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Marston Avenue

Inspection report

8 Marston Avenue
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Tel: 07748647255

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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 was first registered with the Care Quality Commission (CQC) in October 2014 and this is the first inspection of the service since registration. This inspection took place on 14 April 2016 and was announced.

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 that 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.

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 (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were safe at Marston Avenue. The views of people, their relatives and social workers involved in their care, supported this. The provider and the staff they employed had received training to ensure people could be sufficiently protected if they suspected they were at risk of abuse or harm. There were procedures in place for all staff to follow to ensure concerns were reported promptly to the appropriate investigating authority. Staff had also received training to ensure people were protected from discriminatory behaviour and practices that could cause them harm.

To keep people safe from injury or harm in the home and community, staff had access to appropriate guidance on how to minimise identified risks to people due to their specific needs. Maintenance and service checks were carried out at the home to ensure the environment and equipment was safe.

There were enough suitable staff to care for and support people. The provider had carried out appropriate checks to ensure all staff employed were suitable to work at the home. The provider ensured they and all staff attended relevant training to support them in their roles. The provider had a good understanding and awareness of people's needs and how these should be met. They ensured people's right to privacy and to be treated with dignity were respected. The way they supported people during the inspection was kind and respectful.

People were supported to keep healthy and well. The provider ensured people were able to promptly access healthcare services when this was needed. People were encouraged to drink and eat sufficient amounts to meet their needs. Where this was appropriate their food and fluid intake was monitored to ensure they were eating and drinking enough and maintaining a healthy weight. There were good arrangements in place to support people with their prescribed medicines if this was needed.

People were supported to express their views in a way that suited them. The provider used appropriate communication methods to ensure people could state their wishes and choices and these were respected. People were involved in planning the care and support they needed. Their relatives and social workers also participated in helping people decide on the level of care and support they wanted. There was good information for staff on how people's care and support needs should be met.

People, their relatives and social workers, were satisfied with the support people received at Marston Avenue. The provider had put in place good arrangements to enable people to state their views, concerns or complaints and to suggest to the provider what actions and learning the service could take from their experiences.

People were encouraged to maintain relationships that were important to them. People undertook activities and outings of their choosing. People were supported to be as independent as they could be in the home and community. Staff only stepped in when people could not manage tasks safely and without their support.

The provider promoted a culture within the service that was open and transparent. People, relatives and social workers said communication with the provider was good. The provider acted on their feedback and made changes where this was needed.

The provider had a good understanding of their role and responsibilities. They carried out checks of the service to assess and review the quality of care and support people received. The provider took responsibility for taking action to address any shortfalls and gaps identified. They also used feedback from external organisations to identify any aspects of the service that could be improved.

The provider had procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training to understand when an application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

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. Staff knew how to recognise abuse and to report any concerns they had, to ensure people were appropriately protected. Staff were supported to protect people from discriminatory behaviour and practices.

There were enough staff to care for and support people. The provider had carried out checks of their suitability to work at the home.

Plans were in place to minimise identified risks to people's health, wellbeing and safety in the home and community. Regular checks of the environment and equipment were carried out to ensure these did not pose a risk to people.

Is the service effective?

Good ●

The service was effective. Staff received relevant training to ensure they could meet people's needs.

Staff knew what their responsibilities were in relation to the Mental Capacity Act 2005 and DoLS. Procedures were in place to ensure when complex decisions had to be made staff involved relatives and professionals to make decisions in people's best interests.

People were supported by staff to eat well and to stay healthy. When people needed care and support from other healthcare professionals, staff ensured people received this promptly.

Is the service caring?

Good ●

The service was caring. Staff knew people well and what was important to them in terms of their needs, wishes and preferences.

People were supported to express their views in a way that suited them. Staff used various methods to ensure people could state their wishes and choices and these were respected.

Staff respected people's right to privacy and to be treated with dignity. Information about people was kept securely. People

were encouraged by staff to be as independent as they could and wanted to be.

Is the service responsive?

Good ●

The service was responsive. There was appropriate guidance for staff on how people's needs should be met. They reflected people's individual choices and preferences for how they received care and support.

People were supported to live an active life in the home and community. They were encouraged to maintain relationships with the people that were important to them.

People were satisfied with the support they received. The provider had appropriate arrangements in place to deal with any concerns or complaints people had about this.

Is the service well-led?

Good ●

The service was well led. There was an open and transparent culture in which people's views about how the service could be improved were sought.

The provider had a good understanding and awareness of their role and responsibilities. They carried out regular checks to monitor the safety and quality of the service. They took action to make the necessary changes needed where shortfalls or gaps in the service were identified.

The provider used feedback from external organisations to identify any aspects of the service that could be improved.

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.

This inspection took place on 14 April 2016 and was announced. We gave the provider 48 hours' notice of the inspection because the provider was sometimes out of the office supporting people who use the service. We needed to be sure that the provider would be available to speak with us on the day of our inspection. The inspection team consisted of a single inspector.

Before the inspection we reviewed information about the service such as notifications about events and incidents that have occurred in the home that they are required to submit to CQC.

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

After the inspection we contacted two social workers who have been involved in people's care to ask them for their views and experiences of the service.

Is the service safe?

Our findings

People said Marston Avenue was safe. A social worker told us they had no concerns about the safety and wellbeing of people who had used the service. Feedback the service had received through questionnaires from people, relatives and other social workers supported this. A relative had commented about the service, "Have made my [family member] feel very happy and safe in their care." The provider and the staff they employed had all been trained in safeguarding adults at risk. This was mandatory training for all staff working at the service. Training helped staff to recognise and identify situations or circumstances in which people may be at risk of abuse and the action they must take to ensure people could be sufficiently protected. There was a clear reporting process for all staff to follow which outlined how and when to report their concerns and to whom. The provider demonstrated a very good understanding of how to safeguard people who may be at risk as well as their responsibilities for ensuring any concerns about people were reported immediately to the appropriate investigating local authority.

The provider also made it mandatory for all staff to be trained in Equalities and Diversity. This training gave staff the information and guidance they needed to ensure people were protected from discriminatory practices or behaviours that could cause them harm. The provider demonstrated good awareness and understanding of how to ensure people's rights were respected and protected to ensure they did not suffer discrimination or abuse.

Plans were in place to ensure known risks of injury or harm to people were minimised. Records showed the provider had assessed how people's specific circumstances and needs could put them at risk of injury and harm in the home and community. The information from these assessments was then used to develop plans for how risks would be minimised particularly when people were being supported. The provider had a good understanding of the specific risks posed to the person using the service at the time of our inspection and what they should do to minimise these.

The provider had carried out assessments of the home environment to identify how this could pose risks to people. There were control measures in place for staff to follow to minimise risks posed by the premises or the equipment within it. The environment and equipment in the home were regularly checked to ensure these did not pose unnecessary risks to people. Records showed checks had been made of fire equipment and systems, alarms, portable appliances, and the gas and heating system.

There were enough suitable staff to care for and support people. Before people started to use the service the provider discussed with people the level of care and support they required. Using this information the provider planned the numbers of staff required during the period of people's stay so that there were sufficient numbers to support them. Although most people only required support from one member of staff during their stay, the provider had employed additional staff to ensure that any absences could be sufficiently covered. The provider carried out checks on staff to ensure they were suitable and fit to work at the home. Records showed checks were carried out and evidence was sought of; their identity, which included a recent photograph, eligibility to work in the UK, criminal records checks, qualifications and training and evidence of previous work experience such as references from former employers.

The majority of 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.

Is the service effective?

Our findings

People were supported by staff that were trained to meet their needs. Feedback the service had received from people, relatives and social workers through questionnaires supported this. A social worker had commented about staff, "Good knowledge and experience of the needs of those with an autism spectrum condition and behavioural challenges." At the time of this inspection the provider provided the majority of care and support to people using the service. However they had employed other staff so that there was additional capacity and resources when needed. Training records showed the provider and all staff employed had attended training in topics and areas appropriate to their work. This included specialist training for all staff to help them support people appropriately. For example staff were trained in the 'principles of learning disability support'.

Staff training records were monitored by the provider to identify when refresher updates were required to ensure staff kept their knowledge and skills up to date. The provider told us all staff were about to commence the 'Care Certificate'. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The provider as part of their own professional development was working towards attaining a leadership and management qualification in health and social care.

The Mental Capacity Act 2005 (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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are 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 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. Records showed good information about people's nutritional needs which took account of their healthcare conditions as well as their specific likes and dislikes for food and drink. Staff used this information to support people to plan meals which met 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. Before people started to use the service, the provider undertook an assessment of their needs and obtained information about their current healthcare and medical needs and the support people needed with these. This included information about the support people required to manage their health and medical conditions and the access they needed to services such as the GP. People also had a hospital passport. This document contained important information that hospital staff needed to know about them and their health in the event that they needed to go to hospital.

Records showed the majority of people had stayed healthy and well during their stay at Marston Avenue. 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. We noted where the provider had had concerns about an individual's health or wellbeing they had sought prompt guidance and advice from healthcare professionals to ensure people were sufficiently supported.

Is the service caring?

Our findings

People said the service was caring. A social worker told us how the provider had been caring and supportive towards one person transitioning into a new home from the service. Feedback the service had received from people, their relatives and other social workers through questionnaires supported this view. Comments we saw included; "We've been very impressed with the way you have gone out of your way to make sure [family member] is comfortable and not anxious." And, "We feel that we can leave [family member] with you and trust that you will respond to any anxiety they display with sensitivity and common sense." During the inspection we observed the person using the service appeared comfortable and relaxed in the provider's presence. The provider was patient, respectful and attentive to them. We also noted in our conversations with the provider they spoke kindly and respectfully about people using the service.

Information about the service was provided to people in an accessible, easy to read format. Prior to moving into the home, people and their relatives were sent information about the service which included photographs of the home and details about the care and support the service could offer. The provider also sent informative and friendly profiles about the staff that may be involved in supporting people which included their photograph and their likes and dislikes. This helped people to familiarise themselves with the home environment and the people that may be supporting them to help them make a decision about whether they wished to use the service. The provider had also developed support books for people who had used the service which set out how they had spent their time and the support they had received. This was illustrated with pictures and photographs taken during their stay and provided a good record of their time spent with the service. The provider told us this had been a useful source of information for people, who may be coming back to use the service again, to ease any anxieties and help them feel comforted about the support they could expect to receive when at the home.

Some of the people using the service had complex communication needs and their records provided good information for staff on how they wished to communicate and express themselves through speech, signs, gestures and behaviours. This helped staff understand what people wanted or needed in terms of their care and support as well as their day to day needs at home or out in the community.

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. We observed the provider did not enter the home without first seeking permission to do so. The provider was discreet and respectful when discussing personal information about people. They demonstrated understanding and sensitivity when discussing how people were supported with personal aspects of their care so that their privacy and dignity was maintained at all times.

People were encouraged to be as independent as they could be in the home and community. Feedback from questionnaires supported this. A relative had commented "You have looked for ways of taking [family member] forward and moving them on e.g. trying to get them to help in the kitchen [and] thinking about their confidence to travel independently." People's records showed they were supported by the provider to undertake tasks and activities aimed at encouraging and promoting their independence. For example, we

saw they were encouraged and supported to clean and tidy the home, undertake personal shopping tasks and travel in the community. People were also encouraged to participate in the preparation of meals and drinks. The provider said they would only step in when people could not manage tasks safely and without their support.

Is the service responsive?

Our findings

People were involved in planning the care and support they needed. Records showed the provider discussed with people, prior to them using the service, the care and support they required from staff to support them to achieve their care goals and objectives. 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. People's records showed these plans were person-centred and focussed on their priorities for their care and wellbeing. 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.

The provider demonstrated a very good understanding of the specific needs of people and explained to us in detail the support people required and why. They knew people's life histories, their likes and dislikes, their interests and hobbies and demonstrated flexibility in responding to people's specific wishes. For example when people moved into the home the provider supported them to personalise the living space so that they were comfortable and settled in their surroundings. Feedback the service had received from questionnaires supported this. One social worker had stated, "Empathy and clear understanding of their needs and wishes was clearly demonstrated." Another had commented, "Support for my client was tailored to their needs with a flexible service they were very responsive to."

People were actively encouraged to pursue activities and interests that were important to them. One person who had used the service commented in a questionnaire, "At the respite I did some activities, golf, swimming, went dancing...I also went for lunches, dinner and some coffee out too." People's records showed the provider agreed and planned with people the activities and outings they wished to undertake during their stay at the service. This was then set out in a timetable which people could easily refer to so they knew what they would be doing and when. This included a range of social activities as well as support for people to pursue personal interests. For example one person had stated they were interested in becoming a barista in a coffee shop so the provider supported them to visit coffee shops as part of their research.

People were supported to maintain relationships with those that mattered to them. Where this was appropriate, the provider ensured people maintained a good level of contact with their families and friends. People were encouraged to invite family and friends to visit with them. One person that had used the service was supported by the service in their preparations for moving into a house share in the community. As part of this preparation the provider helped them to plan and prepare dinner at the home to which they invited a prospective housemate so that they could get to know each other better and build a friendship.

People, relatives and social workers were satisfied with the care and support people received at Marston Avenue. The person using the service at the time of this inspection told us, "I'm quite happy." Feedback from questionnaires included; "I was very happy with my stay at Marston Avenue... was very good and I would

recommend this to anyone who wants a break from family or anything."; "[The] service user I know is happy and positive about the support they have received." And, "Marston Avenue showed a tremendous commitment to the well-being and support needs of my client and their family. I will certainly be confident in recommending Marston Avenue as a respite option for clients in the future."

The provider had put in place good arrangements to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided. They had developed a format for doing this called 'Let's make things better' which used pictures and simple language to help people state who and/or what had made them unhappy and why. This format was focused on involving people throughout the process, using their preferred method of communication, to enable them to state their views and suggest what actions and learning the service could take from their experiences.

The provider's complaints procedure was made available to people, their relatives and social workers in an easy read and accessible format which explained how any complaint they made would be dealt with by the service. The provider was responsible for ensuring people's complaints were fully investigated and that people received a satisfactory response to the concerns they raised.

Is the service well-led?

Our findings

The provider had committed to providing good quality care to people using the service. To achieve this, the service had published aims and objectives which were focused on; people being empowered, to make choices and offered support which was specific to their needs and wishes, and to be supported to develop and maintain independent living skills. People, relative and professionals were informed about the service's aims and objectives before people started to use the service so that they knew what they should expect in terms of the standard of care and support provided.

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, which people were asked to complete when they left the service. 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.

Questionnaires were also sent to people's relatives and professionals involved in people's care for example social workers. We noted where people had provided feedback and suggestions for improvement the provider had acted on these. They then provided feedback to people about the changes they had made. For example some minor changes had been made to the home in response to people's suggestions about how this could be made more comfortable for them.

The provider encouraged a culture within the service that was focussed on open and transparent lines of communication. A social worker told us the provider was responsive, proactive and kept them regularly updated about people. People had commented in completed questionnaires, "Communication between myself and Marston Avenue was brilliant." Another stated, "Feedback and joint working is excellent." People's records showed the provider met with them daily to discuss whether the support they received was meeting their needs and what elements of this could be improved. The provider encouraged and empowered people through these meetings to make suggestions and acted on their ideas for trying out new activities and outings in the community. They used appropriate communication methods to enable people to state their views for example through the use of signs, symbols and pictures. Other records showed the provider ensured people, their relatives and social workers were regularly updated about all aspects of people's care and support so that they well informed and able to participate and contribute to any discussions about this.

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. We noted where shortfalls or gaps were identified the provider took responsibility for taking action to address these. For example the provider had recently reviewed staff training to identify any learning and development needs that staff may have and action was taken to source appropriate training to meet these needs.

The provider used feedback from external organisations to identify any aspects of the service that could be improved. Following visits from local authority commissioning teams the provider responded proactively in making changes and improvements where these were suggested. The service was also visited by the Kingston Learning Disability Parliament. The Parliament is a user led project run in the local Kingston area which supports people with learning disabilities in matters relating to health, employment, transport, and friendships. They gave the provider their views about the service and suggestions for how this could be improved. Following their visit they recommended the provider purchase more puzzles and games for people to use, which the provider did.

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.