First Choice Care Services Ltd

63 Eton Avenue

Inspection report

63 Eton 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

Summary of findings

Overall summary

We conducted an announced inspection of 63 Eton Avenue on 31 October 2018. The service is a small home providing care and support for up to three people with learning disabilities, autism and behaviours that may be challenging. There were three people living at the home when we visited.

At our last inspection we rated the home as Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The home 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.

Procedures were in place to ensure that people were safe from harm, Personalised risk assessments for people were up to date. Staff members had received training in safeguarding of adults from abuse and understood their roles and responsibilities in ensuring that people were safe.

People's medicines were managed safely. They were stored and administered appropriately. Accurate records were made when medicines were given. Staff members had received training in the safe administration of medicines.

People had personalised care plans in place. These were reviewed regularly and updated to reflect any change in needs. One person's care plan had been developed in an easy read picture assisted format and the home was planning to ensure that all care plans were made accessible in the near future.

People's care plans and risk assessments included guidance for staff on supporting people's communication needs. Staff members communicated with people in ways that they understood, using, for example, objects and gestures along with words where appropriate. Behavioural plans were in place which focused on minimising people's anxieties.

All staff members working at the home had been safely recruited. References and criminal record checks were taken up prior to their appointment. New staff members received an induction to ensure they had the knowledge required to prepare them for their role. All staff members were provided with a range of training sessions which were relevant to their work. This training was regularly refreshed to ensure that staff maintained their skills and knowledge. All staff members had received regular supervision from a manager.

People were supported to eat and drink a healthy range of foods. Support was provided to ensure that their health needs were met and staff at the home liaised regularly with other health and social care

professionals.

The home was meeting the requirements of the Mental Capacity Act (2005). People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were offered choices about what they wanted to do. Staff members demonstrated that they understood the importance of enabling people to make their own decisions.

Monthly quality monitoring audits and reviews had taken place and people and relatives had been asked for their feedback about the support provided at the home. A complaints procedure was in place and a family member told us that they knew how to use this.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

63 Eton 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 was a comprehensive inspection which took place on 31 October 2018 and was announced. We gave the provider 48 hours' notice of the inspection because the location is a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.
This inspection was carried out by a single inspector.

Before the inspection we reviewed our records about the home, including previous inspection reports, notifications and other information we had received from or about the provider. We also reviewed the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with two people who used the service, the deputy manager and two members of the support team. We spent time observing care and support being delivered in the communal areas, including interactions between staff members and people who lived at the home. We looked at records, which included three people's care records, three staff records, policies and procedures, medicines records, and other records relating to the management of the service. Following our inspection we spoke with a family member of a person living at the home.

Good

Is the service safe?

Our findings

A family member told us that their relative was safe living at the home. They said, "I think [relative] is very safe. He is settled there." One person said, "I am safe here."

Staff members understood the importance of keeping people safe from harm and potential abuse. They were able to describe their roles in ensuring that people's safety was maintained and knew how to report any concerns. All staff members had received training on safeguarding adults and those we spoke with were aware of the provider's policy and procedure on safeguarding.

Up to date risk assessments were contained within people's files. These were person centred and covered a range of risks, for example, health care, personal and self-care and activities in the home and within the wider community. The assessments included guidance for staff on the management and reduction of identified risks to people. We observed that staff members followed guidance in relation to the reduction of anxiety contained within people's risk management plans. For example, they used a sand timer to assist a person to understand when they were having their next drink. We saw that staff engaged the person in setting the timer and that they only asked for another drink when the sand had run out.

During our inspection we saw that there were two staff on shift. The deputy manager was also present and we noted that they also engaged with people. The staffing rotas showed that there were always two staff members on shift during the day and evening hours and one waking night staff member. The two staff members and a family member that we spoke with told us that they believed there were enough staff to meet the needs of people living at the home. The deputy manager said that he or the registered manager provided cover on occasions when additional support was required. He also told us that. if someone was ill, the home would use an additional 'sleeping in' staff member at night in case of emergency.

We reviewed the recruitment records for four staff members and saw that checks had taken place prior to their working at the home. The records included evidence of two satisfactory references, eligibility to work in the UK and criminal records (DBS) checks. This showed that the provider had procedures in place to reduce the risk of unsuitable staff being recruited to work at the home.

People's prescribed medicines were well managed. Medicines were safely stored and records of administration (MARs) were correctly recorded. Copies of people's prescriptions were held at the home and staff used these to check that the correct medicines were received from the pharmacy. Some people were prescribed PRN (as required) medicines for the reduction of anxiety or pain relief. The protocols for administration of PRN medicines showed that staff members were required to seek authorisation from a manager prior to giving these to people. Records of administration of PRN medicines were detailed and described the actions that staff had taken prior using these. These were subsequently signed off by the registered manager. We noted that PRN medicines were infrequently used.

Staff members had received training in safe administration of medicines and we saw that their competency in medicines administration had been assessed by the registered manager. Individual medicines risk

assessments were in place and these showed that people were unable to safely manage their medicines independently. Monthly auditing of medicines and MARs had taken place.

Staff members had received training in managing the risk of infection. Stocks of disposable aprons and gloves were provided. We saw that staff members used these, for example, when preparing food for people. The home was clean and tidy. Although bathrooms were clean, there was some maintenance that was required. The deputy manager showed us that quotes from contractors had been obtained in relation to the updating of bathrooms and replacement of flooring in the home. He said that a refurbishment of the home was planned within the next three months.

Regular fire safety checks and fire drills had been taken place at the home. Maintenance and servicing of fire safety equipment was up to date. The records maintained by the home also showed that regular health and safety checks were carried out. Up to date safety certificates showed that gas and electrical safety and portable electrical appliance tests (PAT) had been carried out.

We looked at records of accidents and incidents and saw that these were recorded in detail and signed off by the registered manager. Although there had been few incidents since our previous inspection, the deputy manager told us that these were reviewed on a regular basis to ensure that patterns were identified and learning was in place to reduce the risk of similar incidents in the future.

Good

Is the service effective?

Our findings

A person told us, "They help me do things that I want." A family member said, "I think [relative] is supported very well. They get the care they need."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We 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.

We found that people's care records included information about their capacity to make decisions. DoLS authorisations from the local authority had been received and were up to date. The home had a system in place to ensure that applications for renewal of DoLS were submitted prior to the expiry of any authorisation.

Staff members had received training in MCA and DoLS. A staff member told us, "We help people to make the decisions that they can. If I thought someone couldn't make a decision any more I would report this to my manager immediately."

We saw that people's care plans provided information in relation to supporting decision making. For example, the care plan for a person with limited verbal communication contained guidance for staff on supporting them to make choices in their daily life.

Staff members had received training and support to ensure that they had the necessary knowledge and skills to meet people's needs. All staff members had received mandatory training in, for example, safeguarding of adults, food safety, infection control and health and safety. In addition, staff members had received training in autism awareness, behaviour management and record keeping. Refresher training had also been planned so that staff maintained their skills and knowledge in these areas. Training and induction for new staff members met the requirements of the Care Certificate for staff working in health and social care. The deputy manager told us that one new staff member was currently completing the Care Certificate. A staff member said, "I think the training we get is very good. It helps me think about how I work with people in a good way."

The records that we viewed showed that staff members had received supervision from a manager on a regular basis. Staff members confirmed that they had regular supervision and this enabled them to better

understand and meet the needs of people. One staff member said, "The supervisions are really good but I can also contact my manager if I need to discuss anything at any time."

Two people told us that they liked their meals. We observed that people were provided choices about what they wished to eat at lunch. Where people had diets that reflected their cultural backgrounds, meals were prepared that met their needs. People's nutritional needs were assessed and when they had preferences regarding their diet these were recorded in their care plan. We observed staff members offering choices in relation to food and drink. One person said, "The food is good."

People were supported to access the medical care they required. Care records showed that the service liaised with relevant health professionals such as GPs, dentists and opticians. Staff liaised with specialist learning disability services and supported people to attend meetings and appointments where required.

Good

Is the service caring?

Our findings

A family member told us that their relative was well cared for at the home. One person said, "I like the staff. They help me."

The interactions that we observed between staff and people living at the home were sensitive and caring. We saw that staff members chatted with people and engaged them in activities that were of interest to them. A staff member involved a person with limited verbal communication in singing and we saw that the person appeared to enjoy this activity. Throughout our inspection we saw that staff members proactively engaged with people, speaking with them about subjects of interest and checking that they were satisfied with their activities and support.

People's care plans included guidance for staff members on people's communication needs. Staff members could describe how they communicated with people. We observed that staff communicated with one person using a range of words, objects and signs. We saw that a staff member also engaged in a discussion with another person about words and numbers. When we looked at the person's care plan we noted that these were particular interests of theirs.

Staff members spoke positively about the people they supported. A staff member said, "It is a challenge sometimes, but everyone is different and we work with people in the best way for them." Another staff member told us, "I've seen positive changes with people and this helps me to know what works for them."

People's individual care plans included information about their cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how personal care should be provided. The staff we spoke understood how they should support people to maintain their individuality and beliefs.

People's privacy and dignity were supported. Staff members spoke with people in a respectful way and used gentle language when working with people who expressed anxieties in relation to time. Personal care was provided in the privacy of people's rooms.

Good

Is the service responsive?

Our findings

A family member told us, "They seem to be very responsive. [Relative] seems so much better now," A person said, "They help me to go out."

People's care plans were up to date and included information about their personal, physical, social and emotional support needs. The care plans were updated at regular intervals to ensure that information reflected each person's current care and support needs. The care plans were linked to people's individual risk assessments.

We saw that people's care plans had been updated when there were changes in people's needs. A staff member told us, "I will tell the manager if there is a change and the plan is updated."

One person's care plan had been produced in an easy to read, picture assisted format. However, we noted that the plans for the other two people who lived at the home were less accessible. The deputy manager told us that these would be developed in a more accessible format at the next review of people's plans. A staff member said, "We explain the plans if people can't read them."

Staff maintained daily records of care and support. We saw that these were well written and described people's daily support and the activities that they participated in. However, we noted that the format used for people's daily records had limited space for any detailed commentary. The deputy manager told us that they would ensure that this was reviewed.

People's care records included daily activity plans which were also placed on a notice board in the communal area for easy reference by staff. During our inspection we saw that people participated in activities such as a gym visit, shopping and walks in a local park. The deputy manager told us that one person knew their daily activity plan and became anxious if it wasn't followed. We observed that staff members ensured that they person was enabled to participate in the activities that were included in their plan for the day. Two people were supported to attend a local place of worship on a weekly basis. People were encouraged and supported to participate in activities within the home. We observed a staff member supporting a person to make their tea and wash up afterwards. One person was engaged in sorting blocks at home during our inspection and a staff member told us that this activity helped them to reduce their anxiety.

People were enabled to discuss and make decisions about activities at regular house meetings. The minutes of these meetings showed that people were also asked about menus and issues in relation to the management of the home.

The home had a complaints procedure that was provided in an easy to read version. There had been no complaints received during the past year. A family member said, "I've no complaints but I'd speak with the staff or manager if I had any concerns."

Good

Is the service well-led?

Our findings

The registered manager was supported by a deputy manager and staff team who also provided support to another service run by the provider. The deputy manager told us that, although there was a regular staff team at the home, a shared team enabled emergency cover by staff who were familiar with and known by the people living at 63 Eton Avenue.

The staff members we spoke with had worked at the home for a number of years. They were positive about the management of the home. One staff member said, "My managers are really supportive. I can speak with them at any time if I have a worry." Another staff member told us, "It's a really good team and I feel that my manager listens to me."

Regular staff team meetings had taken place. The records of these meetings showed that staff were enabled to discuss issues in relation to the needs of service users, along with best practice in care and quality issues and improvements. One staff member said, "The team meetings are really helpful. We can discuss issues and work out how to make sure we are all doing the right things."

The provider had a system for monitoring the quality of care. Monthly monitoring audits included reviews of care plans, risk assessments, medicines administration, environment, complaints, accidents and incidents. Although we saw that actions in relation to monthly monitoring had taken place, the forms the provider used did not always include spaces for comments or outcomes. We discussed this with the deputy manager who advised us that they would ensure that the forms were reviewed and amended. Following our inspection, we saw evidence that the home's monitoring forms had been updated to ensure that further information could be recorded.

In addition to meetings with people living at the home, the provider had undertaken regular quality assurance surveys. The deputy manager told us that responses had not been received for the most recent survey. However, we saw records which showed that family members had been invited to be involved with reviews and meetings in relation to their relatives. A family member told us, "I've no concerns about management."

We looked at a range of policies and procedures maintained at the home. These were up to date and reflected best practice and regulatory requirements.

The home worked in partnership with other health and social care providers. The records that we viewed showed that staff members took a proactive approach to ensuring that contact was made with other professionals where there were any concerns. Records of regular health and care reviews were in place and these showed that other professionals had been involved.