Ashdown Care Homes Ltd

Eastbourne Avenue

Inspection report

285-289 Eastbourne Avenue
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Tyne and Wear
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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 15 March 2018. The inspection was unannounced. This meant the provider and staff did not know we would be coming.

Eastbourne Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Eastbourne Avenue provides care and support for up to seven people who have a learning disability or autistic spectrum disorder. At the time of our inspection there were seven people living in the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We previously inspected Eastbourne Avenue in November 2015, at which time the service was meeting all regulatory standards and was rated 'Good'. At this inspection we found the service had deteriorated to Requires Improvement.

At this inspection we found that there was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This related to the Registered Manager failing to notify the Care Quality Commission of incidents regarding receipt of a Deprivation of Liberty Safeguard authorisations. We are dealing with this outside the inspection process.

You can see what action we told the provider to take at the back of the full version of the report.

People felt safe living at the service. Staff had completed training in safeguarding people and the registered manager actively raised any safeguarding concerns with the local authority.

Risks to people's safety and wellbeing were assessed and managed. Environmental risk assessments were also in place.

There were enough staff to meet people's needs. Staff continued to be recruited in a safe way with all necessary checks carried out prior to their employment.

People continued to receive their medicines in a timely way and in line with prescribed instructions. Staff had their competencies checked regularly and medicines audits were completed by the registered manager.

Staff received up to date training, regular supervisions and an annual appraisal to support them in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to see a range of health professionals and information about healthcare interventions were included in care records.

People told us the service was caring. Staff treated people with dignity and respect when speaking with them and providing them with support.

People had access to advocacy services if they wished to receive support. Some people had active advocacy services involved in decision making relating to specific aspects of their care.

People had a range of care plans in place that were detailed, personalised, reviewed regularly and included people's personal preferences.

There was a wide range of activities available for people to enjoy in the home. People were also supported, to regularly access activities in the local community including going to local colleges, music cafes and bowling.

There were audit systems in place to monitor the quality and safety of the service. The views of people and relatives were sought by the registered manager via annual questionnaires. Comments from the last questionnaires received in December 2017 were positive.

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 understood the principles of safeguarding and how to protect people from abuse.

Risks to people's health, safety and welfare were well managed.

There were enough staff to meet people's needs and new staff were recruited in a safe way.

Is the service effective?

Good

The service was effective.

Staff received up to date training, regular supervisions and an annual appraisal.

The Mental Capacity Act (2005) was followed appropriately and Deprivation of Liberty Safeguards were authorised, where appropriate.

People were supported to access a range of health care professionals.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be as independent as possible and maintain relationships which were important to them.

People had access to advocacy services.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised, promoted independence and contained details to guide staff how to support people.

People accessed a wide range of activities both in the home and in the community.

People knew how to raise concerns. Complaints were fully investigated and lessons learnt were recorded.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Some statutory notifications were not submitted to the Care Quality Commission.

People's and relative's views of the service were gathered and used to monitor and improve the service.

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

Eastbourne 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.

The comprehensive inspection took place on 15 March 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We contacted the local authority commissioners of the service, the local authority safeguarding team and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used a number of different methods to help us understand the experiences of people who lived at Eastbourne Avenue. As part of the inspection we conducted a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with three people, spent time with some people who lived in the home and observed how staff supported them. We also spoke with five members of staff, including the provider, the registered manager, deputy manager and two support workers. We looked at two people's care records and

four people's medicine records. We reviewed three staff files, including records of the recruitment process. We reviewed supervision, appraisal and training records as well as records relating to the management of the service.

Good

Is the service safe?

Our findings

People felt safe with staff and living in the service. One person said, "Oh yes, I feel safe. If it comes down to it I wouldn't take any rubbish." We observed another person had left their shower bag in a communal area and we observed staff positively encouraging them to put it back in their room until their bath was ready. The member of staff explained to the person that their shower bag contained a razor so it needed to remain in their room until it was needed.

Staff continued to understanding the principles of safeguarding people from abuse. All identified safeguarding concerns had been reported and the provider had taken appropriate action. There was a whistle blowing policy in place that was readily available and accessible for staff. The whistleblowing helpline was on display in the home for staff information.

Risks to people's health, safety and wellbeing were assessed and managed. People had risk assessments in place where required. Risk assessments were stored within care files and were regularly reviewed. All identified risks had appropriate care plans in place which detailed how care was to be provided to prevent those risks. Environmental risks were also assessed to ensure safe working practices for staff.

People's medicines continued to be managed in a safe way. People's medicine support needs were recorded in their care plans and medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. All MARs reviewed were fully complete with reasons for non-administration recorded where necessary. Management staff completed quarterly medicines competency checks on staff members to ensure they were able to safely administer medicines and were competent to do so.

There were enough staff working in the home to meet people's needs and provide all required support. The registered manager informed us that they assess staffing requirements in line with people's individual needs and support levels. For example, supporting people on a one to one basis whilst out in the community. We asked people if they felt there were enough staff. One person said, "Oh yes, there's plenty of staff around." During our inspection there was a consistent staff presence around the home and people received support and assistance as and when they asked for it.

The service continued to recruit staff in a safe way. Applicants completed an application form in which they set out their experience, skills and employment history. All necessary checks were carried out for each new member of staff including two references and an enhanced Disclosure and Barring Service (DBS) check prior to staff being employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

Accidents and incidents were recorded and monitored for potential patterns and trends. At the time of the inspection there were no patterns or trends identified.

There was a homely atmosphere at the service. The accommodation was comfortable, clean and decorated to a good standard. Staff were aware of infection control measures and used appropriate gloves, aprons and correct waste disposal bags when supporting people in the service.

Good

Is the service effective?

Our findings

Staff continued to receive regular training to ensure they have up to date knowledge to enable them to carry out their roles. Subjects deemed mandatory by the provider included medicines, safeguarding, MCA and DoLS, moving and handling, fluid and nutrition, health and safety, first aid, infection control and fire Staff had also completed training specific to people's needs such as autism, epilepsy and mental health. New staff members were in the process of completing Care Certificate training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The registered manager continually monitored staff training and assigned staff new and refresher training, when required.

Staff continued to receive regular supervisions and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they were used with staff to discuss their performance, achievements, training, any particular support needs, safeguarding, DoLS and health and safety. All agreed actions were recorded on the form and both the staff and registered manager sign the supervision. Actions were discussed during the following supervision meeting.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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.

The service was working within the requirements of MCA. Six people had DoLS authorisations in place which were contained in their care files and developed in plans of care. People were supported to live their lives with minimum restriction. For example, there were no keypad locks on the front door. Staff told us, "The front door isn't locked during the day but there's always a member of staff in the lounge adjacent to front door to see if anyone tries to leave. No one has tried for a long, long time." They went on to explain that they worked with people to help them understand that they shouldn't leave the home unaccompanied for their own safety. If people wanted to leave the home staff supported them to do so and told us they often sit in the front gardens when the weather is warmer.

People continued to be supported to meet their nutritional needs. We observed staff preparing meals for people and people eating in various locations in the home. Everyone was able to enjoy their meals independently but staff were on hand to provide support when required. We observed staff giving verbal

prompts and encouragement to people while eating their meals and people proudly taking their empty plates back into the kitchen. One person said, "Thank you, it was very nice." Staff asked another person if their meal was nice and they replied, "Yes." A third person smiled, nodded and rubbed their tummy while proudly showing their empty plate when staff asked them if they had enjoyed their meal.

We asked staff if people could have something else if they didn't want the main option available each mealtime. Staff confirmed that people could have alternatives such as sandwiches, toasties and jacket potatoes. There were cereals, toast, yoghurts and fruit routinely available for breakfast every morning but the registered manager told us, "They can have a cooked breakfast or something hot if they want. Sometimes [person] will ask for a cooked breakfast and he gets one.

People were provided with their favourite foods. One person said, "The food is very good. Yes I get enough. I like curries and get one once a week." Another person told us, "I'm having toast tonight with jam and coffee." Menus are planned around people's likes and preferences. Key workers discussed menus with people each month and menus were planned around these discussions. People's weights were monitored and healthy eating was encouraged where possible. One person had previously been assessed as being overweight and had gradually lost weight over a period of time which they told us they felt better for.

People were supported to access external professionals to monitor and promote their health. People's care plans contained records of intervention with GPs, dentists, opticians, podiatrists, community nurses and other professionals involved in their care.

Good

Is the service caring?

Our findings

People spoke positively about staff at the service, describing them as kind and caring. One person said, "I like it here. I like living here. It's a good house, a friendly house, everyone gets on together. They (staff) are very friendly. We asked another person if staff were friendly and chatty, they answered "Yes." People were proud of where they lived and showed us their rooms.

Staff treated people with dignity and respect. There was an incident which involved a person's skin and clothing becoming dirty. Staff responded swiftly, guiding the person to their room to get cleaned up and changed. When the person returned to the lounge area they pointed at their jeans and said, "clean."

We saw people chose to spend time with staff members in the communal lounges, kitchen and conservatory areas and were comfortable in their presence. People communicated their wishes to staff in different ways, for example, pictures and gestures such as pointing. We observed staff communicated effectively with people and were able to understand what they wanted.

We observed people freely moving around the service and spending time in the communal areas or in their rooms as they wished. For example, one person was sat in the conservatory drawing while other people were watching television in one of the lounges. People told us they spend time how they want to during the day and we observed they were free to do what they wanted and when. One person told us they liked to watch television in the lounge but often liked to go to their room to listen to music and enjoy some peace. Another person told us they liked to watch dvds in their room.

Most people using the service had few physical support needs, and staff encouraged them to be as independent as possible while always being available to provide assistance where needed. For example, people were encouraged to run their own bath with staff close by to check the temperature. Another person was encouraged and supported to make a cup of tea. One person showed me some money they had in their pocket and said "tea". A member of staff explained that the person had bought themselves a cup of tea in the café earlier today. We asked [person] this and they responded saying "yes" and smiling proudly.

People's care records contained information of relationships important to them. Staff supported people to maintain the relationships that were important to them. One person kept mentioning their sister to us and what they had been up to, telling us they had been speaking to them. The deputy manager told us, "[Person's] sister lives away so we ring them every week for [person] so they can speak to them."

Some people were actively receiving support from advocacy services. Advocates help to ensure that people's views and preferences are heard. The registered manager was able to explain how advocacy services had been arranged. They said, "We have a process in the safeguarding file and information of advocacy services so if they needed an advocate we would support them to get one." Care files contained information of people's advocates and notes when they visited people.

Good

Is the service responsive?

Our findings

People told us staff provided them with the support they needed and wanted. One person said, "I like the staff. They're very helpful. They always take time to talk to you to know if you've having problems. I've been poorly and they've checked on me."

People had a range of care plans in place to meet their needs. Care plans were personalised, promoted independence and included peoples' choices, preferences, likes and dislikes. Care plans were detailed and contained clear directions to inform staff how to meet the specific needs of each person. For example, one person's behaviours that challenge care plan included details of potential triggers, different signs they may show prior to behaviours that challenge and how staff should intervene and support them such as distraction techniques. Care plans were reviewed on a regular basis and in accordance with people's changing needs. All care plans were up to date and reflected the needs of each individual person.

People enjoyed a variety of activities in the home both on a one-to-one basis and in groups. People had activity planners in their care files which included details of what activities people would be doing each day. These varied from practical/self-development tasks such as self-care and housekeeping to hobbies and interests such as jigsaws, games, arts and crafts, watching dvds and playing bingo.

Individual planners also included a variety of community based activities which included bowling, coffee shops, lunches out, music and move and jewellery making. Some people also attended local colleges and centres for courses such as science club, cookery and puppetry arts. One person told us, "I'm hoping to go to college to do English and maths."

People told us they were also supported to enjoy activities in the community. One person said, "I like to go to the club house. I can play pool or go on the computer and speak to other people." Another person told us, "We're going to a party next week." A staff member explained this was a joint party for all services. The person then showed us how they were going to dance and said they were looking forward to the party because they liked music and dancing. They went on to tell us, "I'm going to Blackpool in December. I'm going to drink beer." A third person commented, "I'm going to see jersey boys."

Records showed that people were given the opportunity to enjoy specific activities they had asked to do. One person had wanted to go to the team valley fair but changed their mind on the day and wanted to go to pizza hut instead, which they did. This meant people had choice and control over what activities they enjoyed in the community.

During the inspection everyone left the service with staff and visited a local music café for lunch. When they returned, everyone was in high spirits, smiling and laughing. They told us they had enjoyed their food and the trip out.

Each person had an allocated key member of staff known as their key worker. Each month key workers met with each person to discuss the care and support they received. Records we reviewed showed discussions

covered a variety of topics including how people were, medicines, personal care, activities and meals. People were asked what foods they would like to see on the menu over the next month and any specific activities they would like to do. Outcomes from previous meetings were also discussed. For example, one person had expressed a wish to go to a market during the previous key worker meeting which resulted in them going to Durham market. This meant people were involved in planning aspects of their care and support and their choices and preferences were taken into consideration.

People knew how to raise any concerns and voice their feelings if they were dissatisfied with something in the home. One person told us about an issue in the home they were unhappy about. When asked if they had raised this with anyone they said, "I've had a word with everybody about it." The registered manager confirmed that they had spoken with the person regarding their concerns and measures had been put in place to alleviate the issue.

The registered manager maintained a file of all complaints received. Records showed the home had received one complaint in the last 12 months. The complaint had been fully investigated and documented with outcomes and findings fed back to appropriate contacts and lessons learnt were recorded.

At the time of our inspection no one at the service was receiving end of life care.

Requires Improvement

Is the service well-led?

Our findings

The home had an established registered manager who had been in post for a number of years. During our inspection we noted that statutory notifications had not been submitted in relation to six DoLS authorisations. We discussed this with the registered manager who confirmed there had been some confusion in relation to the notifications. The registered manager had submitted DoLS authorisation requests to the associated local authority in a timely way and had received granted authorisations but had not notified the Care Quality Commission. Statutory notifications are changes, events or incidents the provider is legally required to let us know about.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this matter outside of the inspection process.

We received positive feedback from people and staff about the registered manager and deputy manager. One person said, "I like the staff and the managers are good as well."

During the inspection we asked for a variety of records and documents from the registered manager and deputy manager. We found records were easily accessible, stored securely and maintained. Throughout our inspection we found the registered manager, deputy manager and staff to be open, approachable and cooperative when we spoke with them. The registered manager was also keen to receive feedback of our findings with a view to learn how to improve the service.

The registered manager operated an open door policy in the home. During the inspection we observed people and staff freely knocked and entered the office to speak with the registered manager or deputy manager when needed.

Regular staff meetings took place in the home. We reviewed minutes of meetings which showed discussions included how people were and if there had been any changes to their needs, health and safety, fire procedure, safeguarding and whistleblowing, and staff rotas. The registered manager also used staff meetings as an opportunity to check staff knowledge on specific subjects. For example, staff were asked if they knew what to do if they had any safeguarding concerns. Staff demonstrated their knowledge of the reporting process and whistleblowing helpline. Minutes were signed by staff members to reflect they were a true record of discussions.

People who used the service were asked for their views via an annual questionnaire. This asked their views in areas such as if they knew who their key worker was, how staff talked to people to plan their care, if they felt listened to, who they would tell if they were unhappy with something, if they liked living in the home and what they liked best. Questionnaires were in pictorial format and people were supported by staff to complete them where necessary. All feedback received was positive.

Annual questionnaires were sent out to families of people in December 2017 to gather their views about the service. All feedback received was positive and comments included, 'Very good', 'Very Tidy', '[Person] well

looked after' and 'More than happy'.

The registered manager and deputy manager completed a number of audits around the quality and safety of the service. These included medicines management, maintenance and fire safety. All findings were recorded as well as any required actions. During the inspection we saw that actions had been completed and signed off where completed.