

Meadowview Care Limited

Aveley House

Inspection report

6 Park Lane
Aveley
South Ockendon
Essex
RM15 4UD

Tel: 01708863289

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12 December 2016

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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

The inspection took place on the 6 and 12 December 2016 and was unannounced.

Aveley House is a registered care home providing 24 hour support to seven adults with a learning disability. The service does not provide nursing care.

The service had 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.

People were treated with dignity and respect and staff interacted with people in a kind, caring and sensitive manner. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

There was a regular and consistent staff team. The provider had appropriate recruitment checks in place which helped to protect people and ensure staff were suitable to work at the service. There were sufficient numbers of skilled, well trained and qualified staff on duty. Staff told us that they felt well supported in their role and we saw that staff had received training and formal supervision had been regularly provided.

We found that detailed assessments had been carried out and that the care plans had been developed around each individual's needs and preferences. There were risk assessments in place and plans on how the risks were to be managed. We saw that appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves; to help ensure their rights were protected. People were supported with taking every day risks and encouraged to take part in daily activities and outings.

People were happy and relaxed with staff. Systems were in place for people to raise concerns and they could be confident they would be listened to and appropriate action would be taken.

People's medication was well managed and this helped to ensure that they received their medication safely. They were supported to be able to eat and drink sufficient amounts to meet their needs and were offered choice. We found that people's healthcare was good and they had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians.

The provider had effective quality assurance systems in place. People and their relatives were encouraged to feedback on their experiences and staff tried to involve people where possible in day to day decisions and the running of the service. The service was well managed.

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 ●

This service was safe.

Medication was well managed and stored safely.

People were safe and staff treated them with dignity and respect.

There were sufficient staff on duty and they had a good knowledge of how to keep people safe.

Is the service effective?

Good ●

This service was effective.

People were cared for by staff that were well trained.

Staff had received regular supervision and felt well supported.

Staff had a good working knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to have a balanced diet that promoted healthy eating.

People experienced positive outcomes regarding their health.

Is the service caring?

Good ●

This service was caring.

People were provided with care and support that was tailored to their individual needs and preferences.

Staff understood people's care needs, they worked with them closely to establish their likes and dislikes and responded appropriately. Staff provided people with good quality care.

Is the service responsive?

Good ●

This service was responsive.

People received consistent, personalised care and support and, where possible, they had been fully involved in planning and reviewing their care.

People were empowered to make choices and had as much control and independence as possible.

People were given the care they needed in response to their own diverse needs.

Is the service well-led?

This service was well-led.

Staff understood their role and were confident to question practice and report any concerns.

Quality assurance systems were in place and effective.

Good ●

Aveley House

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 unannounced and took place on the 06 and 12 December 2016.

The inspection was undertaken by one inspector.

As part of our inspection we reviewed information we hold about the service. This included notifications, which are events happening in the service that the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with the registered manager, deputy manager, and four members of the care staff. Two relatives were approached for their views about the service and where possible we have added their comments within the report.

Not everyone who used the service was able to communicate verbally with us. Due to this we observed interactions between people and staff, reviewed records and looked at other information which helped us to assess how their care needs were being met. We spent time observing care in the communal area and speaking with those people who were able to tell us what it was like to live at the service.

As part of the inspection we reviewed three people's care records. This included their care plans and risk assessments. We looked at the files of two new staff members, which included their support records. We also looked at a sample of the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training.

Is the service safe?

Our findings

Staff told us that they felt people living at the service were safe and they did not have any concerns around the care people received. People were seen to be relaxed in the company of the care staff and they had good relationships. Those able to respond verbally told us that they 'felt safe' and would speak to the registered manager or their key worker if they were not happy. One relative added that they did not have 'one concern' about the care.

The registered manager advised that all staff are provided with written guidance on safeguarding people during their induction and this included details of who they could contact if they had any concerns. Staff knew how to protect people from abuse and avoidable harm and confirmed they had completed relevant training during their initial induction and also been provided with regular online refresher courses. Staff were able to express how they would recognise abuse and who they would report their suspicions to and this included the registered manager, deputy manager, upper management and the local authority.

The service had policies and procedures on safeguarding people and these were there to help guide staff's practice and to give them a better understanding. It was noted that the service had 'Ask SAL' posters around the home, which provided the reader with information on who they could contact if they had any concerns regarding vulnerable people. This showed that the service had systems in place to help protect people from potential harm and staff had been trained to take appropriate action. Upper management would oversee any safeguarding concerns and/or investigations so they can ensure these would be investigated appropriately and the company would look at any lessons that could be learnt. The service had a whistle blowing procedure in place for staff to use and this provided information on who they could take any concerns to.

Risk assessments had been routinely completed and regularly reviewed. These identified whether there was a low, medium or high risk and how these could be reduced to help keep people safe. People were supported to take risks and where possible encouraged to make choices and decisions during their daily lives.

Appropriate monitoring and maintenance of the premises and equipment was on-going. Regular checks had been completed to help ensure the service and amenities were well maintained and that people lived in a safe environment. General maintenance had been completed and people's bedrooms had been decorated and personalised to each person's character.

There were systems in place to monitor people's level of dependency and help assess the number of staff needed to provide people's care. The deputy manager added that the assessing of staffing levels was an on going process and provided examples of where in the past they had requested more staff for individuals due to either their care needs changing or specific activities where higher staffing would be needed. There were enough staff available to meet people's individual needs. Some people living at the service received one to one or two to one support and others were allocated time during the day with care staff to participate in activities or going out. During the inspection there were always at least four care staff and one person from

management to provide support. Due to the service presently having vacancies this had had some effect on the numbers of care staff on duty each day but during our inspection we saw that people were well supported and provided with care promptly when they needed it or on request.

The service did use agency staff when needed, but the registered manager stated they tried to request the same staff as they found this was better for the people they cared for as it provided continuity of care. Furthermore, many of the people at the service had complex needs and needed staff that were familiar to them. The service also gained extra support and cover from either the care staff at the service or from other services the provider owned.

The service had a recruitment procedure in place to help ensure correct checks were completed on all new staff and this practice helped to keep people safe. The files of two recently recruited staff were viewed and relevant checks had been carried out. This included health declarations, identification, references and checks from the Disclosure and Barring service (DBS). The service also had a disciplinary procedure in place, which could be used when there were concerns around staff practice and keeping people safe.

People received their medicines safely and as prescribed and medication had been stored safely and effectively for the protection of people using the service. They had been administered and recorded in line with the service's medication policy and procedure. Bottles and boxes were noted to have been dated when opened which would assist staff with auditing medication. Medicines had been recorded and signed for and each person's medication folder was accompanied by their photograph and details of any 'as and when required' medication. Each file had details of individual's prescribed medication and this included any possible side effects. This supported staff to ensure that the correct person received the correct medicines prescribed for them.

All staff had been provided with medication training when they were first employed by the service and competency checks had been regularly completed. A monthly audit had been completed by management to check for any errors and regular stock checks had been completed. The service also had an annual audit that had been completed by an external pharmacist and no concerns had been raised. This meant that systems were in place for staff to ensure all medicines could be safely accounted for. One relative praised the service and added, "They have been great with the medication, they have managed to get [person's name] to take this regularly and they are now in a routine."

Is the service effective?

Our findings

People were observed with staff and all appeared happy and content with the care and support they received. Staff were able to demonstrate that they did not only know the people they were key worker for very well, but they also knew the other people's care needs and ensured that these were met.

All staff had received an induction when starting at the service and this included the care certificate, which is a recognised induction into care. Feedback the service had received from their staff questionnaire reported that care staff felt they had been 'inducted well.' Feedback from staff included, "I completed the care certificate when I first started and this gave me the information needed to do my job." On the day of our inspection a new staff member was seen spending time in the service reading people's care plans and familiarising themselves with the service. Care staff spoken with were very complimentary about the induction and as many did not have any previous experience in providing care they felt it had given them the skills and confidence they needed.

All staff had completed mandatory training. This included first aid, medication, fire safety, food hygiene, infection control, safeguarding, dementia and moving and handling. Other training had been made available to staff which was relevant to their role. Staff confirmed they had received regular training and added that the organisation was very good at ensuring they had the knowledge and skills to carry out their roles and responsibilities. Much of the training completed had been via e-learning, but staff added that they felt they had the training they required to meet people's individual needs. On looking at the training records it was apparent that all care staff were up to date with mandatory training and had been provided with specialist training where needed.

Documentation seen showed that staff had received regular support through one to one sessions, meetings and appraisals. Staff told us that they found the management within the service approachable and supportive and that they received the support they needed. Feedback included, "Supervision is a good time to look at any training needs we may have or discuss any changes in the people we help care for." Minutes of monthly staff meetings were made available and the agenda had issues around the running of the service and included activities, medication, care certificate and training.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The 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 make 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 procedure for this in care homes is 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 and no concerns were found. Where best interest decisions were in place these had been completed with other health care professionals and recorded on people's care

plans. Staff we spoke with demonstrated an awareness of the MCA and DoLS and confirmed they had received training.

Where possible, consent had been gained and people or their relatives/advocates had agreed to the service providing care and support. People were observed being offered choices during the day and this included general decisions about their day to day care needs and also any activities they wanted to take part in. Care staff spoken with stated that they would ensure where possible that each person would be involved in their day to day care and decisions.

People were being supported to have sufficient to eat, drink and maintain a balanced diet. Menus for the service were seen and this showed that there was a varied four week menu and that people were offered choice and a healthy balanced diet. Staff stated that the menus were only a guide and they offered different options for the main meal where people wanted an alternative. People had been involved in menu choices during 'house meetings' and people's individual choices had been sought. One person had requested a dish from their ethnic and cultural background and it was noted that this was now on the weekly menu and care staff assisted them in preparing and cooking this when required. Take away or themed nights were also organised to help give people further choice on food. Care staff were observed getting regular snacks for people and also hot and cold drinks. Staff added that they had worked out what each person liked to eat and would offer them a couple of choices so they could choose the meal they wanted. The service also had picture menus available, but one relative stated that during visits they had noticed that staff would take each person out to the cupboard to help them choose what they would like for their lunch. Feedback from relatives included, "They are always making drinks for each other, they all eat and drink very well" and, "[Person's name] does love her food and they eat very well"

No one living at the service had any allergies or dietary requirements, but healthy eating was encouraged and one staff member was heard discussing healthy eating with one person who had shown they wanted to eat better.

Staff had a very good understanding of each individual person's nutritional needs and how these were to be met. It was practice within the service that both staff and people living at the service would have their meals at the table with each other. Each person had a nutritional record which included what they had eaten and included how much, which assisted care staff in monitoring people's nutrition. If people required assistance from a nutritionist or healthcare professional a referral would be made. People had been supported to maintain good health and had access to healthcare services and received on going support. Referrals had been made to other healthcare professionals when needed and this showed that staff supported people to maintain their health whilst living at the service. Each person had a plan in place to identify any health care needs and supporting documentation showed that people had visited the optician, doctors and hospital when needed. One relative stated, "They are very good at monitoring [person's name] medical needs and will always keep us up to date with any appointments or changes."

Is the service caring?

Our findings

Feedback from relatives included, "The staff are fantastic. They are very caring and they are like a family." A staff member added that the care at the service was very good, there was good team work and added, "I have no concerns about the care, I would be happy for any of the staff here to provide care to one of my relatives."

During our inspection we saw that people were relaxed with care staff and given the time and support they needed. Some staff had worked at the service for a number of years and they knew the people very well, including their history and what care and assistance each person needed. All care staff were 'key workers' for a specific person, but they also had good knowledge on each person's care needs and their likes, dislikes and any triggers that could cause challenging behaviour. Care was seen to be provided with kindness and compassion and care staff were seen to offer one to one support and guidance. One staff member was heard to say, "[Person's name] come and sit down and I will help you to take your shoes off." The person was then assisted to put their slippers on to make them more comfortable and relaxed. Another person was seen 'cuddling up' with a staff member on the settee and enjoying someone to one quiet time. People looked relaxed and the atmosphere felt very homely.

People received good person centred care and the care staff did their best to ensure that where possible people had been involved in decisions about their care and the lives they lived. People were seen during the inspection being empowered to make choices for themselves, including what they wanted to wear, eat or drink. Staff were seen responding quickly to people's needs and they were kind and caring in their approach. They were observed interacting with people and everyone was included in the general conversations and activities within the service where possible. Staff were heard using each person's preferred name and they were seen to use this to help interaction and ensure they had the person's full attention.

Staff showed good practice when people became agitated or upset and they knew what may help to change the person's behaviour and help to make them calmer and relaxed. The provider was also able to give examples of 'tactics' they had introduced to help reduce people's 'triggers,' and what they had found made people unhappy or changed the person's behaviour. Care plans were very informative and included information to assist staff in knowing each person and their past history and how to best manage any changes in behaviour or moods.

People were encouraged to be as independent as possible and care staff were observed providing support and encouragement to those who needed it. Where possible people had been supported to express their views about their care and support and most had relatives who could be involved in decisions about their care. Where people did not have access to family or friends who could support them, the service could arrange for advocacy services to offer independent advice, support and guidance. Many people at the service had the assistance of a social worker when needed.

Staff stated the home was open to visitors at any time and there were no restrictions. People had regular contact with family either through phone calls or visits and one person was out shopping with their relative

on the day of the inspection. Many would often see or stay with their relatives at the weekend and care staff enabled this to ensure regular contact was made with family. Relatives confirmed they were always made welcome when they visited the service and were very happy with the care provided. One added, "We are always made welcome. We are going to the service for Christmas dinner this year." They added that it was like having an extended family and they had got to know all the people and staff very well.

Is the service responsive?

Our findings

Staff assisted people with their care and were responsive to their needs. People received the support and assistance they needed and care staff were aware of how each person wanted their care to be provided and what each person was able to do for themselves. Each person was seen to be treated as an individual, the care was very person centred and it was clear from documentation seen, observations and discussions with staff that the service provided individual care to each person. Feedback from relatives included, "[Person's name] have come on leaps and bounds since being at the home. We are so pleased [person's name] is there. They [the staff] are able to deal with the behaviours and are very perceptive."

During observations people showed us they had trust in the care staff and management and it was a friendly and homely environment. It was clear that the care staff and management were there to ensure the people had a good quality of life and they empowered people in this process. Many of the people had lived at the service for a number of years, but all had their needs fully assessed before they moved to the service. The assessment helped to identify each person's needs and assisted the service to identify whether they could provide the care required. The care plans we reviewed contained a variety of information about each individual person including their physical, psychological, social and emotional needs. The assessment included each person's history so that anyone looking at these would have a good understanding of the person and who they were. Any care needs due to the person's diversity had also been recorded and when speaking with staff they were aware of people's dietary, cultural or mobility needs. The registered manager advised that people would be supported to follow dietary requirements or practice religious faiths and examples had been seen of this during the inspection. Each person had a document called 'All about me' which contained personalised information about them and included details on what the person liked to do, what risks had been identified and any behavioural or nutritional needs.

Where possible people, relatives or health care professionals had been involved in producing care plans and this included people's choices and care needs. Care plans had been reviewed regularly and updated when changes had occurred and reflected variations in people's needs. Feedback from relatives included, "The staff are very good. I find the communication very good and they always let us know of any changes." The service had regular key worker meetings where the person met with their key worker and looked at any achievements they had made, how they had been feeling and any goals they wanted to set for the next month. The registered manager explained that they found these more beneficial to people as they had found that large group meetings had not suited everyone.

People were supported to follow their interests and take part in their chosen activities. It was clear from discussions with care staff that they tried to ensure each person took part in activities they liked or had interests in. Each person had a weekly timetable, which included a choice of activities at the service and in the community and included room management, arts and crafts, spa days, movie and snack and coffee mornings. Most people received one to one time with care staff and there were good examples of people going out shopping, participating in trips to restaurants, going horse riding etc. Some group activities were also organised and included a weekly trip to a club each Tuesday evening, visits to a sensory swimming pool and day trips out when possible. Some people living at the service had access to colleges and took part in

specific courses tailored to their abilities and interests. The deputy manager advised that activities were flexible around how the person was feeling and also the weather, due to some being outside activities.

Although the service used public transport for any outings and outside activities, general feedback from staff and relatives reported that the service offered people at the service more autonomy and access to the community when they had use of their own vehicle. Comments included that they had been able to organise more trips out for people and they had easier access to the community; but unfortunately the vehicle had been out of use for some time. It was felt that by using public transport this had reduced the choice of activities as busses were not always frequent within the geographical area the service was situated in.

The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. Information on how to make a complaint could be found in the information given to people when they first came to live at the service and this could also be found on the notice board. This provided details on who to contact if they had any concerns, the action that would be taken and any timespans. A pictorial complaints procedure had been produced by management, so was in a format that people could understand. Management were seen to be approachable and that they listened to people's experiences. Staff stated that they felt able to raise any concerns they had. Relatives spoken with confirmed they were aware of how to raise any concerns and added that they had found the management at the home 'approachable.' Upper management monitored any complaint received to ensure they were appropriately investigated and the service could learn from the outcome.

The service had received a number of compliments from visiting health care professionals and these included, "I came here to assess a resident. It is a nice and warm home. Homely for residents, good for staff and I will recommend to people" and, "The agency staff we sent to you liked working at your home and was pleased with the induction provided."

Is the service well-led?

Our findings

The service had a registered manager in post who was aware of their responsibilities and ensured the service was well led. There were clear lines of accountability and the registered manager and deputy manager had access to regular support from senior management when needed. Staff we spoke with were complimentary about the management team. They said that they felt well supported and could go to the manager or deputy for support and advice when needed.

During our visit the registered manager was seen to be available to both care staff and those who lived at the service and would stop when people approached them and was heard speaking with people and giving them the time they needed. Staff spoken with stated they were confident in the registered manager's and deputies ability to listen and follow up on any concerns they may raise. They felt they were kept up to date with information about the service and the people who lived there. Feedback from staff included, "The management listen and are very helpful" and, "I could go to the management if I had any concerns, there is good team work here and we all pull together."

The service had clear aims and objectives and these included dignity, independence and choice. Staff had access to information from the Care Quality Matters, which is a magazine that has information and guidance on providing good care and meeting standards. From observations and discussions with care staff it was clear that they ensured that the organisation's values were being upheld to ensure continual individualised care for people. The service had 'Employee of the Month' and this was a way management could show their appreciation of staff who provided good care and upheld the service's aims and objectives at Aveley House. Pictures of staff who had been awarded this could be found in the lounge for both visitors and people to see.

The service had a number of systems in place to show that it aimed to deliver high quality care. Records seen showed that the registered manager and provider carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. Where areas of improvement had been identified in the audits, action had been taken to rectify these. Environmental and equipment checks had been carried out to help ensure people and staff's safety. Monthly audits had also been completed by the registered manager in line with the company's own policies and procedures and managers from other services would also be involved in auditing each other's services. Regular visits had also been completed by the service manager who had audited the service to ensure correct procedures were being followed.

The service had systems in place to gain relative's feedback and where possible views from people who lived at the service. Meeting with key workers had taken place to help gain people's feedback on care and help plan for the future. Annual questionnaires had been sent out to relatives to gain their views about the service and comments included, "You have made [person's name] happy and settled, we could not ask for more" and, "I always feel welcome to discuss any issues at any time on the phone or in person." Regular reviews of each person had taken place and provided relatives and health care professionals with an opportunity to feedback to the service.

