

## Avenues East

# Thomas Road

### Inspection report

7 Thomas Road  
Fulbourn  
Cambridgeshire  
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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

Thomas Road provides accommodation and personal care for up to three people who have learning disabilities.

This announced inspection took place on 23 June 2016. There were three people receiving care at that time.

The service had a registered manager in place. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was fully aware of his legal responsibilities in relation to his registration and management of the service.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. People experienced a good quality of life because staff were well trained and well supported by the provider and registered manager. There were sufficient staff to meet people's assessed needs. Systems were in place to ensure people's safety was effectively managed. There were effective procedures for reporting concerns and of how to protect people from harm.

People received their prescribed medicines appropriately. People's health, care and support needs were effectively met by a sufficient number of skilled staff. People were provided with a balanced diet and staff were aware of and met people's dietary needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making and applications had been made to the authorising agencies for people who needed these safeguards. Staff respected people choices and staff were aware of the key legal requirements of the MCA and DoLS.

People received person centred care and support from staff who were kind, caring and friendly and patient. Staff supported people to develop and maintain meaningful relationships. People had opportunities to comment on the service provided. People were supported to be involved in all decisions about their lives.

Care records provided staff with sufficient guidance to ensure each person received consistent, individualised care. People's care was kept under review to their needs were consistently met. People were meaningfully occupied and were provided with opportunities to engage in a range of different activities and pastimes. Staff supported people to have new experiences. People were supported to be members of the local community.

The registered manager was supported by a staff team that including a deputy manager and support workers. The service was well run. Staff including the registered manager, were professional and

approachable. People and their visitors were encouraged to provide continuous feedback on the service both formally and informally. People's views were listened to and acted on.

## 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.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns.

People were supported to take their prescribed medicines safely.

There were sufficient staff to ensure people's needs were met.

### Is the service effective?

Good ●

The service was effective.

People received care from staff who were trained and well supported.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been appropriately supported in the decision making process.

People's health and nutritional needs were effectively met and monitored.

### Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind, caring, friendly and patient.

People were involved in every day decisions about their lives.

People had access to information presented in ways they could understand.

### Is the service responsive?

Good ●

The service was responsive.

People's records provided staff with sufficient guidance to ensure consistent care and support was provided to each person.

People were supported to develop and maintain relationships. Staff supported and encouraged people to spend their time meaningfully and develop hobbies and interests. There were ample opportunities for people to access the local community.

People had access to information on how to make a complaint and were confident their concerns would be acted on.

**Is the service well-led?**

**Good** ●

The service was well led.

The registered manager was experienced and staff were managed to provide people with person centred care.

People were encouraged to provide feedback on the service. People's comments were listened to and acted on.

There were systems in place to continually monitor and improve the standard and quality of the service.

# Thomas Road

## **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 announced inspection took place on 23 June 2016 and was undertaken by one inspector. We told the provider before our visit that we would be coming. We did this because people are not always at the service and we need to be sure they would be present for our inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all the information we held about the service. We also asked for feedback from the commissioners of people's care, Healthwatch Cambridge and from health and social care professionals who have regular contact with the service. We received feedback from one social care professional and one commissioner of the service.

During our inspection we spoke with three people and one regular visitor to the service. This was a person who had known all three people for a few of years. We also spoke with the registered manager and the deputy manager. Throughout the inspection we observed how the staff interacted with people who lived at the service.

We looked at two people's care records, staff training records and other records relating to the management of the service. These included audits, staff shift rosters and meeting minutes.

# Is the service safe?

## Our findings

People receiving the service said they felt safe. A visitor told us, "I trust the staff." We observed people interacting with staff and noted they were relaxed and comfortable with them.

Staff told us, and records showed, that they had received training to safeguard people from harm or poor care. They registered manager and deputy manager showed they had understood and had knowledge of how to recognise signs of possible abuse. They knew who to report concerns to protect people from harm. They said they would have no hesitation in reporting anything of concern.

Systems were in place to identify and reduce the risks to people who used the service. People had individual risk assessments and care plans. Measures were in place to minimise the risk of harm occurring and provided clear guidance for staff to follow. These measures had been regularly reviewed and updated. They contained a range of assessments that included accessing the community, travelling in a car, swimming and using the kitchen. Appropriate measures were in place to support people with these risks. A social care professional told us that staff took steps to ensure people were protected from harm. For example, staff encouraged people to use sun screen and wear hats to protect their skin from the sun. We saw staff encouraged people to take part in regular meetings to help them understand and manage risks. For example, people had received training and support to help them understand and manage their money. We found safeguards were in place to protect people's finances. Senior managers made regular checks to ensure staff had followed the provider's procedures and given appropriate support to help people manage their money and keep it safe.

Environmental risk assessments, fire safety records and routine safety checks of utilities, such as gas and electricity were in place to support people's, staff and visitors' safety. Staff responded appropriately to emergency situations. A visitor told us that they had been nearby when the fire alarm had gone off. When they checked they found staff had calmly supported people to leave the building until it was safe to return. The visitor told us, "[Staff] dealt with it really well."

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Accidents and incidents were recorded and acted upon. For example, where a person had experienced a fall. Where any untoward event had occurred, measures had been put in place to reduce the risk of reoccurrence. For example, carrying out a falls risk assessment and checking the person's footwear was in good condition. The registered provider had an effective system for monitoring accidents and incidents and identifying trends in accidents and incidents.

The registered manager told us they followed the provider's robust recruitment policy. This included obtaining written references, proof of recent photographic identity as well as their employment history and a criminal records check. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

A visitor told us they felt there were enough staff to meet people's needs. We found there were sufficient staff to meet the assessed needs of people safely. Staff rosters showed that one or two staff were always on duty during the day, depending on the activities that were planned. A staff member is on-call onsite during the night. Staff leave was covered from within the permanent staff team, with very occasional shifts covered by the provider's bank staff. Satisfactory arrangements were in place to support staff should emergencies occur. This was covered by senior staff at this, and another of the provider's services nearby.

People were satisfied with the way staff supported them to take their prescribed medicines. There were appropriate systems in place to ensure people received their medicines safely. Records showed that people had consented to staff assisting them with their medicines. These were in formats people could understand. People's care plans contained detailed guidance on the support they needed and how the person liked to take their medicines. For example, one person's care plan told staff that the person needed to drink at least 200mls of water when taking one of their medicines. Another medicine required the person to avoid certain foods.

Staff told us that their competency for administering medicines was checked regularly. Medicines were administered in line with the prescriber's instructions and appropriate arrangements were in place for the recording of medicines received and administered. Checks of medicines and the associated records were made to help identify and resolve any discrepancies promptly.



# Is the service effective?

## Our findings

People told us they liked the staff who supported them. The visitor praised staff. They said, "The staff are absolutely wonderful. They know the people really well. Nothing phases them."

Records showed that staff were trained in subjects relevant to their roles. These included, first aid, safeguarding people from harm and health and safety. After their initial training staff had regular refresher training to keep their knowledge up to date. Staff had also had the opportunity to receive training in other areas relevant to the needs of the people they were supporting. For example, all staff had completed training in positive behaviour support techniques. The registered manager had planned for people's potential future needs with some staff attending training in stroke awareness and dementia awareness. Following training staff completed reflective logs. This helped them consolidate the training they had received and reflect on their learning.

Staff had appropriate qualifications for their roles. The registered manager and deputy manager had completed the registered manager's award. This is a level four national vocational qualification (NVQ) in management. Other staff had completed level three NVQ's in health and social care. These are nationally recognised qualifications.

The registered manager and deputy manager had also been trained to provide staff with formal supervision. Records showed that staff were formally supervised monthly where they reviewed their goals set at their annual appraisal. The deputy manager told us she was well supported by the registered manager and regional manager.

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 found the service was working within the principles of the MCA. The registered manager and deputy manager were trained and knowledgeable in relation to the application of the MCA and DoLS. Where people had been assessed as not having the mental capacity to make specific decisions, we saw that decisions were made in their best interest. Records showed that the views of appropriate people had been taken into consideration. This included people who knew the person well and, where relevant, medical practitioners. The registered manager was in discussion with the supervisory body as to whether an application needed to be made for a DoLS authorisation for one person. This showed that consideration had been taken to ensure the service was provided in people's best interest and in the least restrictive manner.

People were supported and encouraged to eat healthily. People's support plans included information on healthy eating and took into consideration any dietary needs. People had been referred appropriately to professionals such as the speech and language therapist. Their guidance had been incorporated into people's support plans. This included a description where people had swallowing difficulties and required their food to be of a particular consistency.

People were supported to have enough to eat and drink. Staff supported people to devise menus and shop for the required provisions. In addition to meals, we saw that a range of drinks and snacks were available for people to freely access. Staff knew people's likes and dislikes and these were recorded in their support plans. People's weights were monitored and noted to be stable. This helped identify any change in people's food and fluid intake.

People had access to health care professionals and were supported to manage and maintain their health. People were supported to access regular health checks and other appointments with healthcare professionals. These included GPs, dentists, opticians, speech and language therapists. Staff maintained clear records of advice given by healthcare professionals and included this information in people's care plans. People told us staff supported them to follow this guidance.

## Is the service caring?

### Our findings

People and their relatives were complimentary about the staff. A visitor told us, "The staff are really friendly and nice. They are really caring. The staff genuinely [provide] care as though they are caring for their own families." A social care professional said that staff treated people in "a friendly manner." They told us, "The staff team have a caring attitude and [are] generally very positive and supportive."

The majority of the staff team had worked at the service for many years and knew people's needs and preferences very well. The registered manager and deputy manager both said they would be happy with a family member receiving care from the service. The visitor agreed with this view. We were observed throughout the inspection staff treating people in a kind, caring and respectful manner. Staff called people by their preferred name and spoke in a calm and reassuring way. The visitor told us this was always the case. They said, "[The staff] are just really patient and kind."

Throughout our inspection staff maintained a caring attitude towards people. This included responding on all occasions to people's request, no matter how frequently these requests were made. Again, the visitor confirmed this was usual. They told us, "I hear the staff repeatedly explaining things [to people] and helping them understand and to do things, like maintaining the garden and washing the cars. The staff explain [things] again and again."

We saw that staff supported people to make every day decisions and respected people's choices. For example, how and where they spent their time, purchases and what they had for meals. A visitor told us they had seen staff constantly involve people in decisions. For example, changes were being made to a nearby garden that may have affected people's experience of their own garden. The visitor said, "[Staff] asked people's opinions. They involved people in the conversations and decision."

People were involved about how the service was decorated. People's bedrooms were decorated to reflect their own preferences. People showed us around the service and were clearly proud of their rooms and the things they had chosen to have in them.

People had access to information presented in ways they could understand. For example, people's support plans, risk assessments and other information, such as the complaints procedure were available in easy-read and pictorial format. Staff had also obtained information in appropriate formats to help people decide how, or whether, they would vote in a recent referendum.

People who required advocacy were supported in a way which best met their needs depending on the decision to be made. For example, people who knew the person well were consulted about people's care and involved in best interest decisions. One person had a formal advocate. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes. This showed us that staff respected people's decisions.

The deputy manager told us that each person had a named key worker, or dedicated member of staff. Each

person knew who their keyworkers were and confirmed they were happy with this arrangement. Key workers met with the person they supported on a regular basis to ensure they were involved in the review of their support needs and goals.

Staff were sensitive to people's anxieties and fears. A visitor told us that when a person was admitted to hospital staff had stayed with them, including overnight. This showed that staff 'went the extra mile' to provide comfort and reassurance to the people. A visitor said, "[The people using the service] are really well looked after and loved."

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's support plans. People told us staff supported them to attend the groups they preferred. For example, the local Women's Institute.

Staff respected people's privacy and dignity when supporting them. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. People told us staff always did this.

## Is the service responsive?

### Our findings

People told us the staff provided the support they needed. Both the visitor and the social care professional told us they felt the staff knew people well and understood their needs.

Each person's care plan had a 'pen profile' in place which detailed their family, social, health, and work history. People's care records included pictures of people that were, or had been, important to them. For example, friends and family members. It also contained lists of things each person liked and did not like. This helped staff to understand the person's experiences and preferences. The records also contained a document 'A day in the life of me'. This detailed the person's strengths and areas where they needed support. For example, with personal hygiene and accessing the community. It focused on staff encouraging the person to be as independent as possible. We saw supporting materials were used to aid this, such as diary boards to remind people what they had planned to do that day. This information provided very detailed guidance that helped staff ensure that people's needs were met consistently by all the staff.

People were involved in developing their support plans and showed us they were familiar with them. They were in formats that each person could understand. For example, one person's 'job' was to dust the communal areas. Their support plan included pictures of dusters and the cleaning products they would need to complete the task.

We saw that people's care and support plans were reviewed regularly and involved the person and other appropriate people. For example, other healthcare professionals involved in the person's care and people who were important to them, such as friends or relatives.

Daily reports were completed satisfactorily at the end of each shift. These records included the time the person got up/ went to bed, what they had eaten and how they had spent the day. Records relating to other professionals' interventions were also maintained. For example, if the person attended healthcare appointments.

The registered manager and deputy manager spoke passionately about supporting the people at this service. They had a good understanding of each person's personalities. They understood what could cause each person's behaviours to change. One person's care plan contained detailed guidance on how to support the person if they cried. It advised staff of key phrases to use and how to comfort and reassure the person. The plan focused on promoting positive behaviours. Staff confirmed they were familiar with, and followed, this guidance.

Records showed that staff enabled people to develop and maintain relationships. Information included the type and frequency of contact. This varied depending on people's and their friend/ family members preferences. Staff told us how much one person looked forward to an annual visit from a family member. The person agreed with this and told us that staff had helped them to purchase a present for their family member each year. Staff told us they looked for ways to encourage people to foster new friendships. This included offering to host meetings of a local group one person attended at the service. People told us about

other friends they had made locally and how much people enjoyed these friendships.

Staff looked for ways to encourage people to be as independent as possible. A visitor told us people were "encouraged to blossom in their own way." They went on to describe how patient staff were with repeating instructions calmly for people.

People told us, and showed us pictures of, how they liked to spend their time. We saw this was reflected in pictorial format in people's care records. Staff had supported people to develop schedules that detailed planned activities each day. For example, work placements, household chores, religious worship and meetings, one-to-one time with staff and flexible relaxation time.

A visitor told us people were, "always out and about" and busy." The said, "[People] have lots of structure to their days, but people still have their own choices. It was a nice day the other day and they decided to go to the coast."

Staff supported people to have new experiences. For example, one person said they wanted to experience a spa for their birthday. Although staff had reservations, because the person didn't like getting dirty, they supported the person to experience a mud treatment which the person thoroughly enjoyed.

People were supported to be members of the local community. For example, one person had joined a group in the local village. All the people used local services, such as the village shops and local swimming pool.

People and the visitor said staff listened to them and that they knew who to speak to if they had any concerns or were worried about something. They told us they thought the registered manager or another member of staff would listen to them and address any issues they raised. A visitor told us, "I know they'd listen to me. Absolutely." A social care professional told us, "We had concerns ...and staff were happy to attend a meeting to understand and resolve the problem."

People had access to information about how they could complain, make suggestions or raise concerns about the service. This was provided in appropriate formats so people could understand the process. Staff had a good working understanding of the complaints procedure. The registered manager told us they no-one had had cause to use the complaints procedure since our last inspection.

## Is the service well-led?

### Our findings

We received positive comments about the management of the service. We saw that people using the service had clearly developed very good relationships with the registered manager and deputy manager. A visitor told us they felt the service was well managed. They told us, "[The registered manager] is always on top of things."

The service had an experienced registered manager in place. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was fully aware of his legal responsibilities in relation to his registration and the running of the service.

The registered manager was supported by a staff team that included a deputy manager and support workers. Both told us they felt well supported by their managers. From observations and feedback, it was clear staff had a good knowledge and understanding of the needs and preferences of the people receiving this service.

Staff received regular supervision, support and training suitable for their role. The registered manager regularly worked alongside staff observing them whilst providing care and support. This helped to provide consistency in the service. The provider arranged various ways for staff to keep up to date with best practice and current guidance. These included sharing ideas with staff who work at other services, updates through the provider's Intranet Forum and the Chief Executive Officer's blog. The provider was also a member of various professional organisations that provided good practice and knowledge aimed at improvement of social care services. These included Social Care Institute for Excellence, British Institute of Learning Disabilities, and The Social Care Commitment.

The registered manager and deputy manager were familiar with the procedures available to report any concerns within the organisation. They told us this information was available to all staff. They told us that they felt confident about responding to any concerns or reports of poor practice to more senior staff.

The registered manager actively sought and acted on people's views. We saw that people were encouraged to provide feedback on the service and make their views known on a daily basis. In addition, bi-monthly 'tenants meetings' were held where people were encouraged to discuss any improvements or changes that could be made to the service. Annual surveys were also conducted. A visitor told us they felt comfortable talking with the registered manager and staff and were confident they were listened to and taken seriously.

The provider and registered manager used effective systems to monitor the quality of the service provided. This included the registered manager regularly working alongside staff as a role model and to monitor staff performance. They also conducted regular audits which covered areas such as health and safety, maintenance, and accidents and incidents. The regional manager visited the service regularly, speaking with people, staff and visitors. At each visit they followed up any actions from the previous month and focused on

different areas of the service delivery. We saw their last report was conducted in March 2016 and covered whether the service was well led. There were no actions to be completed from this audit.

The provider had sustained practice overtime and achieved accreditation with a number of organisations. These included Investor in People, Skills for Care, Mindful Employer, and the Physical Intervention Accreditation Scheme. They had also achieved accreditation in various international management systems including ISO 9000, for quality management; ISO 14001, for environmental management; and OHSAS 18001, for occupational health and safety.