

5 George V Avenue

# 5 George V Avenue

## Inspection report

George 5 v Avenue  
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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

5 George V Avenue was inspected on 13 April 2015. The inspection was unannounced. The service provides accommodation for persons who require nursing or personal care for up to five people with learning disabilities. There are communal spaces which include two lounges, a dining room and kitchen. People have access to the garden. The providers live in the home and at the time of the inspection there were four people with a learning disability using the service.

There was 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.

# Summary of findings

People were protected from bullying and avoidable harm. Staff were up to date with safeguarding training and knew how to report abuse. People told us that they were safe.

People's care and support needs were assessed and reviewed with them. Any personal risks were identified when people moved into the service and these assessments were ongoing. People had the opportunity to be as involved as they wanted to be in their assessments and in the planning of their care. Care needs were regularly reviewed, so that staff were able to manage risks and support people in ways that suited them best.

People's medicines were managed safely.

People had lived at the family run service for a number of years. When there had been a change at the service, the provider had employed staff who had the necessary skills, knowledge and experience to make sure people received their care safely. Staff were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Staff had access to specialist training in order to meet individual people's needs.

People were asked for their consent in ways they could understand before care was delivered and staff understood the requirements of the Mental Capacity Act 2005 (MCA).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager was in the process of making a DoLS application for one person at the service. They were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service was meeting the requirements of the DoLS. The manager understood when an application should be made and how to submit one. After the inspection the provider informed us that they had submitted the DoLS application.

People were encouraged to follow a healthy diet. People were asked about their dietary requirements and were regularly consulted about their food preferences. One person told us, "I love my meals. The food's very good".

People had regular access to the doctor, dentist and optician and had an annual health check. Healthcare professionals, including GPs, nurses, speech and language therapists and dieticians, had been consulted as required. All appointments with, or visits by, health care professionals were recorded in individual care plans and advice and recommendations were followed.

Staff felt valued and supported by the manager. Communication between staff took place through regular meetings and handovers between each shift. At staff meetings any changes in people's needs were discussed.

People were treated with respect and dignity. Staff spoke with and supported people in a caring, respectful and professional manner. People's diversity was recognised and encouraged in that individuals were supported to follow their beliefs and to live the life they chose.

Staff supported people to be as independent as they could be, and their privacy was respected. There were no restrictions on people having visitors.

People told us that they and their relatives were fully involved in the planning of their care. People knew where their care plans were and were able to look at them when they wanted to. Care plans included details about the person's favourite activities, people who were important to them and their likes and dislikes. People's care was regularly reviewed.

There had been no complaints at the service since the last inspection. People showed us that there was an easily readable complaints procedure displayed in the hall and said that they held regular meetings to make sure their views about the service were heard.

People, visitors, staff and outside professionals were asked for their opinions about the service. This information was used to develop and improve the service.

The manager and staff were aware of their accountability and responsibility in meeting the requirements of legislation. Systems were in place to monitor the quality of service and action had been taken to address any shortfalls, discrepancies or issues that were highlighted.

# 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 knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

Risks to people were identified and staff had the guidance to make sure that people were supported safely.

The provider had recruitment and selection processes in place to make sure that staff employed at the service were of good character.

People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Good



### Is the service effective?

The service was effective.

Staff knew people well and had a good understanding of people's needs and preferences. There was regular training and the provider held one to one supervision and appraisals with staff.

People's rights were protected. Assessments were carried out to check whether people were being deprived of their liberty and whether or not it was done so lawfully.

People's health was monitored and staff worked closely with health and social care professionals to make sure people's care needs were met.

People's nutritional and hydration needs were met by a range of nutritious foods and drinks.

Good



### Is the service caring?

The service was caring.

Staff were kind, caring and understood people's preferences and different religious and cultural needs. Staff spoke with people in a compassionate way.

People were supported by staff to maintain their independence. People were treated with dignity and respect.

People's records were stored securely to protect their confidentiality.

Good



### Is the service responsive?

The service was responsive.

People received consistent and personalised care and support. Care plans reflected people's needs and choices.

A range of activities were available both inside the service and out in the community.

Good



# Summary of findings

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on. The provider used people's views as a learning opportunity.

## Is the service well-led?

The service was well led.

Staff were positive about the leadership at the service. There was a clear management structure for decision making and accountability which provided guidance for staff.

Staff told us that they felt supported by the provider and that there was an open culture between staff and management.

The provider completed regular audits on the quality of the service.

**Good**



# 5 George V 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 April 2015 and was unannounced. One inspector and a specialist advisor who had knowledge of the needs of people with learning disabilities carried out the inspection.

Before the inspection visit we examined previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

We did not ask the provider for a Provider Information Return (PIR) as the inspection was at short notice. 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. Prior to the inspection we looked at previous inspection reports and notifications received by the Care Quality Commission. We also spoke to three healthcare professionals from the local authority and NHS including care managers and community nurses, who were involved in people's care.

We looked at the care records of four people who used the service, one set of staff training records, supervision records, and duty rotas. We spoke to all the people, one member of staff, the provider and two relatives. We looked at policies and procedures within the service along with other records in relation to the quality of service provided.

Not everyone was able to verbally share with us their experiences of life at the service. This was because of their complex needs so we spent time observing staff interactions with people and the care and support provided. We looked around the service including the communal areas, people's bedrooms with permission, the main kitchen and the garden.

We last inspected 5 George V Avenue on 11 February 2014 where no concerns were identified.

# Is the service safe?

## Our findings

People, who could, told us they felt safe living in the service. One person said, “They [staff] make sure I know how to be safe, if I didn’t feel safe I would tell them”. Some people were not able to tell us about their safety. We spoke to people’s relatives and representatives and made observations which showed that people were safe.

People were protected from abuse and avoidable harm. There were safeguarding and whistleblowing policies and procedures in place so staff knew what to do if they saw or heard anything that gave cause for concern. Staff knew their responsibilities and were up to date with their safeguarding training. They were able to identify the different types of abuse such as physical, financial, emotional and sexual abuse, and were able to describe different types of discrimination. They told us they were confident that, if they reported anything untoward to the provider, it would be dealt with immediately. They said “If I ever felt I could not raise issues with safeguarding I would contact the [local authority] safeguarding team”.

People were not discriminated against and were encouraged to maintain their personal identities and beliefs. One person said, “Staff know, we are, who we are; and that’s good”. Staff were aware of people’s different beliefs and made sure that people were supported to express them. They said, “Everyone is different and we are all entitled to follow our own beliefs, people who live here are encouraged to do the same”.

The provider and staff encouraged people to talk openly about their personal safety. One person had recently developed symptoms of dementia and had become frightened of getting lost. They told us, “I used to go out on my own but I like to have someone with me now, so I am safe”. Another person told us that they also needed support when accessing the community, they said, “I am not good at being out on my own and I like having help to keep myself safe”. We observed that people who needed help with keeping safe were supported by carers when they went out and they told us they were happy with the support they received.

Arrangements were in place to identify and manage risks with people in a way they could understand. Risks and potential risks to people, staff and the environment were

regularly assessed and reviewed. There were risk assessments for inside the service and when people were out and about. Risk assessments in people’s care plans were up to date.

Risks were assessed in a positive manner and focused on what people could do and what support they needed to achieve their personal goals. One person’s care plan showed that they were not aware of risks associated with strangers when they were in the community. There were details of how staff had talked to the person, highlighted the dangers and discussed different ways the person could keep safe. The person told us, “I need to be careful; I can’t just go up to people I don’t know”. Staff went through this regularly with the person and explored what they should do to keep safe in different situations.

The provider reviewed any accidents and incidents to look for any patterns or trends to prevent any reoccurrences. One person had been in the kitchen preparing their meal and had received a slight burn. Measures, such as revised risk assessments, were put in place and staff had supported the person to prepare their meals more safely.

There were procedures in place for emergencies, such as, gas / water leaks and fire. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. Each person had an emergency evacuation plan in place so staff knew how to support people in an emergency. People told us that they had regular fire practices and knew what they should do in the event of an emergency. One person told us, “We should get out quickly but not run”.

When new staff were appointed, they completed an application form, gave a full employment history, completed health checks and had a formal interview as part of their recruitment process. New staff were screened to make sure they were fit to work at the service and Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Recruitment checks for staff had been carried out and followed up including written references. People’s identity and qualifications had been verified and any gaps in employment history had been explained. The provider made sure that safe recruitment procedures were followed.

## Is the service safe?

The provider had policies and procedures in place for managing employment issues. These included a disciplinary procedure which guided the provider to deal with staff fairly and within the law.

People told us that there were enough staff at the service. The provider employed suitable numbers of staff to care for people safely. Assessments were carried out to ensure that there were enough staff on duty with the right mix of skills, knowledge and experience on each shift to meet people's needs. Staff shortfalls like sickness were covered by regular staff employed by the service. Staff told us that they were happy to work flexibly to cover any shortages such as sickness and annual leave.

The staff rotas showed that there were consistent numbers of staff throughout the day and night to make sure people received the support they needed. We observed that staff were not rushed and were able to deliver people's care and support at a pace that was best for them.

We looked at the medicine administration records which were completed accurately and were up to date for all the people living at the service. All medicines were signed into the house and were checked. We looked at the storage of medicines and this was in good order. There was a clear

spoilt medicines returns procedure. This included a documented receipt book so medicines could be safely returned and signed off by the pharmacy. Only minimal stock of over the counter medicines were held at the service.

There was a procedure for each person on how they would request pain relief should they need it. Staff told us they were aware of any changes to people's medicines and read information about any new medicines, so that they were aware of potential side effects. People received their medicines when they needed them and were protected against the risks associated with the unsafe use and management of medicines.

All the people living at the service had a hospital passport that contained relevant information such as how to communicate with people, and any conditions or allergies they may have so that, if they were taken to hospital in an emergency, hospital staff had the information they needed.

People were supported to live in a safe environment. The service was clean and tidy. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. People's rooms were well maintained.

# Is the service effective?

## Our findings

People told us that they had lived at the service for a long time. One person said, “I am well looked after, I get all the help I need”.

People had an assessment when they moved in. Information and assessments were updated as soon as people’s needs changed and were reviewed every six months. Staff told us that they were kept up to date and had all the information to make sure people were cared for in a way they preferred and that met their needs.

Staff had an initial induction and did not work on their own until people were used to them and felt comfortable. Staff had completed training in areas such as moving and handling, health and safety, fire awareness, first aid, the mental capacity act and safeguarding. Staff were supported to attend further training relevant to their roles such as, supported decision making, person centred risk management, understanding learning disability, epilepsy awareness and dementia training to make sure that staff had the skills and knowledge to deliver people’s care effectively.

Staff told us that they felt supported by the provider. They said they had regular supervision meetings along with a yearly appraisal. Supervision meetings included discussions on staff performance and individual training needs. Staff said that they felt supervisions were positive. One member of staff told us, “A lot of thought goes into supervision. Quite often we will go for breakfast or a quiet café for a coffee to talk things over; it makes it so much more comfortable”. The provider said, “Staff come up with some really good ideas like having a communication book so we can see at a glance what everyone has planned each day”. Staff said they were valued which helped them to keep motivated. The manager told us that one person had recently been diagnosed with early onset dementia. Staff had noticed the person’s communication had been affected and asked to attend some training with a speech and language therapist so they could be sure they would communicate with the person in the best way possible. They then passed their training onto the other staff to make sure the person’s care continued to be delivered in the way they wanted.

The provider had built links with organisations which shared information on Downs Syndrome and Mosaic

Downs Syndrome, along with groups such as Carer’s Solidarity and the Dementia Forum. The provider said that it was important to keep up to date and to be in contact with other people and share ideas. They said, “We are a small service and we can easily become isolated. We need to keep up to date with everything”. Staff demonstrated their new knowledge on ‘adaptive behaviour methods’ which, they explained, ‘recognises that verbal communication skills are not always linked to a person’s actual level of ability’. Staff recognised that people had varying skill levels and were encouraged to complete daily activities at a level that was best for them.

Staff supported people in a way that matched what was written in their care plans and asked for people’s consent before giving any care and support. Staff knocked on people’s bedroom and bathroom doors before entering and people were asked for their consent before care was delivered. One person told us, “I like it when I am asked if its ok and I am always asked”.

People’s capacity had been regularly assessed. One person’s level of capacity had changed and they had difficulty making everyday choices. Staff had created a picture board with the person to help remind them of where they liked to keep their socks and other items of clothing. Staff adjusted the way they spoke when engaging with people to ensure they could be easily understood. A meeting to make a decision in a person’s best interests had been held about their health needs and the manager told us they would continue to work with the local learning disabilities team to arrange more meetings if needed.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. These safeguards protect the rights of people using services by making sure if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The provider had assessed people’s status considering the DoLS in June 2013 and had assessed that no-one was deprived of their liberty. Records showed that they were in the process of updating DoLS assessments due to some people having a recent change to their level of



## Is the service effective?

need. The provider contacted us after the inspection to inform CQC that a DoLS application had been made. They confirmed that relatives and representatives had been included in the decision making process.

People were encouraged to eat a healthy diet and their preferences were respected. People said that they had enough to eat and drink and that they were involved in meal planning. One person told us, "I like to help with the shopping. Sometimes we go shopping and sometimes we use the internet". Another person said, "There's lots to eat, I like my food". People told us that in addition to them choosing menus, they had takeaways of their choice or went out to dinner at a favourite restaurant. One person said, "I love going out to the restaurant, but the meals are good here too". The food cupboards were well stocked and records were kept of the foods people liked such as spaghetti bolognaise, tuna salad, meat pie and vegetables. People told us that they were happy with the menus.

Care records showed that one person had difficulty swallowing. They had been referred for a swallowing assessment and the advice from the speech and language

therapist had been followed. The care plan said that the person had been coughing when eating dry foods and that they should have a drink with meals as they had not been drinking enough fluids. At lunch time the person had a sandwich, yogurt, a glass of squash and a cup of tea whilst a member of staff sat with them to provide support.

Staff were aware of people's health needs and knew about health issues that could be associated with people's disabilities. People told us that they were supported to see the doctor, dentist and optician when they needed to and records showed that people had an annual health check. One person's care records said that they should wear their glasses at all times, we saw that they were not wearing them on the day of the inspection visit. Staff told us that the person had just had an eye operation and had been advised not to wear their glasses they said that as the operation was very recent they had not yet updated the information in the care plan but were in the process of doing so. When we checked their health records we saw that staff were following the 'after surgery recommendations'.

# Is the service caring?

## Our findings

People told us that staff were caring. One person said, “They [staff] are wonderful”. Another person commented, “I have lived here for years and years, it’s my home, and we are all family”. People’s diversity was respected and encouraged. People were supported to maintain their religious and cultural beliefs.

People told us they were not discriminated against and were encouraged to achieve their personal goals and talk about things they were good at. One person demonstrated that they enjoyed teaching people sign language. They spent time teaching the inspectors how to sign different words and did this confidently. The provider told us, “It’s important to celebrate what people are good at; we don’t focus on people’s disability but focus on people as individuals”. A staff member said, “It’s our job to help people to grow”.

Staff talked to people about their interests such as horse riding, accessing the community and preparing meals. We talked to a person about meal preparation. They told us that the staff had made sure they knew everything they needed to know about cleanliness in the kitchen. They said, “I love cooking, when I go into the kitchen the first thing I do is wash my hands. You have to wash your hands regularly to prevent cross contamination; I make sure people wash their hands a lot when they are in the kitchen with me, it’s important”. The person told us that staff had spent a lot of time supporting them to achieve their own goals with food preparation.

We observed that staff encouraged people and their relatives, to express their views and to be actively involved in decisions about their care. People felt valued and listened to. The conversations between people living at the service and the staff were relaxed and respectful. People openly asked questions and talked about their wants and needs with the staff. Staff used a gentle approach and were knowledgeable about the people they cared for. One person had difficulty communicating verbally and used gestures to say what they needed. Staff understood what they were indicating and communicated with the person in a way they could understand.

At the time of the inspection people did not use advocates from outside of the service although this would be arranged if necessary. People told us that they preferred staff to advocate for them. One person told us how the provider and staff had worked with everyone to choose a pet dog. One person told us, “I love the dog, we all do”. Another person said, “We really wanted a dog”. Everyone interacted positively with the dog and enjoyed being greeted when they returned from their daily activities. The manager told us, “Everyone was involved, we had a meeting about what sort of dog people wanted and the people who live here chose his name”.

People’s records were kept in a lockable cupboard and their confidentiality was protected. Although there were regular meetings people could talk in private with the provider if they wanted to. People told us that they were treated with respect and people’s dignity was maintained. One person told us, “Some things are private and they are kept that way”. We observed that staff knocked on people’s doors and asked for permission before they entered. Most people used the same lounge but they could use their rooms or another lounge if they wanted privacy or time on their own.

People were supported to be as independent as possible. People’s rooms were personalised and arranged how they wanted them. People told us that they could get up when they wanted and retire to bed when they wanted. People said that staff encouraged them to make daily choices so that they chose what they wanted to wear, what they wanted for lunch and how they wanted to spend their day. One person’s condition had recently deteriorated and they were no longer safe to access the community on their own. Although the person agreed to be accompanied, staff told us that they followed behind at a discrete distance so the person still felt independent.

There were no restrictions on visitors. People told us that their relatives and friends were encouraged to visit regularly. One person’s family were not able to visit them so the provider regularly took the person to visit their relatives. They said, “It’s important for family to see their relative so we do what we can to make sure they visit regularly”.

# Is the service responsive?

## Our findings

People told us that they were involved in the planning of their care. People's individual plans of care were written in a way they could understand. Care plans included pictures for people who had difficulty reading and included people's life histories along with their likes and dislikes. One person showed us their care plan and enjoyed pointing out their favourite things along with showing us photographs of them doing different activities. They had signed their plan to say they agreed with it. They said, "If I don't like something I tell them [staff] to take it out, if I don't agree with it, it's gone".

When people were not able to understand their own needs relatives had been involved in their care plans and had signed to say they agreed with them. Care plans included information on what people liked doing and what they were good at, as well as highlighting their personal goals such as, "I like to make my own drinks" and "I want to be more confident when I am out and about". One person who was unable to communicate verbally led staff to the items they wanted. Staff told us that the person had specific ways to ask for help. Staff responded to the person quickly when they asked for help and their response matched what was written in their care plan. Care plans were written differently for each person and included detailed guidance to make sure people had their needs met in the way that suited them the best.

People were encouraged to do what they could for themselves and staff supported people in line with what was written in their care plans. People's care was regularly reviewed and relatives were invited to review meetings to make sure they were fully informed and involved in their relative's care.

People were supported to take part in social activities and were encouraged to follow their own personal interests. One person's care plan showed that they liked to go dancing and that they were supported to do this regularly. Another person's care plan stated that they liked painting and we saw that their paintings were on display around the service.

People were supported to maintain their relationships. People got on well and helped each other. One person told us, "We are all good at different things so I help when someone can't lay the table on their own". Other people told us that they were supported to meet their friends in the community, whilst another person they told us, "I like to meet up with my friends when I go to club". The person told us that they were supported to attend their club every week. Other people's care plans included records of them attending their favourite activities on a regular basis such as swimming and dancing.

The provider told us that there had been no complaint's since the last inspection. There was an easy read version of the complaints process on display and we were told that people were asked regularly if there was anything they were not happy about. One person had commented that they didn't like curtains in their room and these had been replaced with a blind. The person said, "I am very happy with it".

The provider told us that they regularly asked relatives to give them feedback when they visited and we saw that all the comments were positive such as, "Fab, kind hearted service" and "There's a real family atmosphere". The provider said that if they were to receive a complaint or a concern they would take action to address the issue and use it to reflect on how they could improve the service.

# Is the service well-led?

## Our findings

People and staff were actively involved in how the service developed and people were regularly asked for their ideas such as where they would like to go on holiday, changes in the menu or what they would like done differently. Action had been taken when suggestions were made, such as when to have the annual barbecue and what food to include. People had held a meeting to decide where they would like to go on holiday and told us they had enjoyed going to Norfolk.

The provider sought the views and comments from people, their relatives, staff and outside professionals including district nurses, care managers, dieticians and GPs. They used these views to help them assess the quality of the service. Professionals told us that the provider ensured that their recommendations were put in place and that the provider actively sought advice when necessary.

The service had been staffed by family members for many years. When a change of circumstances occurred, the provider employed new staff to make sure people got the care and support they needed and that they were safe. Staff said that the provider encouraged transparency and was fair and supportive.

The provider had built strong links with the local community by using local services and inviting neighbours and friends of the service to an annual barbecue with the aim of receiving constructive feedback on how the service could improve and evolve. We saw from cards and letters that had been given to staff, that all comments were positive and supportive of the service such as 'lovely service, lovely people' and 'people seem so happy and settled'.

The provider was also the registered manager and lived at the service. The provider made sure that the service was run for the people who lived there. Staff told us that there was an open culture within the service and that the provider was always approachable. Throughout our inspection the service was centred on the people who lived there. The service was personalised with people's possessions and pictures. There was a family atmosphere and people's preferences and needs were the focus of the service. Relatives told us that people were treated as equals and with compassion. One member of staff said the provider "Makes sure we are actively involved in how the service develops. They are always looking for ways to improve the service and we have open discussions about things we could do differently. The provider told us "We are a small service and we work as a team, everyone has a say in things".

Systems were in place to audit, monitor and review the quality of service and focused on areas such as the management of medicines, staffing levels, staff training, care planning, cleanliness, health records and the environment. The manager had analysed the outcome of the audits and had taken action to address any issues. The registered manager was aware that as people got older there was an increased possibility that they could develop dementia. Staff and people, who wanted to, had been encouraged to join an 'understanding dementia' group so that they developed knowledge of how the condition might affect them.

The provider notified CQC of any changes to the service or issues of concern when they had needed to.