Avenues London

# Avenues London - 1a Webb Road

## Inspection report

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## Ratings

| Overall rating for this service | Good |
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|---|---|
| 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

This inspection took place on 8 December 2016 and was unannounced. At the last inspection of the service on 10 March 2016 we found breaches of the Health and Social Care Act 2008. Medicines were not always managed and recorded safely and there were no effective systems in place to monitor safe medicines practice within the home. Staff had not been supported through regular supervision and the provider did not have systems in place to ensure staff received an appraisal of their practice and performance. We carried out this inspection to check the outstanding breaches had been met and also to provide a review of the rating for the service.

1a Webb Road is a small residential care home that provides accommodation and personal care support for up to six people with profound and multiple learning and physical disabilities. At the time of our inspection the home was providing support to six people. There was an acting manager in post at the time of our inspection and they were in the process of registering with the CQC to be the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the provider had made the required improvements and was now compliant with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy. Medicines were managed, administered and stored safely. There were arrangements in place to deal with foreseeable emergencies and there were safeguarding adult's policies and procedures in place. Accidents and incidents were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately and staff received training, supervision and appraisals. The service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with respect and were consulted about their care and support needs. Staff respected people's dignity and privacy. People's support needs and risks were identified, assessed and documented within their care plan. People were provided with information on how to make a complaint. There were systems and processes in place to monitor and evaluate the service provided. People using the service and their relatives were asked for their views about the service through residents meetings and satisfaction surveys.

## 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.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

### Is the service effective?

Good

The service was effective.

People were supported by staff that had appropriate skills and knowledge and staff were supported through supervision and appraisals of their practice and performance.

Staff received training that enabled them to fulfil their roles effectively and meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

### Is the service caring?

Good

The service was caring.

Interactions between staff and people using the service were positive and staff had developed good relationships with people.

People were supported to maintain relationships with relatives and friends.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Staff respected people's privacy and dignity and promoted independence.

## Is the service responsive?

Good

The service was responsive.

People's care needs and risks were assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People's need for stimulation and social interaction were met.

People were provided with information on how to make a complaint.

## Is the service well-led?

Good

The service was well-led.

There was an acting manager in post at the time of our inspection and they were in the process of registering with the CQC to be the registered manager for the service. They were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014.

There were systems and processes in place to monitor and evaluate the service provided.

People using the service and their relatives were asked for their views about the service through residents meetings and satisfaction surveys.

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**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 inspection was carried out by one inspector on 8 December 2016 and was unannounced. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding concerns. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service and other health and social care professionals to obtain their views. We used this information to help inform our inspection.

There were six people using the service at the time of our inspection and we met with three people living at the service. Due to the nature of some people's complex needs, we did not ask direct questions, however we observed people as they engaged with staff and completed their day-to-day tasks and activities. We used our Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with one person using the service and a visiting relative. We looked at the care plans and records for three people and spoke with four members of staff including the acting manager.

As part of our inspection we looked at records and reviewed information given to us by the acting manager and members of staff. We looked at records for people using the service and records related to the management of the service. We also looked at areas of the building including communal areas and external grounds.

Good

# Is the service safe?

## Our findings

At our last inspection on 10 March 2016 we found that medicines were not always managed safely and recorded appropriately. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw medicines were administered, recorded and managed safely by staff.

Medicines were administered and stored safely. Staff told us they received medicines training and undertook medicines competency assessments to ensure continued safe practice. Staff records we looked at confirmed this. Medicines were kept securely in a medicine trolley that was stored in a locked medicines room that only staff had access to. We saw that temperature checks of the medicine room were conducted, recorded and monitored by staff to ensure medicines were stored at the correct temperature and were safe to use. We looked at medicine administration records for all the people using the service and noted they were completed correctly with no omissions or errors recorded. People's photographs, known allergies and information about their health conditions were recorded to support safe administration practice.

The provider had up to date medicines policies and procedures in place which provided guidance for staff in areas such as administration of medicines and medicines errors. There were effective systems in place to manage medicines errors and medicines audits were undertaken on a regular basis to ensure continued safe practice. These included daily medicines stock checks conducted by staff and weekly and monthly medicines audits. Medicines audits and records we looked at were up to date and conducted in line with the provider's policy.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy to ensure their well-being and safety. Risk assessments assessed levels of risk to people's physical and mental health. They included detailed guidance for staff in order to promote people's health and wellbeing whilst reducing the risk of reoccurrence where possible. For example one person was at risk of choking and we saw that detailed information and guidance was documented for staff on how best to support the person at meal times. We also noted information was documented on the person's preference for where they wished to eat their meals and their choice of seating positions. This showed that risks to people's health and well-being were monitored, managed and minimised were possible whilst respecting people's choices and preferences. Risk assessments were conducted and reviewed on a regular basis for areas such as medicines, nutrition, finances and travelling amongst others. Staff demonstrated a good understanding of the risks people faced and the actions they would take to ensure people's safety without limiting independence and choice.

Accidents and incidents were recorded, managed and acted on appropriately to ensure risks to people were minimised where possible. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action and referred to health and social care professionals when required to minimise the reoccurrence of risks. Where appropriate accidents and incidents were referred to local authorities and the CQC. The acting manager told us all accidents and incidents were also documented on the provider's computer system to monitor and identify any recurring themes and to share any learning with the staffing

team.

The provider had up to date policies and procedures in place for safeguarding adults from abuse and local authorities safeguarding information in an easy to read format accessible to people using the service. Staff had received training to ensure they were knowledgeable about how to respond to concerns and demonstrated they were aware of the signs of abuse and knew what action to take. Staff were also aware of the provider's whistle blowing policy and knew how to report issues of poor practice. We looked at the home's safeguarding folder and saw that where there had been concerns, these were recorded, completed and managed appropriately. Where required staff submitted notifications to the CQC and referrals were sent to safeguarding authorities as appropriate.

There were arrangements in place to deal with foreseeable emergencies. People had detailed personalised evacuation plans in place which documented the support they required to evacuate the building in the event of an emergency. Staff we spoke with knew what to do in the event of a fire and who to contact. Staff had received fire training and frequent fire alarm tests were conducted. People had detailed photographic 'missing person's' forms in place to ensure and assist with their safe return to the home should they get lost when out. There were systems in place to monitor the safety of the premises and equipment used within the home. We saw equipment was routinely serviced and maintained and regular maintenance and safety checks were carried out on gas and electrical appliances. The home environment appeared clean, was free from odours and was appropriately maintained.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records we looked at confirmed pre-employment and criminal records checks were carried out before staff started work. Records included application forms, proof of identification, references and history of experience or qualifications.

We observed there were sufficient numbers of suitably qualified and skilled staff deployed throughout the home to meet people's needs appropriately. Staff told us they felt staffing levels were appropriate to meet people's needs and ensure their safety. One member of staff said, "Although we are a small team there is always enough of us to make sure people get the care they need. We know everyone really well; we are just like a big family. If someone wishes to go out or has an appointment we make sure we have extra cover." Staffing rota's demonstrated that levels of staff were suitable to ensure people's needs were met and staff were rostered on and made available to supervise and support people when venturing out.

Good

# Is the service effective?

## Our findings

At our last inspection on 10 March 2016 we found that although staff were effective in meeting people's needs staff were not supported through regular supervision and the provider did not have systems in place to ensure staff received an appraisal of their practice and performance. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw staff had received regular support, supervision and had an appraisal of their practice and performance.

We observed staff had the knowledge and abilities required to meet the needs of people living at home and staff told us they received appropriate support, supervision and appraisals which enabled them to support people living at the home effectively. One member of staff told us, "I feel very supported in my job. I have received supervision on a regular basis and had an appraisal which was good." Staff records showed that supervision was conducted on a regular basis in line with the provider's policy and included discussions of any staff training needs. There were systems in place to ensure staff also received an appraisal of their practice and performance on an annual basis.

Staff new to the home were inducted into the service appropriately in line with the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all new care workers. Newly appointed staff undertook an induction period which included familiarisation of the provider's policies and procedures, completing the provider's mandatory training and shadowing experienced colleagues to enable them to become familiar with the service and people living there. One member of staff told us, "My induction into the home was very good. I worked alongside experienced members of staff for two weeks before I supported people independently."

Staff told us they received training to support them in their roles and to develop their practice. One member of staff said, "The training we get is very good. It's very appropriate to the needs of the people we support." Training records demonstrated that staff received up to date training appropriate to the needs of people using the service and which also met the needs of staff. We saw the provider's training programme included areas such as safeguarding, manual handling and medicines management amongst others. The provider also offered specialised training which was appropriate to the needs of the people using the service and included training such as supporting people with epilepsy, dementia, equality and diversity and de-escalation and diffusion breakaway techniques.

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 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 granted to deprive a person of their liberty were being met. We saw that, where required, people's care plans contained mental capacity assessments and records from best interests decisions made. This demonstrated that decisions were made in people's best interests where appropriate and the service was working within the principles of the MCA.

People's physical and mental health needs were monitored and recorded by staff and medical advice was sought promptly when required. People's health care needs were documented within their care plans highlighting any risks relating to people's health. Care plans also contained guidance for staff on people's diet and nutritional needs. People were supported to attend medical appointments and health checks when required. Staff supported people to meet their healthcare needs and worked collaboratively with health and social care professionals. For example supporting people to attend health care appointments and supporting them with their nutritional needs on advice from the speech and language therapists. Care plans also demonstrated that where appropriate relatives were kept informed of any health issues. One relative told us, "The acting manager and staff are very good at communicating with me. They always keep me informed of my loved one's care and health needs."

People were supported to eat and drink suitable healthy foods to meet their needs. Weekly menus were discussed and planned with people to ensure they took account of people's preferences, dietary requirements and cultural needs and wishes. People were offered menu choices at meal times and picture cards of various foods and menu options were used by staff to aid comprehension and support with choice. Staff were knowledgeable about people's nutritional needs such as the need for soft foods to reduce the risk of choking. People's care plans documented and monitored any risks relating to people's nutritional needs and guidance by health care professionals such as dieticians, nurses and speech and language therapists were in place to ensure people received the appropriate care and support to meet their needs.

Good

# Is the service caring?

## Our findings

Interactions we observed between staff and people using the service were positive and indicated that staff had developed good relationships with people. One person told us, "The staff are good. They know me." During our inspection we saw staff treated people respectfully and took their time and gave people encouragement whilst supporting them with personal care and daily living tasks. Staff respected people's choice and preferences and we saw some people preferred to spend time in communal rooms and in other rooms apart from the kitchen at meal times. We observed staff spent time sitting with people engaged in conversations and activities of people's choice. For example, one person participated in arts and crafts whilst another person wanted to watch television. At the time of our inspection several people were out at various day clubs and social events of their choice whilst others preferred to stay home or to venture out on local walks with staff.

Care plans contained guidance for staff on how best to communicate with people including how people preferred to be addressed. This assisted in the effective delivery of support that people received whilst promoting an awareness of people's preferences. Staff were familiar with people using the service and knew how best to support them. Care plans demonstrated that where possible people had been involved in decisions about their care including involvement from independent advocates for people who required support to make choice about their care. People were allocated a member of staff to be a keyworker who co-ordinated all aspects of their care and keyworkers met regularly with people to review their care needs. We noted that clocks and calendars throughout the home were correct and these were a good aid to support people's orientation.

Staff told us how they promoted people's privacy and ensured their dignity was respected. They explained that they knocked on people's doors before entering their rooms, ensured doors and curtains were closed when offering support with personal care and made sure information about people was kept confidential. Discussions with staff demonstrated their commitment to meeting individuals' preferences and recognising what was important to each person. Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. Staff told us that they received training in equality and diversity and demonstrated their knowledge of the topic by the individual work they did with people using the service.

People were supported to maintain relationships with relatives and friends. Care plans documented where appropriate that relatives were involved in their family members care and were invited to review meetings and any other relevant meetings or events held. People and their relatives were also notified about any significant events or visits from health and social care professionals and these were recorded within people's care plans to ensure best outcomes for people. People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them. Care plans and assessments were compiled in a visual pictorial format to aid understanding and comprehension.

Good

# Is the service responsive?

## Our findings

People received care and treatment in accordance with their identified needs and wishes. One person told us, "Staff help me well when I need it." Detailed assessments of people's needs were completed upon admission to the home to ensure the home and the environment could meet their needs safely and appropriately. Care plans provided guidance for staff about people's varied needs and behaviours and how best to support them. For example one care plan contained detailed information on how staff should support the person when they become agitated and techniques for staff to use to reduce the risk of self-injury. Another person's care plan documented how staff should support the person when they seated themselves in an unorthodox position. Health and social care professional's advice was recorded and included in people's care plans to ensure that their needs were met and contained guidance for staff in managing peoples conditions such as managing seizures. Care plans also recorded people's progress that was monitored by staff and as advised by health professionals, such as fluid monitoring and weight charts.

Care plans detailed people's physical and mental health care needs, risks and preferences and demonstrated people's involvement in the assessment and care planning process. Where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to the planning of people's care. A relative told us they had been involved in their relatives care plan and reviews and had attended care meetings when required. We saw that people's care needs had been identified from information gathered about them and consideration was given in relation to peoples past history, preference and choices. Care plans demonstrated people's care needs were regularly assessed and reviewed in line with the provider's policy. Daily records were kept by staff about people's day to day wellbeing, personal care, nutrition and activities they participated in to ensure that people's planned care met their needs.

People's diverse needs, independence and human rights were supported, promoted and respected. People had access to specialist equipment that enabled greater independence and dignity whilst ensuring their physical and emotional needs were met. For example one person had a specialised walking frame which enabled and promoted independent mobility. Written guidance and a video were available and contained within their care plan to support staff when assisting the person to use the equipment safely. Records showed that equipment was subject to regular checks by staff and specialised servicing when required.

People had the opportunity to discuss things that were important to them at regular individual keyworker meetings and at residents meetings which were held within the home. We noted there was also a 'thoughts and complaints' book located in the entrance hall providing people with the opportunity to feedback about the service or make any suggestions. One comment made from a visiting professional referred to staff as, "Very helpful and informative and know people well." People and their relatives we spoke with told us they knew who to speak with if they had any concerns. There was a complaints policy and procedure in place in a format that met people's needs which was on display in the entrance hall of the home for people and visitors to review. Complaints records showed that where appropriate actions were taken to address any reported concerns. The acting manager told us that all complaints made about the service were analysed by the provider and the results were provided to the home as a learning exercise.

People were supported to engage in a range of activities that met their needs and reflected their interests. The home had access to a car that enabled people to venture out into the local community and to access services with support from staff. People had individual activity programmes which detailed their weekly preferred activities. Activities we saw included trips out for lunch, visits to family and friends, shopping trips and attending local community clubs and social events amongst others. During our inspection we observed staff supported people to participate in activities based within the home such as arts and crafts and playing board games. We also saw one person was supported to go for a walk in a local park and another person went bowling with a member of staff and then to have lunch. One person told us, "I like going out and going shopping."

Good

# Is the service well-led?

## Our findings

Relatives of people using the service told us of the improvements they had seen made to the service and how this had a positive impact on the quality of care their loved ones received. One relative said, "I visit regularly and I have seen some improvements. The new manager is very good and the staff are good." At the time of our inspection there was an acting manager in post. They were in the process of registering with the CQC to become the registered manager. The acting manager knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the acting manager had good knowledge of people's needs and the needs of the staffing team.

We saw the acting manager spent time with people using the service and staff which promoted a warm homely environment. Staff told us the acting manager was supportive and open to suggestions they had in relation to improving the quality of the service. One staff member said, "The manager is very supportive. We all work well together to make sure people get the best care and support." There were systems in place which promoted effective lines of communication within the home providing staff with the opportunity to meet and communicate on a regular basis. Daily staff handover meetings were held which provided staff with the opportunity to discuss people's daily needs. A new staff handover form had been implemented which ensured daily checks were conducted by staff and detailed information such as, support provided to people, finance checks, care plan updates and checks and daily medicines checks which supported clear effective communication and highlighted areas that required action. Staff team meetings were also held on a regular basis.

We spoke with the acting manager and looked at the systems in place to ensure the quality of the service including some recently implemented systems. Operational quality assurance and governance systems in place included checks and audits conducted in areas for medicines, accidents and incidents, health and safety, safeguarding and finance management amongst many others. Recently implemented quality assurance checks which the acting manager had introduced upon their appointment in October 2016 included care plan audits and service spot checks which were due to be undertaken by the acting manager. At the time of our inspection we were unable to assess the effectiveness of these as they had recently been implemented but we will check on the progress of these at our next inspection of the service. Completed audits we looked at were up to date and conducted in line with the provider's policy. Records of actions taken to address any highlighted concerns were documented and recorded as appropriate. For example the provider's quality assurance audits conducted by the provider's area manager in July 2016 detailed the actions required to ensure all staff had completed up to date medicine competencies and new staff accident forms were to be implemented. We noted that these required actions had been addressed and were recorded as actioned on the provider's quality visit action plan.

The provider took account of the views of people using the service through resident and relatives surveys and stakeholder surveys that were periodically sent out. We asked to look at the results for the resident and relative's survey conducted this summer, however the acting manager told us that they had not received any completed surveys back to date. The acting manager explained that they would be sending the surveys out

to people's relatives again and would also seek feedback about the service through continued residents meetings held at the home. We will check on the progress of these at our next inspection of the service.