

Community Integrated Care Mengham Avenue

Inspection report

14 Mengham Avenue
Hayling Island
Hampshire
PO11 9JB

Tel: 02392461533
Website: www.c-i-c.co.uk

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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

This inspection took place on 13 March 2018 and was unannounced.

At the last inspection, the service was rated Requires Improvement and we identified three breaches of the Health and Social Care Act 2014. These were Regulation 11 (Consent to care and treatment), Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective and Well led to at least good.

At this inspection we found that these issues had been addressed and the rating for the service is Good.

Mengham Avenue is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This home is not registered to provide nursing. The care home accommodates five people in one adapted building. There were five people living at the home on the day of our visit.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

People received safe care as they were supported by staff who knew how to protect them from harm. Staff were aware of people's individual risks and plans were in place to minimise these while maintaining the person's independence. Staffing was arranged based on people's individual needs and what activities were happening in the home. Staffing was flexible to suit the people living at the home.

The registered manager supported staff by arranging training so staff developed the skills to provide care and support to people and supervision to support them in their daily roles. People were supported by staff who knew their individual dietary requirements and how to support them in the right way. People had access to healthcare professionals when they required them.

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

People were treated with compassion which had a positive impact on their well-being. People we spoke with told us that all staff spoke kindly to them and they felt happy and comfortable in their home. Staff helped people to make choices about their care and the views and decisions they had made about their care were listened and acted upon.

People participated in a range of activities inside and outside of the home.

Staff liaised with other health and social care professionals and ensured people received effective, coordinated care in regards to any health needs.

An appropriate, well maintained and clean environment was provided that met people's needs.

People were involved in the planning and review of their care and support. People were supported to continue with their hobbies and interests which promoted their independence and confidence. Information was provided to people should they wish to raise a complaint.

Systems were in place to monitor and assess the quality and safety of the care provided. There were opportunities for people and relatives to feedback their views about their care and this was used to improve the service. Staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in line with their needs and wishes. The checks completed focused on people's experience of care. Where areas for improvement were identified, systems were in place to ensure lessons were learnt and used to improve the service delivery.

Further information is in the detailed findings below.

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.

People were protected against risks to their health and wellbeing, including the risks of abuse and avoidable harm.

There were sufficient numbers of suitable staff to support people safely and meet their needs. Recruiting practices ensured that appropriate checks had been completed.

People were protected against risks associated with the management of medicines. They received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

The service was compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported by staff who had the knowledge and skills needed to carry out their responsibilities.

Staff received support from a manager.

People were supported to have a balanced diet. Their health and welfare was maintained by access to the healthcare services they needed.

Is the service caring?

Good ●

The service remains Good in caring

Is the service responsive?

Good ●

The service remains Good in responsive

Is the service well-led?

Good ●

The service was well led.

There was an experienced manager in place. The manager

understood the responsibilities of their role and of notifying the Care Quality Commission of significant events regarding people using the service.

There was a friendly, homely and professional atmosphere in the home, which was appreciated by people and staff.

People told us they were happy with the quality of service they received.

Audit systems were in place to ensure people received a quality service that was safe.

Mengham Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 March 2018 and was unannounced.

One inspector carried out the inspection.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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.

During the inspection we spoke with four staff, including the registered manager and area manager. We spoke with three people and observed interactions between staff and people using the service. We reviewed two people's care records plus three staff records such as supervisions, recruitment and training. We reviewed medicines management arrangements and records relating to the management of the service, including audits, policies and procedures.

Is the service safe?

Our findings

At our inspection in January 2017 we found the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because we had concerns about the management of people's finances.

At this inspection we found that action had been taken to ensure the management of people's monies was safe. The financial records were also overseen from outside of the home and audited regularly. Where there were concerns action had been taken including a safeguarding alert and notification to CQC.

At our inspection in January 2017 we found the provider in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 not all known risks for people were managed well. We found people were not provided with care and treatment in a safe way in relation to doing all that was reasonably practicable to mitigate risks in relation nutrition.

At this inspection we found that action had been taken to ensure people's nutritional needs were met and any risks were mitigated. For example we saw that the speech and language therapist had been involved for one person and staff had guidelines to follow. Another example was where the GP had recommended high protein foods to help a person retain their weight. This showed that lessons had been learnt.

People we spoke with felt safe from harm and told us they felt safe with the staff who supported them. One person told us, "It's the best place here." We spoke with one staff member who told us the training they had received helped them understand how to maintain people's safety and promoted their independence.

Staff had received training in safeguarding people and knew how to identify abuse and how to report any concerns, including to outside agencies such as the local authority and CQC. Staff told us they would not hesitate to raise concerns if they needed to, including through the whistleblowing process. Whistleblowing is where staff can highlight poor practice without fear of recriminations.

People told us their independence was encouraged. We observed throughout the day people accessing the kitchen for snacks and drinks with minimal staff support.

The recruitment process continued to remain safe. Pre-employment checks were conducted including obtaining full employment history, checks on identification, references from previous employers, professional registration checks and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

People felt there were enough staff to help them when they needed it. People told us they had opportunities to do the things they enjoyed when they wanted. For example, one person told us they enjoyed going out in the car for a drive and confirmed staff did this for them. A staff member told us, "Staffing on the day depends on what is happening. Staff do the hours to fit with people's activities". They continued to say, "The staff rota

is adjusted to accommodate any changes" and felt that it was flexible. We saw that where there were activities outside of the home staffing numbers were raised so that people could attend. For example going to the local drama group production where a person living in the home was performing.

People and staff told us there was one sleep in staff member at night. People and staff felt this was sufficient as they may not always need staff at night, but felt safer knowing someone was there. The manager said should any staff take unplanned leave, such as sickness, they had staff support from the provider's other service, who could provide staff that people knew.

We observed one person request some pain relief, their medicines were kept locked up in their bedroom and they went upstairs to get them with a member of staff. We saw they were supported to take their medicine and this was done in a safe, personal and dignified way. Care workers told us people were supported with their medicines by the staff member supporting them that day rather than one care worker administering all the medicines. Records of medication administered and the staff's knowledge were checked by the provider to ensure people received their medicines as required.

Staff understood the need to record and report any incidents and accidents. The manager said they would investigate any concerns, and any learning was discussed and shared with the staff team and with other homes managed by the manager. However, there had been no incidents or accidents since our last inspection.

People told us they helped keep their own rooms tidy and helped with their washing. We saw the home was clean and tidy. There was a kitchen/diner, lounge, five single bedrooms, shower room, bathroom and a large garden at the back of the house.

Systems were in place to manage the safety of the environment. Risk assessments had been completed to identify any hazards such as the management of legionella, fire and electrical equipment. Appropriate guidance was in place for staff in how to mitigate these risks. Staff carried out a range of checks to ensure the environment remained safe. Fire alarm systems were tested regularly by staff and periodically serviced by external contractors.

Is the service effective?

Our findings

At our inspection in January 2017 we found the provider in breach of Regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw contracts in people's files, which had been signed, for domiciliary care rather than residential care. This meant people had been asked to consent to a form of care they were not receiving.

At this inspection we saw that action had been taken to rectify this and it was no longer a breach.

People had lived in the home for many years, and staff knew them well. Staff told us they would recognise if a person was not themselves and would seek medical advice. One person told us, "I go to the doctor". Staff had the knowledge and skills to carry out their roles and responsibilities.

In the staff files we saw that staff had been provided with induction and on-going training. We saw the Skills for Life Care Certificate training was in place for all new staff. This familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. We asked staff about the support they received. One member of staff said, they had completed training in epilepsy and autism.

The staff we spoke with were knowledgeable about people's individual dietary requirements. They were aware of the importance of healthy eating, special diets and of maintaining a balanced diet. They were also aware of the balance to be struck between the need for this and people's rights to decide for themselves.

The support plans we looked at reflected the high level of staff awareness of the importance of good nutrition and hydration. For example, one member of staff explained about the involvement from the speech and language therapist (SALT) team for one person. Food was mash able and soft to reduce the risk of choking.

Care plans, showed that people were able to access a wide variety of core and specialist external services. For example, referrals had been made on behalf of people to agencies such as hospital consultants, dieticians and the Community Team for People with Learning Disabilities.

Each person had a health action plan which was regularly updated outlining their healthcare support needs. We saw in people's records they had attended their annual health check with their GP and also had access to other primary care services. Staff supported people to their health appointments, including any specialist appointments they required. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

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 less restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood their roles in assessing people's capacity to make decisions and people told us they were always asked about consent to care and treatment.

The support plans included assessments regarding people's ability to consent to their care and treatment. People had up to date mental capacity assessments in place and these were carried out in the process of care planning and review. Where a person did not possess mental capacity, their records contained evidence of best interests meetings with relevant parties and referrals for DoLS authorisation when necessary. These were 'decision specific' and outlined clearly why authorisation was being sought.

People's diverse needs were met by the adaptation, design and decoration of premises. For example, we saw that where needed people had their equipment which had been adapted for them and this was monitored in case there were any changes to their needs. People could have time on their own in their room or in the lounge or kitchen. This allowed them to have their own space but ensured they could socialise with others if they wished. We observed people moving around the home independently. Each person's bedroom was personalised and there were resources and sensory stimulation for people to use at their leisure.

Is the service caring?

Our findings

At the last inspection this question was rated good. The rating remains good.

People gave us positive views about the care provided in the service and felt staff were kind, considerate and caring. One person told us, "The staff are lovely and will do anything for you."

Staff were responsive to people's needs and addressed them promptly and courteously. Those at risk were monitored closely but discreetly where there were concerns about their well-being.

Staff were knowledgeable about the people they supported and what was important to them, such as family members and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit. They were able to explain to us about the care and support people needed. Staff actively involved people in making decisions and asked them what they would like. Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People were able to comment about their care and the support they received through regular reviews, informal discussions and surveys sent out by the provider.

We saw photos of significant birthdays and we were shown a keepsake book a member of staff had put together to assist the person remember their special day. The person was very proud of their book and talked us through it.

Staff were friendly, caring and warm in their conversations with people, crouching down to maintain eye contact, using gestures and touch to communicate. Staff were respectful of people's cultural and spiritual needs, for example people were supported to attend their church.

People were treated with dignity and respect and staff respected their individuality. People told us and we saw that their personal space was their own and respected by staff and other people living in the home. Staff told us they ensured people had privacy when receiving care. For example, keeping doors and curtains closed when providing personal care, explaining what was happening and gaining consent before helping them.

Care workers supported people to meet their choices and preferences. People were supported to be as independent as possible. Care workers said they encouraged people to do as much for themselves as possible. For example, preparing meals and snacks or personal care.

Is the service responsive?

Our findings

At the last inspection this question was rated good. The rating remains good.

The information in people's support plans and daily records was clear and these records were securely stored. They were person centred. People's choices and preferences were documented, it was possible to 'see the person' in the care plans.

We looked at people's support plans in order to ascertain how staff involved people and their families with their care as much as possible. Support plans and risk assessments were discussed and agreed with people or their representatives. These were reviewed regularly by staff and were signed by people, relatives or representatives. Records of contact with family members were kept.

Throughout our inspection we observed that staff supported people in accordance with their support plans.

People were supported to follow their interests and take part in social activities. Some people attended a day service where they could socialise with their friends. One person said, "I go to day services to see friends." One person was attending Zumba in the morning then being picked up and taken to their parents for the afternoon. There was clear communication between the person and their family.

A magazine has been developed called "You First Magazine"; it is a quarterly publication where people are able to share the things they are doing. One person said they liked knowing what was happening in other homes.

People we spoke with knew how to report any concerns. There was a complaints procedure in place and this was available in pictorial form if required. The complaints log showed that two complaints had been received in the last year. There were procedures in place to deal with complaints effectively and records were fully completed with a lessons learned section so that the service could use the outcome of the complaint to make improvements at the service. There was a whistle-blowing procedure that staff said they would be comfortable using.

We saw people had end of life care plans in place where appropriate. These were detailed and personalised and reviewed on a monthly basis to reflect people's wishes.

Information was made available to people in easy read formats and in pictures, about independent advocacy services.

Staff understood their responsibilities for maintaining confidentiality, in particular the importance of not leaving confidential information lying around where people who were not authorised to do so could read it.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information

Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Is the service well-led?

Our findings

At our inspection in January 2017 we found the provider in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems and processes were not established or operated effectively to assess, monitor and improve the quality of the services provided or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

At this inspection we saw that there were processes in place both at the home and at provider level to monitor the service. We saw that the area manager visited regularly and completed an audit tool which also reviewed progress in respect of the previous month's actions (if any) and made an action plan for the coming month.

The provider had systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and checks such as, reviewing medicines management, quality of care records, support to staff and environmental health and safety checks. We looked at audits undertaken by the provider, for example medicines. We noted there were a variety of daily, weekly and monthly auditing procedures in place in all aspects of medicines management. We noted issues arising as a result of audits were dealt with in line with the provider's policy, in the form of detailed action planning. For example people's personal finance checks.

The provider has a Quality and Excellence Partner (QEP) who completes independent audits throughout the homes and creates an action plan for completion. This is in line with the provider's monthly visits where the regional manager carries out checks and audits to ensure not only compliance but that people are happy, safe and developing within their home.

Feedback from staff was very positive about the changes they were experiencing with the provider. For example there was a new CEO and it was felt they had been, "A real driver for positive change within the organisation and has made some very real and proactive changes since they started."

There was an "Employee of the month recognition scheme". Each Region nominated a member of staff that had gone above and beyond to support people in the most person centred way possible. The winning member of staff would receive a voucher and a message of thanks for their commitment. Mengham Avenue had nominated staff for this award and this had been really positive and encouraging for the staff member.

A trainer had been recently recruited. They would have an oversight of the training needs for all staff and ensure compliance with staff training requirements. The senior manager told us that this would enable a more personalised approach to training and investment in talent management.

All levels of management have access to an electronic dashboard. This shows the registered manager where they are with their homes in relation to supporting staff, as it captures data of supervision, DBS, probation and training. For the people they support the system captures information in relation to; reviews of support plans, any restrictive practice assessments and care agreements. This gives an oversight into what is

happening within a home and whether there are any risks within the service. This helps with prioritising where management support needs to be and also whether any further support is required, for example HR or regional manager.

Staff had signed to confirm they had read the provider's policies and procedures. From speaking with staff we identified their knowledge was up to date with good practice. We noted this was followed up in team meetings where staff were reminded to 'read and sign guidelines'.

The manager shared a business improvement plan with us showing how they were going to develop the service, part of the plan included the maintenance of the service and emergency plans.

The registered manager and provider worked with other agencies. This included the local authority and clinical commissioning groups who funded people's care. The registered manager kept representatives from the funding authorities up to date with people's care and support needs and where there were any changes in their health. Staff informed the funding authorities about how funded one to one support was used. The registered manager also liaised with other departments at the local authority in order to support people and their staff, including the safeguarding adult's team.