

Community Integrated Care

Mengham Avenue

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected Mengham Avenue on 4 January 2017 and the inspection was unannounced. Our last inspection took place on 28 November 2013 and, at that time, we found all of the regulations we looked at were being met.

Mengham Avenue is a care home without nursing which provides accommodation for up to five adults with a learning disability.

At the time of our visit there were five people using the service.

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.

We found staff were recruited safely and there were enough staff to provide people with the care and support they needed. Staff received appropriate training and support to make sure they had the skills and knowledge to deliver person centred care.

We observed staff to be kind, caring and patient in their approach to people. Staff were bright and cheerful and this was clearly appreciated by the people who used the service. We found staff helpful and friendly during our visit.

People using the service had good opportunities to participate in a variety of activities and were very much part of their local community. They were also involved in having a say about how the service was managed.

The house was well maintained, clean and tidy. Everyone had their own bedroom which they had personalised with support from staff. The communal areas were comfortable and felt very 'homely.'

Although staff had received training there was a lack of understanding about the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards which meant the service was not always working within the principles of the MCA. Better systems needed to be in place in relation to providing people with support managing their finances in order to clearly show the best interest process had been adhered to.

Generally we found people's healthcare needs were being met, however, we found although staff had involved a dietician, their advice had not been actioned. This meant the identified nutritional risk had not been mitigated. Medicines were managed safely and stored securely in people's bedrooms.

People who used the service were involved in planning the menus and preparing the meals.

A complaints procedure was in place but no concerns or complaints had been raised about the service.

We found there were no robust procedures in place to monitor the quality of the service and this meant issues were not identified or resolved. We found shortfalls in managing risks to people, following best interest processes and the overall governance of the service.

We identified three breaches in regulations. These were regulation 11 (Consent to care and treatment), regulation 12 (Safe care and treatment) and regulation 17 (Good governance). You can see what action we told the provider to take at the back of the full version of the report.

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 ●

The service was not always safe.

Staff were not always following advice to make sure action was taken to mitigate risks to people using the service. The systems for supporting people to manage their finances were not robust.

Staff were being recruited safely and there were enough staff to support people and to meet their needs.

Medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

Staff were not always working within the principles of the Mental Capacity Act, and needed to have a better understanding of the Deprivation of Liberty Safeguards.

People who used the service were involved in planning and preparing meals.

Is the service caring?

Good ●

The service was caring.

Staff were kind, patient, caring and friendly. They knew about people in their care and individual preferences.

People who used the service were encouraged to be involved in all aspects of daily life at the home and to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Thorough assessments were completed before anyone moved into Mengham Avenue to make sure they would be compatible with the people who already lived there.

People who used the service were involved in a variety of activities and were very much part of their local community.

A complaints procedure was in place and no complaints had been received.

Is the service well-led?

The service was not well-led.

Effective quality assurance systems were not in place to assess, monitor and improve the quality of the service.

Some policies were out of date, safety certificates and other documents were either not readily available or not appropriate to the service.

Requires Improvement 

Mengham 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 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 4 January 2017 and was unannounced.

The inspection team consisted of one adult social care inspector and an inspection manager.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams. We asked the provider to complete 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. This document was completed and returned to us.

During our inspection we spoke with three of the people who lived at Mengham Avenue, three care workers and the registered manager.

We looked around the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included; two people's care records, three staff recruitment files and records relating to the management of the service.

Is the service safe?

Our findings

We saw information about the management of people's finances in their care plans, for example, how money was split to pay for different activities. We looked at one person's holiday planning form which was for a two night stay in Weymouth with the support of one care worker. The total cost of this break was £510.00. It was unclear what the service was paying for and what the individual was financing. The holiday had been approved by the registered manager and the care worker who had supported the break. There was no evidence of authorisation by a senior manager to confirm the suitability of the arrangement. Following our inspection we were provided with evidence of authorisation by a senior manager within the organisation in the form of an email. However, a copy of the authorisation had not been retained with the original holiday planning documentation. At the start of our inspection staff on duty told us people who lived at the home all contributed to the running costs of a shared car. The registered manager told us these costs were covered by the provider's leisure budget. Although we asked to see copies of individual bank statements or the breakdown of the leisure budget these were not made available to us.

People who used the service all needed support to manage their finances. In some cases parents or the local authority was the appointee for the management of benefits. The provider was the appointee for three people. This had been noted and endorsed at care management review. We saw where the provider was the appointee with the Department of Work and Pensions people had been sent a letter in November 2016 informing them there would be a weekly £5.00 administration charge for this service that would commence after a best interest decision had been recorded. We could find no best interest decisions regarding this or information which would evidence people had been given any alternative choices.

Where people were supported to access community activities with staff we were told there was an expectation the person would contribute £4.00 towards the staff member's lunch and £8.00 towards their dinner. We saw the provider's policy in relation to these arrangements and concluded this was not explicit in terms of people's contributions towards staff food costs including paying for staff to join in with a take-away meal. Without explicit guidance for staff to follow people who used the service were left at risk of potential exploitation.

Following the inspection we referred our concerns about the management of finances to the safeguarding team so people independent from the service could look at these issues. We concluded the service needed to demonstrate clearly how the best interest process was being followed in relation to the management of people's finances. This was a breach of the Regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found identified risks had resulted in each person having an associated risk assessment. However, we found one person had identified risks associated with their nutritional intake and the advice from the dietician had not been followed. We saw the person's care records stated they should be weighed monthly and a food diary should be used. Dietetic advice included supporting the person to take a high protein, high calorie diet. We saw the person had last been weighed in September 2016 when a 2lb weight loss had been recorded. We also reviewed the person's food diary and saw this lacked detail such as amounts of food

eaten and showed the person had not been following the advice of the dietician.

We raised this with the registered manager who told us the weight recording had stopped on the advice of the dietician as they had reviewed the person in September 2016. As there was no record in any part of the person's care records of any change in dietetic advice or of a consultation with a dietician we concluded the person's care records must be out of date and asked the registered manager to provide us with an updated care plan within 48 hours of our inspection. This was done but the new care plan stated the original instruction to record monthly weights, support a high calorie diet and maintain a food diary. The updated care records showed staff at the service had contacted the dietician following our visit to seek clarity on current advice. We concluded the risks associated with nutrition had not been adequately managed in the months prior to our inspection for this person. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough care workers to support people and duty rotas were flexible to accommodate one to one activities with people who used the service. At night one care worker 'slept in' the building and was available if people needed them. Staff we spoke with confirmed there was always enough staff on duty to meet people's needs.

Safe staff recruitment procedures were in place. These included ensuring prospective staff completed an application form which detailed their employment history and qualifications. Checks on staff character to ensure they were suitable to work in a caring role were completed. These included obtaining a Disclosure and Barring Service (DBS) check, obtaining references and ensuring an interview was held. This meant checks were being made to make sure staff were suitable and safe to work with the people who lived at Mengham Avenue.

People who used the service told us they felt safe at Mengham Avenue. We saw there were safeguarding policies and procedures in place and we saw these were in the handover file with contact telephone numbers. We also saw safeguarding was discussed at staff meetings to make sure all of the care workers knew how to raise an alert. We discussed the lack of incidents that had taken place at the home between people who lived there. Staff confirmed this was a feature of the home as people all got on very well. Staff told us they felt this was due to a thorough assessment process that made sure any new people to the service were compatible with others.

We asked people if they liked their accommodation. One person told us they had a nice bedroom. There was a kitchen/diner, lounge, five single bedrooms, shower room, bathroom and a large garden at the back of the house. The house was clean and tidy and we saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

We saw at the last food standards agency inspection of the kitchen in July 2015 they had awarded them 5* for hygiene. This is the highest award that can be made. This showed us effective systems were in place to ensure food was being prepared and stored safely.

We looked at the management of accidents and incidents. The registered manager explained the process for recording incidents onto an event tracker. This triggered automatic notifications to the registered manager and regional manager to make them aware. The registered manager was then required to complete a review of the incident as well as a review of the person's care plan and risk assessments before the incident could be closed off on the system. This allowed the provider to review all recorded incidents easily to look for trends or prevent a reoccurrence.

We asked people who used the service how their medicines were managed. One person told us their medicines were kept locked up in their bedroom and they went upstairs to get them with a member of staff. Care workers told us people were supported with their medicines by the staff member supporting them that day rather than one care worker administering all the medicines. This meant people were supported with their medicines when they needed them rather than at a set time.

There were clear procedures for supporting people with their medicines. Medicines were kept in a locked cupboard in people's bedrooms and only staff who had been trained and assessed as competent by the registered manager were able to support people with their medicines. With their permission we reviewed two people's medicines with the registered manager. We found all stocks of medicines corresponded with the associated documentation that was well completed.

Is the service effective?

Our findings

Care workers had the skills and knowledge of people to appropriately meet their needs. The registered manager told us all new staff were expected to complete five days of induction training before completing two shifts in the home where they shadowed an experienced care worker. Applicants were required to attend the service rather than the provider's head office to complete interviews as this allowed people who used the service to be involved in the recruitment of new staff. This also allowed people to tell potential new staff about their expectations for support.

In addition to induction training we saw care workers had refresher training and bespoke training where people had specific needs. Care workers told us they felt supported to undertake their roles to the required standard. We saw from records that staff had regular access to more formal support and performance review through supervision and appraisal meetings.

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).

The registered manager told us they had applied for DoLS authorisations for all of the people who used the service in relation to the use of seat belts and lap straps for people who were wheelchair users. The use of seat belts would not warrant a DoLS application as wearing a seat belt in a car is the law and is used outside of the service. The use of lap straps for wheelchair users may constitute a DoLS if they were in continuous use.

We found, although care workers had received training, they did not fully understand the principles of the MCA legislation. For example, we saw one person had signed consent forms for staff to administer their medicines and for photographs or videos of them to be used in the media. However, we then saw a best interest decision had been made on their behalf to have their photograph taken. If the person was able to give their consent to the first two decisions they would have been able to consent to the third decision.

We also saw contracts in people's files, which had been signed, for domiciliary care rather than residential care. This meant people had been asked to consent to a form of care they were not receiving. This was a breach of the Regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One of the care workers had created a folder which contained laminated pictures of various foods. This

helped people who used the service choose what they wanted to be included in the menu.

We asked one of the support workers if anyone who used the service was on any special diets. They told us one person was a diabetic and also had a soft diet because they did not always chew their food properly. They also told us one person had lost a lot of weight recently and their GP had told them to give sweet things like chocolate. Staff supported people who used the service to prepare their meals.

In the two care records we looked at we saw people had been seen by a range of health care professionals, including GPs, dieticians, opticians, dentists and podiatrists. People's care records included a health action plan that included health screening needs. We concluded people's health care needs were being met

Is the service caring?

Our findings

We asked people using the service if they liked the staff. One person told us they liked the staff and another person told us, "I like [name of staff member]. If I am worried about anything I can talk to them." We saw staff appeared kind, compassionate and caring when supporting people. For example, one person had been out shopping with a care worker and had purchased some new nail varnish. During the afternoon the care worker sat with them and painted their nails whilst chatting to them.

We saw care workers treated people with respect and upheld their rights. For example, when we asked to see people's care records care workers asked those individuals if this would be alright.

There was a section in the new care plans entitled 'My dignity' which reminded staff how to make sure people's dignity was maintained.

With permission we looked at some people's bedrooms and saw care workers had supported people to individualise their rooms to their own taste. Each room had a clear sense of the person's preferred style and reflected their identity.

We saw people who used the service were involved in all aspects of daily life at the home. We saw support workers encouraging people to help make drinks and to be as independent as possible. We saw from the records people also helped with the cooking and cleaning. One person was in charge of the post box and brought any post to the staff office for their attention.

We saw the care files for people who used the service contained information about them, their life and interests. This included a document detailing people's day to day preferences and routines. It was clear care workers knew people well and understood them. There was a relaxed, friendly, comfortable and homely atmosphere in the house.

We asked people using the service if their visitors were made to feel welcome. One person told us they were looking forward to their relative coming to visit for their birthday.

We saw care workers supported people to stay in touch with family and friends by making telephone calls and sending birthday and Christmas cards.

Is the service responsive?

Our findings

The registered manager explained before anyone moved into Mengham Avenue they would be assessed to make sure care workers would be able to meet their needs, taking into consideration the needs of the people already living there. If they considered they could offer a service the individual was invited to visit with parents, to stay for a meal and stay overnight as many times as they wished to make sure Mengham Avenue was the right place for them. People already living at the service were also consulted to make sure people were compatible.

The registered manager told us they were in the process of transferring people's care plans onto the new documentation which was being introduced. We looked at one of these and found it easy to follow and informative. The plan gave staff clear direction about what care the person needed and how best to support them.

We saw care workers involved people in their care plans and met with them to discuss the support they received. For example, discussion had taken place with one person about continuing to try and stick to a healthy diet. Care workers also looked at what people had done during the month and found out from them what they had enjoyed the most.

We saw support was flexible. During our visit one person decided they would like to go out and this had not been planned previously. Staff organised themselves so the person could be supported to do this.

One person told us if they were unhappy about anything they would tell one of the care workers. We saw there was a complaints procedure in place but there had been no complaints about the service. We saw the service received positive feedback and compliments about the service people had received.

We asked people who used the service what activities were on offer to keep them occupied. One person told us, "I am going out with [name of care worker] to Havant." They also told us they liked gardening and going swimming. We saw from their care file they attended a local 'Buddies' group, local church, a day centre and arts and crafts sessions at college.

During our visit people who used the service went out to a young adults group, shopping, to the post office and for a walk supported by staff. In the afternoon one person was making chocolate crispy cakes whilst another was helping a care worker take down the Christmas decorations.

The care plans contained information about people's interests and how they liked to spend their time. We saw photographs on the wall of an Hawaiian themed garden party which had been held in the summer. Care workers told us their neighbours had joined in and said one neighbour regularly gave them home grown vegetables. People who lived at Mengham Avenue were very much part of their local community.

Is the service well-led?

Our findings

There was a registered manager in post who also managed two other houses for Community Integrated Care and split their time across the three sites.

There were no audits of safety certificates available at the service at the start of the inspection. This was rectified on the day the inspection took place. We could not find up to date certificates for gas safety, laundry equipment or emergency lighting. We pointed this out to the registered manager and they then obtained the certificates from the provider. However, these documents should have been available at the service so the registered manager could assure themselves services and equipment were safe to use.

We asked the manager if they completed audits of people's weights. They told us they did not but everyone was weighed monthly and this information was in the care files. However, in one of the care files we looked at the person had not been weighed since September 2016.

We looked at the fire safety policy which was dated August 2010, the document stated it should be updated at least every 12 months. The fire training, drill and plan had been created in December 2011 and stated it should be reviewed every 12 months. We asked the registered manager about this who said the up dated records would be on the computer, however, these were not produced. This meant up to date policies were not in use.

We asked to see people's personal emergency evacuation plans (PEEPs) we were given a file containing 'Grab and run' sheets which gave information about people who used the service, which could be used should an emergency arise. These sheets were undated so it was unclear how up to date the information was.

We found the care files difficult to navigate and a lot of information was out of date and needed to be archived. We saw from the regional manager's report all of the care and support plans needed to be transferred onto the new documentation by 31 January 2017.

We asked the registered manager for documentation in relation to one person's finances, however, some of the documents we asked for could not be produced. We raised with the registered manager that it was not always clear from records that people who lived at Mengham Lane were living in a residential care home. We found some people had personal tenancy agreements in their care records and documentation relating to the type of care provided by domiciliary care agencies rather than a care home. This had not been identified and addressed through the provider's governance systems. This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw residents meetings had been held in March and September 2016. At the first meeting people had been told about someone coming to visit who might be moving in and discussed arranging a garden party. At the second meeting people had discussed talking to staff if they were unhappy and about helping each other. This showed us people who lived at Mengham Avenue were being involved in how the service was

managed.

Staff told us one of the strengths of the service was good communication and team work. The registered manager confirmed this telling us, "I am proud of my team here. They are really good."

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment was being provided without the necessary consent from service users and where service users lacked the capacity to consent the 2005 Act was not being followed.</p> <p>Regulation 11 (1) (3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Service users were not provided with care and treatment in a safe way in relation to doing all that is reasonably practicable to mitigate risks in relation nutrition.</p> <p>Regulation 12 (1) 2 (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not established or operated effectively to assess, monitor and improve the quality of the services provided or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>Regulation 17 (1) (2) (a) (b)</p>

