Care Management Group Limited

Park Avenue

Inspection report

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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

Park Avenue is a supported living service providing personal care and support for up to three adults who have a learning disability, physical disability or mental health conditions. At the time of our announced inspection on 11 July 2018, there were three people living at the service. This was the first inspection of this service. This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. 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. The registered manager assisted us with our inspection.

People 's care and support was planned proactively in partnership with them. People had opportunities to take part in activities that reflected their interests. People told us they were happy living at Park Avenue.

People were supported by sufficient numbers of appropriately skilled staff to meet their needs and keep them safe. Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns they had. Risks to people's safety were identified and action taken to keep people as safe as possible. Accidents and incidents were reviewed and measures implemented to reduce the risk of them happening again. People's care would not be interrupted in the event of an emergency and people were made aware of fire procedures. Staff had been recruited safely by the provider.

People lived at a service that was kept clean and free from infection. People's medicines were stored and administered safely and where people required input from healthcare professionals they were supported to access this. People could make choices about the food they ate and each person had a health action plan which detailed their health needs and the support they needed. Staff worked with external organisations and professionals to help provide the most effective care to people. People's needs had been assessed prior to moving in to the service.

People's rights under the Mental Capacity Act 2005 were respected. Staff understood the importance of gaining people's consent to their care and there were no restrictions in place for people.

People were cared for by staff who were kind and caring towards them. Staff treated people with respect and maintained their dignity. People were supported to make choices about their care and to remain independent. There was sufficient information in people's support plans to enable staff to provide the most appropriate care to people. This included their wishes in relation to their death.

People and staff benefited from good leadership provided by the registered manager. Staff said there was a strong team and staff said they received good support from their colleagues. People's views were taken into account and the provider's quality monitoring systems were effective in ensuring people received good quality care and support. Important areas of the service were audited regularly. Should someone wish to complain there were appropriate procedures in place.

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 was safe.

People received care from staff who had been recruited through appropriate processes.

Staff knew how to keep people safe from abuse and who had identified risks to people.

People's medicines were managed appropriately and the service people lived in was clean and hygienic.

Accidents and incidents were reviewed and action taken as a result and in the event of an emergency people's care would continue.

Is the service effective?

Good

The service was effective.

People's rights were recognised as staff followed the principals of the Mental Capacity Act (2005).

People had a choice of foods and were supported to access healthcare professionals to help keep them healthy.

People's needs were assessed before moving in. Staff were trained and supported in their role to help ensure that when people did move in they received the most appropriate care.

Is the service caring?

Good

The service was caring.

People's care was provided to them by staff who demonstrated an empathetic approach to them.

People were shown respect and dignity and given privacy when they wished it. People were supported to be independent and make choices in their care.

Is the service responsive?

Good

The service was responsive.

People could access individualised activities.

People's support plans contained sufficient information to enable staff to provide responsive care.

There was a complaints procedure in place in a format people would understand.

People's end of life care plans were starting to be developed.

Is the service well-led?

Good

The service was well-led.

There was strong management presence and staff felt supported and understood the ethos of service.

Quality assurance monitoring enabled management to identify where improvement was needed.

The registered manager worked in partnership with external agencies and people and staff had the opportunity to feed into the service.

Park 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.

The inspection took place on 11 July 2018. This was a comprehensive inspection that due to the size of the service was carried out by one inspector. This was the first inspection of Park Avenue and we announced our inspection as we wished to ensure there was someone at the service when we visited.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had 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 reviewed the PIR prior to our inspection.

During the inspection we spoke with or met two people who lived at the service, spoke with two members of staff and the registered manager. If people were unable to tell us directly about their experience, we observed the care they received and the interactions they had with staff. We looked at two people's care records, including their assessments, care plans and risk assessments. We checked training records and how medicines were managed and reviewed two staff recruitment files. We also looked at health and safety checks and quality monitoring checks.

Following the inspection, we obtained feedback from two relatives.

Good

Is the service safe?

Our findings

People were helped to stay safe from risk. Risk assessments had been carried out to keep people safe while supporting them in areas including activities and eating and drinking. One person banged their head on the floor when seeking attention and their risk assessment reminded staff to put a cushion on the floor to protect them from harm. A second person was diabetic and there was information for staff on how to recognise the signs of high or low blood sugar levels and what to do in response. A relative told us, "I feel she is safe – it's a small environment." A staff member said, "We have to be around them and keep them secure. At night we make sure they are safe in their rooms." Another said, "We know we have to keep the floor clean for [name] and that [name] uses their walking frame when moving around."

People were cared for by staff who understood their roles in keeping people safe. A relative said, "If something was bothering her, or she was being bullied you'd know about it." Staff had received safeguarding training and as such were able to describe to us what they would do in the event they suspected someone was being abused. We also read information for staff on how to whistleblow to report any concerns they had. A staff member told us, "I'd complete a body map and inform the manager. If necessary I'd get medical attention."

People were cared for by a sufficient number of staff. Staff told us that staffing levels had improved and that they now felt there was enough of them to provide the care people required. We saw people received care from the correct staffing levels required to keep them safe. This meant people could go out or remain at the service as they wished. A staff member told us, "We have enough (staff) to take people out when they want to go." A relative said, "There is always at least two staff."

People's medicines were managed safely. Each person had a medicines cabinet in their room which was kept locked. People's medicines records (MARs) were stored centrally and we found that these had been completed correctly and there were no gaps. This meant people had received the medicines they were prescribed. Medicines cabinets were organised with medicines neatly stored and we did not find staff had overstock medicines. A relative told us, "I feel satisfied that she gets her medicines when she needs them."

Where people had accidents or incidents and staff took action to help ensure they did not reoccur. For example, by ensuring certain people did not sit in too close a proximity to each other and making sure the environment was free from trip hazards. The registered manager told us they had learnt that it was important to get the right staff as when they had started at the service the culture within the staff team was poor and as such it was having an impact on people. They told us, "I've learnt I need to challenge through staff's probation or extend their probation to ensure a better impact for people." They said they felt this meant people would receive appropriate care within a good environment which would reduce the risk of people having accidents.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form. The provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a

criminal record or are barred from working with people who use care and support services.

People were actively involved in fire drills and staff were able to describe to us what they should do in the event of a fire. This meant people would be kept safe in such a situation and their care would continue uninterrupted. We read in one person's fire risk assessment, 'practice drills' and we read they had participated in them. A staff member told us, "We'd raise the alarm, get everyone out. We meet at the front in the driveway." In the event the service became uninhabitable people would move to another of the provider's services in line with the provider's business continuity plan.

People were protected from the risk of infection as staff maintained appropriate standards of hygiene. We found the service to be clean and observed staff cleaning down work surfaces after the preparation of food. A staff member told us, "We do a lot of cleaning and have antibacterial sprays and we sterilise things like medicines cups." Another said, "We have different coloured mops for different areas. We use gloves a lot and check water temperatures regularly."

Good

Is the service effective?

Our findings

People's needs had been assessed before they moved into the service and pre-admission assessments were used as a basis for a person's support plan. We also read people's funding authorities had provided their assessment of a person's needs.

Staff had access to the training and support they needed to carry out their roles. This included training that was specific to the needs of people living at the service. Records confirmed staff training as well as the opportunity for staff to meet with their line manager to discuss all aspects of their work. A staff member said, "The training is definitely specific to the role and I have supervision once a month." A second member of staff told us, "I really enjoyed the training. I've done specific courses like dysphagia, autism, dementia and diabetes. I've asked [registered manager] for some more training. I find my supervisions really useful."

People were being supported to make decisions in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Everyone living at the service had the capacity to make decisions about their care and there were no restrictions in place. If people wished to go out unaccompanied they were not stopped doing so by staff. There was no locked door and although there were sensors on bedroom doors (to alert staff that one person was accessing others' rooms) this had been discussed and agreed with people. A staff member told us, "We have got to get consent from people before we do anything." Another staff member said, "There are no restrictions here. [Name] and [name] have capacity and [name] makes her decisions using body language."

People could choose the foods they ate and one person told us they liked the food and that they liked, "Chips the best." A relative told us, "They have a good diet and they stick to it." People had opportunities to eat out when they wished and staff encouraged a good range of foods. The registered manager told us one person would eat only chips, onions and fried eggs when they first moved in. However other people liked different types of foods. As staff prepared meals of people's individual choices this had encouraged this one person to try new options such as sweet potatoes and fish. This was because they had seen others eating it. Where people had specific dietary requirements, they received the involvement of professionals such as one person who was at risk of choking. The Speech and Language Therapy team had assessed them and there was guidance for staff on how their food should be prepared. Staff were knowledgeable with regard to this.

People were supported to stay healthy and to obtain treatment when needed. People had input from healthcare professionals including the GP, chiropodist, optician and podiatrist. Where people needed treatment in relation to their oral health staff accompanied them to the community dental clinic. One person did not like going out to the doctors practice, so instead the GP came to visit them. A relative told us,

"They (staff) tend to pick up on things straight away, if something is wrong with her. She is straight down to the GP and they let me know."

Good

Is the service caring?

Our findings

People were happy with the care staff provided them. One person told us they were happy, they said they liked, "The music and TV the best." A relative said, "They are really doing everything they can for her I have noticed she is a lot happier."

There was a kind, caring atmosphere at the service. People had good relationships with staff and they appeared relaxed in their company. Staff knew people well and were able to describe to us people's individual characteristics. A staff member told us, "We are very good at knowing what they (people) like and dislike. When staff come on duty we talk to people straightaway." We noted during our inspection that staff attended to people before us. For example, when making a cup of tea.

People were encouraged to make decisions about their care and express their views. One person preferred to stay indoors most of the time and they told us this was their choice. Staff respected this decision and showed an attentive approach to the person during the day.

People's privacy was respected by staff. People could spend time in their rooms when they wished on their own. One person stored different items in boxes and liked to go through these, spending several hours over a week doing so. Staff encouraged and supported them to do this. A relative said, "They have their own space."

People's dignity was upheld. When people received personal care staff ensured doors were always closed, particularly the bathroom door. A staff member told us, "I would ensure I was not exposing people. You must knock before you enter (someone's room)."

People were encouraged to be independent. A staff member told us, "[Name] is doing a lot more for herself now and I will say to her [name] come and help me." Staff supported people to make their own drink where they were able to do so and by ensuring people had the appropriate tools at meal times this helped people to eat independently. One person was recorded as being able to, 'turn the shower on and off independently'. This was confirmed by staff when we spoke with them. This same person could also dress and undress themselves. Another person had pictures in their support plan of them helping to wash up the dishes.

People's individuality was known by staff. One person would only wear a long-sleeved top with another top underneath. This was recorded in their support plan and known by staff. This same person needed to eat with a fork and spoon as opposed to a knife and fork and again staff were able to demonstrate to us they knew this. Furthermore, staff could describe to us how this person took their medicines and in what order. This was in line with what was in their support plan. A relative told us, "Staff know she likes her yoghurt and a banana. She likes to know what is going on and likes the open plan of the place."

Information was provided to people in a way they would understand. For example, some elements of people's support plans were in pictorial format. There were pictures of foods to support people to make their own meal choices and the complaints procedure was pictorial.

Good

Is the service responsive?

Our findings

People's support plans contained sufficient information in order for staff to provide responsive care. One person had poor posture and staff had put pictures of a cup of tea high up on the walls around the service. This encouraged the person to stretch up when they wanted to indicate they wished a cup of tea, encouraging them to stand straighter. This same person had been provided with a 'tub' armchair which gave them better support when sitting down. People's support plans included information on their mobility, communication, sleep, activities, risks and personal care needs. There were detailed backgrounds on people so staff could get to know them. People's preferences, likes and dislikes were also recorded. For example, in the case of one person's favourite television programmes.

Where people's needs changed staff supported them to receive input from appropriate professionals to help ensure these changing needs were met. One person had suffered from poor health and staff had engaged the GP and psychiatrist. As such this person had improved and had returned to knitting which they enjoyed and listening to war time music. The registered manager told us they purchased war time CDs with books and words for the songs for this person as they knew they liked them. It also enabled staff to sing along with the person. We saw this person sitting through the day listening to music and they told us they danced to it.

Another person had moved into the service following a knee operation which had resulted in them needing ground floor accommodation. Staff had identified some behavioural issues with this person which meant they required much closer support. As a result, staffing levels were such to ensure this was provided and the positive support team were involved in this person's care. An outreach staff member came in to undertake one to one's with this person. This person also became fixated on certain things and their care plan guided staff on how to distract this person.

People were enabled to participate in the past-times of their choosing. One person liked to shop in charity shops and we read from their daily notes that they were supported to do this regularly. Staff recognised it was important to this person to be able to choose the items they wished to buy and they preferred to buy small, cheaper items so they could purchase more of them. As such staff supported the person to shop in cheaper stores so their money would go further. This was clear in their care plan in that it recorded, "Loves charity shops/pound shops. Go to cheaper shops so I can buy more things." A staff member told us, "There is enough going on (for people). [Name] loves massages and going out." A relative said, "There is a Karaoke machine and she smiles when it is on and [name] is singing along." One person had pictures in their support plan of knitting, having their nails painted and watching England in the World Cup tournament.

People were supported to maintain relationships with those close to them or who they knew in their previous settings. This was recorded in their support plans and we saw pictures of people from different services together on events. There was an annual sports day for everyone living at the provider's services. Some people attended day centres regularly at which again they would have the opportunity to meet people of a similar age. A relative said, "She doesn't miss out on anything."

People were provided with information on how to make a complaint in a way they would understand as the

complaints procedure was in pictorial format. The registered manager told us no complaints had been received at the service. However, we read some compliments/feedback that had been left. This included, 'lovely atmosphere, staff extremely friendly. I have been here twice and received a lovely service' and, 'I am satisfied with everything'.

People's end of life wishes were starting to be recorded by the service and the registered manager told us they had worked with one person's appointee to purchase a funeral plan and had started to explore the person's wishes at the end of their life. Another person had recorded in theirs, 'I would not like my boxes to be taken away from me'. This person's boxes were extremely important to the person and as such would give them comfort during this time.

Good

Is the service well-led?

Our findings

The registered manager had made improvements to the service. They told us the culture and approach from the staff team was not positive when they came into post. They said they told staff, "I'm trying to take the service one way and you're trying to take it another. It's what they (people) deserve. When it's their last day on earth and they think, "I'm glad I lived there" then we've done our job." A staff member said, "Staff are working together now and people seem happier." A staff member told us, "Staff morale was probably not the best but now we are fully staffed it is more relaxed." Senior manager had commented as part of their most recent audit of the service, 'the manager has done an excellent job of changing the culture within the service. The service has improved immensely. There is structure, positivity and a real commitment to improving lives of the people the service supports'.

There was a clear vision and it was evident the registered manager had an enthusiasm and passion for the service and the care provided to people. They also had a clear drive to learn and improve. They told us they were currently undertaken their Level 5 in Health & Social Care and would complete this in August 2018. They were part of the 'aging well' forum and had completed their autism champion certificate. They also told us that by developing the staff and the relationships they had with people this had resulted in one person who did not liked to be touched now kissing staff. She told us, "I lead by example. Staff have always wanted to learn and I've wanted to teach them. It's the morals and values that I have that staff are starting to recognise and put into practice." A staff member told us, "The vision is to make sure people are satisfied at all times. We do the best for them and make someone's day."

Staff felt supported. A staff member said, "Staff are working together now and people seem happier." A second staff member told us, "I feel supported 100%. If I have an issue I go to her (the registered manager) and it's sorted." In turn the registered manager told us they had support from senior management. They said, "I feel totally supported by the regional director. I couldn't have done it without him."

Relatives told us the registered manager and staff did a good job with one relative telling us how much better Park Avenue was for their family member since new management had taken over. Another relative said, "They (staff) keep me informed and I have always found since she's been there that things seem okay." Family members were given the opportunity to feedback their views on the service and we reviewed the two responses received in the 2017 survey. Relative's responded that they felt their family members health needs were met, they had meaningful activities, they had confidence in the registered manager and were overall satisfied with the service.

Staff regularly met together to discuss all aspects of the service. They talked about incidents and how they could learn from them, the recent hot weather and how to keep people safe, food and individual people. Staff signed the minutes to confirm they had read them. A staff member told us, "We have regular meetings where we share information."

Staff worked with external agencies in order to provide the most appropriate care to people and saw evidence that staff had researched information around people's individual needs to assist them to

understand a person's medical condition. This included the Royal College of Psychiatrists autism spectrum guidance and fact sheets on autism and epilepsy. The service was currently working with an occupational therapist to obtain funding to install wheelchair ramps to the front and rear of the service.

There was a drive to improve the service through quality monitoring and responding to feedback. During our inspection we identified some minor shortfalls in record keeping and processes. We had no concerns that there was any impact to people in terms of safe care as the service was small and it was clear that people were well known by staff. This included one person's hospital passport not containing some information about the person in their 'risk of choking' section, another person not having an 'as required' protocol in place for one of their medicines and a third person not having a risk assessment for their epilepsy although they had not had any seizures since living at the service. We discussed these with the registered manager during our inspection. The registered manager provided us with evidence the day after our inspection to demonstrate action had been taken to address these gaps in records.

The provider carried out quality monitoring auditing of the service. This was done three-monthly. We noted actions from the last audit, carried out in June 2018 included carrying out a fire drill, checking water temperatures, ensuring opening dates were recorded on liquid medicines and reviewing everyone's health action plans. We saw that actions had been addressed. Other audits included internal and external medicines audits, infection control and health and safety audits.