

Community Care Solutions Limited

Elliot Avenue

Inspection report

1 Elliot Avenue
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Peterborough
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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



Overall summary

Elliot Avenue is a registered care home and provides accommodation and non-nursing care for up to six people with a learning disability and autism. At the time of our inspection there were four people living at the home. The home is located in a residential suburb of the city of Peterborough. At the time of the inspection there were four people living at the home.

The named registered manager was not in post and not managing the home when we visited. A new manager, who had started their new role in March 2015, was

applying to become the registered manager. 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. A registered manager was not in post and action was taken to try and fill this vacancy.

Summary of findings

At our unannounced inspection on 25 November 2013 the provider was meeting the regulations that we had assessed against.

People were safe living at the home and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were judged to be suitable to look after people at the home. People were supported to take their medicines as prescribed and medicines were safely managed.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access a range of health care services and their individual health needs were met.

People's rights in making decisions and suggestions in relation to their support and care were valued and acted on.

People were supported by staff who were trained and supported to do their job, which they enjoyed.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS applications had been made to the appropriate authorities to ensure that people's rights were protected.

People were treated by kind, respectful and attentive staff. People and their relatives were involved in the review of their individual care plans.

Support and care was provided based on people's individual needs and they were supported to maintain contact with their relatives and the local community. People took part in a range of hobbies and interests. There was a process in place so that people's concerns and complaints were listened to appropriately acted upon.

The manager was supported by an operational manager. Staff enjoyed their work and were supported and managed to look after people in a safe way. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action had been taken where improvements were identified.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and numbers of staff made sure that people were looked after by a sufficient number of suitable staff.

People were given their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People's rights had been protected from unlawful restriction and unlawful decision making processes.

Staff were supported and trained to do their job.

People's social, health and nutritional needs were met.

Good



Is the service caring?

The service was caring.

People received care and support in a kind and respectful way.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and their relatives were included in this process.

Good



Is the service responsive?

The service was responsive.

People were involved in reviewing their care needs and this was carried out on a regular basis.

People were supported to take part in a range of activities that were important to them.

There was a procedure in place to respond to people's concerns and complaints.

Good



Is the service well-led?

The service was well-led.

Management procedures were in place to monitor and review the safety and quality of people's care and support.

People were supported to be part of the community.

People and staff were enabled to make suggestions to improve the quality of the service and these were acted on.

Good



Elliot Avenue

Detailed findings

Background to this inspection

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

This inspection took place on 26 May 2015. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection we received information from a local authority contracts monitoring officer.

During the inspection we spoke with two people who used the service, two relatives, the manager and three care staff. We looked at two people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received.

Is the service safe?

Our findings

People said that they felt safe living at the home. One person said, “I feel very safe because the staff treat me well.” Another person’s care programme was structured and their care was delivered in a way that made them feel safe and settled. We saw that the person was relaxed while they were taking part in activities as part of their structured programme. Relatives told us that their family members were looked after well and were kept safe because of this. One relative also said, “Definitely my [family member] is safe here as he has the 24-hour support.”

Staff checked our identification before letting us in to the home and the premises were kept secure with the locking of outer doors and gates.

Staff were trained and were aware of their roles and responsibilities in relation to protecting people from harm. They gave examples of types of harm and what action they would take in protecting and reporting such incidents.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe. This included following people’s risk assessments in relation to swimming, crossing the roads and when using transport. Staff told us the actions they had taken when supporting people to keep them safe, which included close observation of the person during these times.

There were enough staff to meet people’s individual needs, which included one-to-one support to keep people safe and support them with their individual hobbies and interests. Staff told us that during 2014 there had been a turnover of staff, with staff leaving and new staff starting. They said that this was unsettling for people and for the team of staff. However, they told us that new staff were being recruited to fill the current vacancies and said that this had helped with developing a stable team of staff. One staff member said, “On the whole we are much better than last summer. The staff turnover was horrendous and it must have been difficult for our service users. But now it seems more settled and calmer here.” Another member of

staff said, “The team is getting together now and it is good for the service users.” We saw that there were enough staff to provide people with one-to-one support for them to take part in indoor and outdoor activities.

The manager advised us that the number of staff needed was based on people’s individual care needs. Measures were in place to cover unplanned staff shortages which included staff working extra hours or the use of agency staff. The manager said, “[Name of agency staff] has been coming here a number of years and it is getting consistency (for people) that way by using the same person (agency staff).”

A member of staff described their experiences of applying for their job and the required checks they were subjected to before they were employed to look after people living at Elliot Avenue. They told us about the types of checks that had been carried out, which included written references and a clear disclosure and barring scheme check. They also told us that they had attended a face-to-face interview as part of the recruitment process.

One person told us that they were satisfied with the way that they were given their prescribed medicines. They said, “I get one or two tablets in the morning and evening.” A relative said, “They bring it (medicines) to him in a little container and they watch him (family member) take it.” Relatives told us that they were satisfied with the arrangements in place to support their family member with their medicines when they were staying with them. One relative described the arrangements as being, “Organised.” Another relative was aware of their role and responsibility in recording their family member’s medicines. “The staff give it (family member’s medicines) to me when they come and I have to sign for it. I also have a form to fill in and I have to sign in the boxes.”

Medicines were stored securely and records of medicines demonstrated that people were supported to take their medicines as prescribed. Staff said that they had attended training in the management of people’s medicines. Staff also confirmed that the manager had assessed their competency in the management of medicines.

Is the service effective?

Our findings

One person said that they were looking forward to when they were able to move to a more independent way of living. They told us that they were learning to be independent in a number of activities. They said, “I cook every Monday, Wednesday and Saturday. I can go out to the shop and buy milk and bread.” We saw that they went to buy milk as part of the home’s provisions. We also heard staff encouraged another person to make their own hot mid-morning drink.

We saw how people were able to make their needs known; staff were aware of and responded to people’s complex communication needs. This included the use of picture menus and communication books. We saw that staff talked in a way that people could understand what was being said to them. Care plans detailed how people were able to communicate their feelings and wishes. One person said, “This is my folder and when new staff come here they read it so they can get to know me and how to support me better.” A member of staff said, “You get to know people. I get to know how [name of person] understands.” The staff member told us how they communicated with the person and we saw this was by effective presentation of easy-to-read questions.

Staff members were knowledgeable about what actions were to be taken to keep people settled. This included supporting people to follow their individual structured activities programmes. We saw a person was following their structured programme who told us that they were happy and we saw that they were settled. Staff were also aware of supporting people’s sensory needs by controlling noise and light levels in people’s rooms and communal rooms.

Members of staff said that they had the support and training to do their job, which they said they enjoyed. A member of staff said, “I do enjoy the work. I get a lot of enjoyment seeing positive steps (improvements) and humour from the service users.” Staff had training and support to do their job. This included induction training, which included shadowing more experienced staff at work and being observed at work by more experienced staff.

Staff were knowledgeable and trained in a range of subjects, which included safeguarding people from harm, application of the Mental Capacity 2005 (MCA) and

Deprivation of Liberty Safeguards (DoLS) and management of people’s medicines. The training records confirmed that staff had attended refresher training. Staff told us that they received one-to-one supervision support during which they discussed their training and development needs and work-related topics. One staff member described their supervision session with the manager and told us that they had objectives set. They said, “It was a two-way process. Some (objectives) I have done and some I am working on.”

Assessments had been carried out, in line with the principles of the MCA. We found that people were supported with making their decisions and had no unlawful restrictions imposed on them. DoLS applications had been made in line with the agreed arrangements with appropriate authorities and records confirmed that this was the case. One person showed us their door key and key to get in and out of the kitchen area, when this was locked.

When people had chosen not to follow strictly to their structured programme the staff were respectful of this. This included choosing to be supported with their personal care. One staff member said, “Sometimes when [name of person] says no, it’s not always what they really mean. But you know when [name of person] really means no, they really mean no.” Care records demonstrated that people’s choices in relation to their structured programme were respected.

With the use of picture menus people were supported to choose what they wanted to eat and individual diets were catered for, which included vegetarian and halal foods. We saw people were supported to go out to eat and were offered to have hot and cold drinks during and between meals. People’s weights were monitored and programmes were in place to encourage people to eat a diet that maintained a healthy weight. This included taking prescribed nutritional supplements and the management of a controlled daily calorie intake.

People had access to a range of health care services to maintain their health and well-being. One person said, “I see a doctor for check-ups. I go to the dentist. I had an eye test last week.” Other health care services included speech and language therapists and nutritionists. To maintain people’s health, exercise programmes were in place for people to take part in. These included swimming, walking and going to a gym.

Is the service caring?

Our findings

People were looked after by attentive and caring staff. One person said that they liked the staff and that they were treated well. They said, “I’m very happy here.” They also said they liked the time when, “[name of member of staff] sits and talks with me and we have a cup of tea.” They also said that they liked the staff who supported them and told us that they knew their names. We saw that staff interacted with another person in a kind and patient way. A relative told us that the staff were kind and caring when they assisted their family member to visit their family home.

People were enabled to be as independent as possible. This included independence with shopping, cooking, personal laundry and eating and drinking.

One person told us that only female staff provided care to females living at the home. The staff roster demonstrated that there was at least one female member of staff on duty at all times.

The premises maximised people’s privacy, dignity and respect; all bedrooms were en suite and were for single use only. Toilets and bathing facilities were provided with lockable doors.

People were supported to maintain contact with their relatives, which included overnight stays at the family

home. One person told us that they were looking forward to seeing their relatives. We saw that a person was supported to maintain contact with their mother by means of text messaging via a mobile ‘phone.

People were offered other choices of how they wanted to spend their day. One person was asked what they wanted to do and they had chosen to go for a walk, followed by a game of tennis. Another person had chosen to go shopping and eat out. Members of staff described the methods they used to offer people choices. This included holding up items of clothing for people to make their choice.

People were involved in the reviews of their care plans. One person said, “[name of member staff] looked at my folder with me last week. We discussed lots of things and I asked for things.” They told us that they had asked for more board games and to be able to play a game of tennis. Another person was supported to answer questions as part of their monthly care plan review. Relatives told us that they had attended or were going to attend their family member’s care plan reviews. We also heard the manager speaking with a person’s relative during a telephone conversation; the manager encouraged the relative to be involved in the development of their family member’s care plan.

The manager told us that no person was using advocacy services at the time of our visit as people were represented by their parents. Advocates are people who are independent and support people to make and communicate their views and wishes.

Is the service responsive?

Our findings

People were supported to take part in a range of educational and recreational hobbies and interests that were meaningful to them. One person said that they were going to college to learn to be more independent and that they helped with maintaining the home's garden. They also said, "I go out into town with the staff." People's hobbies and interests included attending college courses, swimming, going out for meals and drinks and spending time with their relatives. Members of staff told us that they supported people to access shops, cafes and woods and parks. On-site facilities offered a sensory and an activities room to support people with their emotional and learning needs, respectively.

Relatives confirmed that they were involved in the reviews of their family members' care plans and these records were presented in easy-to-read format for people to understand. The care records were kept under review and changes were

made, if needed. This included changes to people's nutritional needs and experience of pain. Staff were aware of people's needs and responded to any changes. Actions taken included supporting people to eat more healthily, including encouraging eating vegetables, and to give people prescribed pain relief.

There was a complaints procedure in an easy-to read format and was available in the home. People, relatives and staff were aware of the complaints procedure and how to use it, if needed. One person said, "I would speak to [manager and area managers' names] or to [name of care staff]." A relative said, "I would bring it (concern or complaint) up with anyone at the house or I would send an email to the manager." They told us that during their family member's care plan review they were able to raise any concerns with the manager and they felt listened to. They said that the care plan review was recently carried out and were waiting to see if their concerns had been fully responded to.

Is the service well-led?

Our findings

The named registered manager was no longer in charge of the running of the home. The new manager, who had been in post since March 2015, advised us that they had previous experience of working with people with a learning disability. They also told us that they had started their application to become the registered manager.

People knew or recognised who the manager was and relatives told us that they knew her name. We saw that the manager was available to people in the home. One person said to her, "Your kindness is good and your understanding of autism is good." Members of staff had positive comments to make about the manager. One staff member said, "[Manager's name] is lovely. I feel more relaxed and she is very supportive."

People attended meetings during which they were enabled to tell the staff what they wanted. This included an increased range of hobbies and interests. Staff also attended meetings and said that these were arranged in advance so that staff could contribute to the agenda and attend the meetings. The meetings had enabled staff to make suggestions in improving the quality of people's lives. One staff member said, "In the meeting there was a discussion about how we can improve on what we are now doing." Another member of staff told us that the staff meeting had enabled them to make suggestions about the home and, "Any issues that we need to raise." Staff meetings were informative and reminded staff of their roles and responsibilities in providing people with safe care that met their individual needs.

People had been supported to tell staff about how they were looked after and how they were feeling. This included on a day-to-day basis and during the monthly reviews of their care plans, during which relatives had the opportunity to offer their views and comments.

There were links with the community with people attending educational courses and recreational activities.

Members of staff were aware of the values that supported people's care. A staff member said, "It's about promoting independence and assisting people to improve their skills

to the best of their abilities. To encourage to build (upon) their skills to move on to more independent living. To be included in the community, even just going out to the pub." Another staff member said, "I believe the main aims are giving people a good quality of life; to support them in a way that they are safe in the community; when they are travelling on the bus."

Staff were aware of the whistleblowing policy and procedure and their responsibility raise any concerns that they may have. One staff member said, "That will be for me (to whistle blow) if I witnesses abusive behaviour and raising it (concern) to anybody I need to tell."

A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance. This was to make sure that people were safe and looked after by trained and suitable staff.

The provider had carried out three monthly visits to the home and had produced quality monitoring reports of these visits. The reports demonstrated that there was a continual review of the quality and standard of people's care and the management of staff. Where actions were required, these had been addressed or actions to be taken were on-going. There was a reporting procedure in place for the home's management team to inform the provider of the progress made in these areas.

Audits were carried out in relation to management of medicines and the content of people's care plans. Actions were taken, if required or on-going, in response to the findings of the audits. This included two members of staff checking people's medicines and signing the records, and improving the content of people's care records.

A local authority contracts monitoring officer told us that they had no concerns about the safety and quality of people's care but told us that they were unclear if staff had undergone a medicines management competency assessment. We found that medication competency assessments were carried out although there were no records kept at the home to support this when we visited. This evidence was provided by the provider following our inspection.