and support that met their needs. Some people had complex physical health conditions as well as mental health needs and there was evidence that these were well met by support with diet/fluid intake and through attendance at a range of health appointments.

The mental health professionals said they were made aware promptly by the registered manager when a person's mental health deteriorated. They gave an example where the Home Treatment Team (a local team of staff offering intensive mental health support to prevent admission to hospital) became involved recently with good effect.

The community mental health team valued the input of the staff at the home in care planning, and there was mutual respect for each other's role in supporting people to live safely.

People were supported to have their choices and preferences met. For one person good personal grooming was very important to them so they were supported to achieve this. Staff understood the importance of gaining consent when supporting people.

Where people were able they cooked for themselves. For those who were not able, staff prepared food of their choice and kept a log of what was requested to ensure people had as balanced a diet as possible.

In order to ensure there was enough food available for all people using the service some food was kept in a separate fridge and replenished throughout the day by staff.

The building was not suitable for people with significant mobility problems although this was not an issue for the people who used the service at this point in time as nobody had any mobility problems.

Staff displayed an understanding of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards (DOLS). Four out of five staff had received appropriate training in the legislation.

The registered manager, who is a qualified nurse, told us they mentored and regularly witnessed the giving of medicines by other staff, although there were no records to evidence this. We saw from training records that three out of five staff had received formal training in managing medicines.

The registered manager told us they provided a mentoring role to staff on a regular basis but this was not formalised in supervision records. Supervision records provide a log of learning and experience for staff to ensure they are providing good quality care to people who use the service. They also help to identify any gaps in knowledge that need to be met through further training and support to provide high quality care.

We recommend that all staff training is reviewed to ensure that staff are up to date with Mental Capacity Act, Deprivation of Liberty Safeguards (DOLS) and medicines training.

We recommend that supervision is regular and formalised through recording.

Good

Is the service caring?

Our findings

People were supported by staff that promoted independence, respected their dignity and maintained their privacy. We were told “I feel staff are kind, especially X”. We witnessed caring interactions between staff and people using the service.

We saw examples of staff exploring creative solutions to maximise peoples dignity and independence in relation to care issues and improving educational and volunteering opportunities.

Religious and cultural needs were actively supported by staff. For example, one person enjoys shopping for and cooking their own food. They are encouraged to do so and reimbursed for any money they spend. This enables the person to cook Halal meat and make food related to their cultural preferences whenever they want.

We also saw evidence of staff supporting people to fulfil their religious obligations.

We noted from care planning records that one person had recently asked for support to attend their regular clinic appointment as they found waiting alone in the clinic difficult. Staff then attended with the person to minimise their anxiety. Care plans contained up to date information about the choices people were making, although the people in the service had not signed the care plans themselves.

The living room was very homely with good quality furniture and there was free access to Wifi for people to use at the service. This had enabled one person to be able to watch culturally appropriate films on their phone in their room at no cost. There was also a payphone for the use of people living in the service, this meant people were not reliant on having their own mobile phone.

The service managed the balance well to achieve a homely environment with the requirements of an organised, well run service.

Good

Is the service responsive?

Our findings

Care planning within the home was clearly person centred. There were not planned activities at the home in order to encourage people living at the service to engage with activities outside of the service. One person attended a women's group weekly as well as college. A person living at the service (who had recently left) had been supported to do charity fundraising at the local tube station as it was very important to her to make a contribution to society.

One person told us “I manage my money. I use the bank, somebody helps me, and the phone". Staff had supported them to download the banking application on their mobile phone, and ensured they knew how to use it safely.

Whilst people living at the home were able to go outside unaccompanied, one person preferred mostly to be supported by staff to go out. As good grooming was very important to them, they were supported to attend hair and nail appointments as well as shopping for clothes.

People were well supported with health appointments and steps were taken within the service to support people to maintain good health. This was done by monthly weighing of people in the service, dietary advice and for one person monitoring of their fluid intake due to a complex medical condition.

The service had developed a good system for managing the money and cigarette usage for people living at the service. This approach had been developed in conjunction with other mental health professionals, and balanced people’s autonomy with reduction of harm approach. People using the service were in agreement with the system.

Similarly a recent incident in which there were repeated deliberate breakages of crockery in the kitchen was managed effectively and swiftly. The solution was reached through discussion between the registered manager and the local community mental health team.

These are all examples of creative solutions to manage risk effectively to ensure that people are supported to remain living in community settings with a good quality of life.

There was a complaints policy in place and it was evident from records complaints were dealt with swiftly.

Good

Is the service well-led?

Our findings

There was a clear philosophy for the service, "to ensure that our residents maximise their potential in all aspects of life to enable them to live independently in the community."

The registered manager provided good leadership and there was an open culture within the service. It was clear from discussion with the registered manager that they expected a high standard of care from their staff and this was confirmed by the health professionals we spoke with.

The registered manager involved staff and people using the service in the running of the home. There were regular staff meeting minutes documented and there was evidence of meetings with the people using the service, although these were less documented recently as the discussions were more informal with just two people living at the service.

There was an effective quality monitoring system in place. The manager undertook regular audits of medication, cleanliness, finances and the environment. Where any issues were found, action was taken.

Fire risk assessment checklist activities were undertaken regularly. There was recent servicing documentation for fire, electricity and gas at the service. These contributed to the service being run safely.

The premises were well kept, clean and organised. We noted the hand soap dispenser in the communal bathroom upstairs needed to be attached to the wall for ease of usage. The registered manager was made aware of this and said they will deal with it promptly.

Staff had experience of working in social care or nursing prior to starting at the service and were mentored closely by the registered manager once they began working.

Staff told us they felt there was always management support available and if an incident occurred when the registered manager was not on shift she would come into the service if she was needed.

It is important to learn from incidents that occur in a care home. There was evidence of this in staff meeting minutes where an incident had been discussed and staff views taken on board to reach a solution.

There was a comprehensive list of policies reviewed in the last year. Clear arrangements were in place to manage visitors, in particular male visitors which suited the people who used the service. Male staff were used minimally at the service.

We inspected the incidents and complaints logs and although they had been completed appropriately, the registered manager stated they would make sure they were aware of the range of notifications required by CQC to maintain compliant.

The registered manager had good connections with the local community as they had run the service for many years, and had developed a good working relationship with the local mental health services. Through effective networking the manager was able to provide better care for the people living at the service.

There was also evidence the registered manager dealt with complaints by neighbours regarding noise or anti social behaviour swiftly and effectively. This helped minimise social isolation that can arise when a home is located within a residential setting.