

Royal Mencap Society

# Churchfield Avenue

## Inspection report

21-23 Churchfield 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

### About the service

Churchfield Avenue is a residential care home providing personal care to seven people living with a learning disability aged 18 and over at the time of our inspection. The service can support up to nine people in one adapted building.

This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

### People's experience of using this service and what we found

People were happy with the service and the staff that provided their care.

People felt safe living at the home because staff knew what they were doing, they had been trained, and cared for people in the way people wanted. Staff assessed and reduced people's risks as much as possible. There were enough staff to support people with their care and support needs. The provider obtained carried out key recruitment checks on potential new staff before new staff they started work.

People received their medicines and staff knew how these should be given. Staff supported people with meals and drinks. They used protective equipment, such as gloves and aprons to prevent the spread of infection. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

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

People liked the staff that cared for them. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected.

Staff kept care records up to date and included national guidance if relevant.

The service was well managed by a registered manager. The senior staff team were passionate about giving people a high-quality service.

People and their relatives were asked their views of the service and action was taken to change any areas that they were not happy with. The provider had systems in place to effectively monitor and bring about improvements in the service. Concerns were followed up to make sure action was taken to rectify the issue.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last

The last rating for this service was good (published 27 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Churchfield Avenue

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Churchfield Avenue is a 'care home'. People in care home receive accommodation and nursing or 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about the care provided. We spoke with five staff members, including the registered manager, assistant manager, support workers and the area operations manager.

We reviewed a range of records. This included one person's care records and one person's end of life and planning for the future record. We looked at a variety of records relating to the management of the service, including incidents and accidents and the systems for monitoring the quality of the service.

After the inspection

Senior staff sent us additional information, including compliments and evidence of good practice which we have considered.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff told us that they had received safeguarding training and they understood what to do to protect people from harm, including discrimination, and how to report concerns.
- People told us that they felt safe living at the service.

Assessing risk, safety monitoring and management

- People had risk assessments and guidance in place to support staff to reduce the risk of harm occurring. Staff used the information from risk assessments to help keep people safe. For example, people had risk assessments with information about their health conditions which gave staff clear guidelines to follow and included information from national guidance.
- Senior staff recorded incident and accidents appropriately and reviewed them for any themes to prevent reoccurrences.

Staffing and recruitment

- The provider had a recruitment process that ensured that new staff were suitable to work at the service. Staff told us the process had involved a Disclosure and Barring Service (DBS) record check and previous employment checks.
- Staffing levels had recently reduced due to a reduced number of people living in the service. At the time of our inspection this had not caused any negative impact to people. Senior staff were reviewing staffing levels on an ongoing basis.

Using medicines safely

- Staff members told us they were trained to administer people's medicines. Due to the size of the staffing team, staff were also supported daily by a member of senior staff to administer medicines. This ensured that there were two members of staff administering people's medicines and there was an ongoing review of staff competency in administering people's medicines.
- Medicines were stored securely in a locked box in people's bedroom.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as disposable gloves and aprons, to help prevent the spread of infection.

- The service was clean, tidy and smelled pleasant when we visited.

#### Learning lessons when things go wrong

- The senior staff had carried out audits which identified if something was not working well. Staff told us that when this had happened they used their learning to change practice. For example, following a recent medication audit, the registered manager identified a gap in good practice and introduced new checks and training for the staff team.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff worked with health professionals and consulted national guidance about health conditions. This information was easily available for staff to consult when needed and it helped them better understand how people's specific needs should be met.
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet. Staff received training in equality and diversity.

Staff support: induction, training, skills and experience

- Staff had received enough training so that they could do their job properly and support people effectively. Staff told us that the training provided by the provider was excellent and covered both practical and written training methods.
- Staff members received supervision as individual meetings and they said they could also contact the registered manager or senior staff at any time between meetings. One member of staff told us, "[The registered manager and assistant manager] have been the best support I have ever had. There is an open-door policy. I can talk to them between supervisions."
- The registered manager told us that there were different recognition schemes in place, and three members of the team had recently been recognised for their hard work.

Supporting people to eat and drink enough to maintain a balanced diet

- People planned meals for the week ahead together as a group with the support of staff. This gave everyone the opportunity to choose meals they would like to be included in the menu for the week ahead.
- People were provided with three meals a day, however we observed that people could ask for food and drink throughout the day and this was provided to them.
- People who needed support to eat and drink safely had input from speech and language therapists (SALT). Guidance was provided to staff and was in people's care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had a health action plan in their care plans which provided staff with information on how to support people to live healthier lives. This document informed staff of healthcare professionals involved and gave guidance on when people may need to visit their different professionals.
- People had a hospital passport in their care plans in the format of a traffic light system. A traffic light system highlights to professionals and staff information they must know, with the most critical information

contained in the 'red' section. This document would go with a person either to hospital or health appointments.

- People were referred to health care professionals for advice and treatment, for example to dentists, opticians, and speech and language therapists. Staff told us that everyone living at Churchfield Avenue had received an annual flu vaccination to prevent illness.
- Staff had requested additional guidance when necessary to support people to stay healthy, for example we saw, 'NHS guidance for "Reducing the risk of choking for people with a learning disability.'

Adapting service, design, decoration to meet people's needs

- The provider had made adaptations to the service to ensure that people could move around freely.
- People were included in making decisions about the decoration in the communal areas. The provider had recently changed the blinds in the dining room and they had been chosen by people living in the service.
- People had the opportunity to decorate their own rooms how they chose. All of the bedrooms were very different and reflected the personality and preferences of the person living there. People were proud of their bedrooms and it was clear that they enjoyed showing them off to visitors.
- One bedroom had been specifically designed so that all of the persons favourite possessions were easily in reach to them. This demonstrated that staff knew and understood what was important to the individual and the adaptations needed to meet this need.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Where people did not have capacity, best interest decisions were recorded in care records. This meant that staff would easily know how to support people with specific decisions.
- Staff had all received training in MCA and DoLS and understood how it applied to their work. Staff understood the importance of ensuring people were given choice.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy living at the service. One person told us; "I love it here, I want to keep it just as it is." We asked people if they liked the staff supporting them, and this was responded to with positivity.
- We observed staff treating people well. Staff spoke with people clearly and at eye level, and for one person who sat on the floor, staff joined them on the floor whilst talking.

Supporting people to express their views and be involved in making decisions about their care

- Staff told us they provided care to people in a way that each person preferred. Staff confirmed that they gathered this information both from people's care plans and from asking people and getting to know people. Staff had enough time to support people and in the way they wanted. People were supported to make choices about their care throughout the day.
- Information about advocacy services was available for people. One person living in the service had an advocate. An advocate is an independent person who helps people make choices about what is right for them.

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy, dignity and independence. Staff offered personal care discreetly and made sure that people's dignity was respected.
- Staff encouraged people to be as independent as possible.
- We saw staff asking people for their permission before supporting them either to get up, support with personal care or support to administer medication.
- People's confidentiality was maintained; records and information about people were kept securely and not left in communal areas.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care needs were met, and they were happy with the care they received.
- People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. This also included what and who were important to people.
- Each person's care plan was reviewed regularly unless there were any changes before that time. This ensured staff monitored people's health and well-being regularly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff used a range of communication methods to communicate with people living in the service. This included Makaton, which uses signs and symbols to help people communicate. Staff also used hand gestures, pictures and simple words and phrases to communicate.
- People had information about their use of communication in their care plans. This also included information on how people may communicate if they are in pain, and the facial expressions and gestures they may use to alert staff.
- Staff received training in effective communication methods. For staff who were not competent in the use of Makaton, or had not used it before, the service had an easy to use Makaton guide to help staff to communicate with people.
- The service had policies and guidance available in easy read format for people to use, this included safeguarding information, to support people to stay safe.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to take part in activities which they enjoyed and supported their interests. For example, during our visit one person had gone out to a daycentre, whilst the others were all engaged in activities within the service.
- People had activity timetables in their care plans and showed that people enjoyed activities such as karaoke, lunch clubs, music sessions and attending religious services. There were photographs of people attending activities and also going on day trips and holidays as a group.

- People were also encouraged to go shopping and this was an activity people told us they liked doing. During our visit one person was planning a trip to a service retail store to buy a lampshade for their bedroom.
- People were supported to maintain relationships with relatives and friends. One person told us that their friend visits them often and takes them out. Visitors were welcomed to Churchfield Avenue and were invited to events and activities within the service.

#### Improving care quality in response to complaints or concerns

- A complaints procedure was in place for people to follow and this was also available in an easy read format to aid with people's understanding. No complaints had been made.
- Staff also told us that during people's weekly meeting, they used the time and space as an opportunity to speak openly as a group. This meeting included finding out if there was anything people weren't happy about or any changes they would like to happen.

#### End of life care and support

- Staff spoke with people about their end of life wishes and these were recorded in people's care plans.
- At the time of our inspection no person living at the service was receiving end of life care. We did see compliments and words of thanks from relatives of a person who had passed away. Relatives expressed their gratitude for the way staff had supported their family member.

# Is the service well-led?

## Our findings

.Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and assistant manager were passionate about developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when needed. The registered manager had an open-door policy and both people and staff were encouraged to enter the office to discuss any matters, whenever they wished.
- Staff were also committed to providing high-quality care and support. Staff told us that they would be happy for a relative of theirs to live at the service. One member of staff told us this was because, "Service users are treated as if they were a member of your family."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had fulfilled their legal obligations in relation to notifying CQC of important events they are required to. The provider had displayed their CQC inspection rating clearly in the service.
- The registered manager told us that each year they completed a 360-degree feedback supervision as part of their development. This gave staff the opportunity to review the ability of the registered manager in confidence. The registered manager showed us a table which highlighted that each year their performance had improved.
- Staff were positive about the skills and abilities of the manager. One member of staff told us, "Since [the registered manager] has been on board the service has been going very well, [they] have been here the longest. [The registered manager] has turned this place around."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had been given the opportunity to provide regular feedback about the service provided. The service held weekly meetings which were well attended and ensured that people could contribute to decisions made about the service.
- Relatives were provided with a survey once a year which gave them the opportunity to provide feedback and suggestions about the service. Relatives were also invited to "reflection events" in the service. This gave people and their relatives the opportunity to reflect on what had worked well over the last year and

celebrate outcomes and achievements in the service.

#### Continuous learning and improving care

- The registered manager had received no recent complaints. Accidents and incidents were recorded appropriately, and staff took action to reduce the risk of reoccurrence for individual incidents.
- Processes to assess and check the quality and safety of the service were completed. The manager and senior staff carried out audits, which meant they identified areas of the service that required improvement and made those improvements in a timely way.

#### Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority, speech and language therapists, occupational therapists and physiotherapists. Senior staff contacted other organisations appropriately.