Avenues London

76 Fen Grove

Inspection report

76 Fen Grove, Sidcup, Kent, DA15 8QQ
Tel: 02083002918
Website: www.example.com

Date of inspection visit: 23, 24 and 29 December 2015
Date of publication: 15/02/2016

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

This announced inspection took place on 23, 24 and 29 December 2015. This was the first inspection since the new provider Avenues London, took over 76 Fen Grove in September 2015.

76 Fen Grove provides accommodation and support for up to four people with learning disabilities who have a range of needs. At the time of our inspection, there were four people receiving personal care and support at 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.

People and their relatives said they felt safe and that staff treated them well. We observed that people looked happy and relaxed. There were clear procedures in place to help staff recognise and respond to any potential abuse. Risks to people had been assessed and were reviewed regularly to ensure they were up to date. Appropriate arrangements for the management of people's medicines were in place and staff received training in administering medicines.

Summary of findings

The service had taken appropriate action to meet the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS protect people who may not have the capacity to make decisions for themselves.

Staff received an induction and further training to help them undertake their roles, and they were supported through regular supervision. People received enough to eat and drink, and their preferences were taken into account. People had access to external health care professionals as and when required.

Staff knew people's needs well and treated them in a kind and dignified manner. Staff respected people's privacy and dignity. People and their relatives were involved in making decisions about their care and the support they received. People's care and support needs were regularly reviewed to make sure they received the right care and support. Relatives felt confident they could share any concerns, and that these would be acted upon. Staff were able to respond to people's communication needs and provided appropriate support to those who required assistance with their meals. People were supported to follow their interests and take part in activities.

There was a positive culture at the service where people felt included and consulted. People commented positively about the service they received. There was an effective system to regularly assess and monitor the quality of service provided.

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?

Good

The service was safe.

People and their relatives told us they felt safe using the service and with staff who supported them. There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Assessments were undertaken of risks to people who used the service and care plans were in place to manage identified risks. Appropriate action was taken in response to incidents and accidents to maintain the safety of people who used the service.

Sufficient numbers of staff were available to keep people safe and meet their needs. Safe recruitment practices were followed.

Medicines were stored securely and administered to people safely.

Is the service effective?

Good

The service was effective.

People and their relatives were positive about staff and told us they supported them appropriately. Staff completed an induction programme and training relevant to the needs of the people using the service. Staff were also supported in their roles through regular supervision.

Staff were aware of the requirements of the Mental Capacity Act 2005.

People told us they were supported to have enough to eat and drink. People had access to external health care professionals as and when required.

Is the service caring?

Good

The service was caring.

People's relatives told us staff respected their dignity and need for privacy, and they were treated with kindness and respect.

People and their relatives were involved in making decisions about their care and the support they received. Staff knew people well and understood their needs and preferences.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were regularly reviewed to make sure they received the right care and support. Staff were knowledgeable about people's preferences and were able to respond to people's varying communication needs. People were supported to follow their interests and take part in activities.

The service actively encouraged people to express their views and had arrangements in place to deal with comments and complaints.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was positive and open culture at the service. People and their relatives spoke positively about the care and attitude of the staff and the registered manager.

The service held regular staff and manager meetings to share learning so staff at all levels understood what was expected of them. The provider encouraged relative's feedback regarding the quality of the service through the use of comments cards. Systems were in place to monitor the quality of the service and any identified issues were acted on.

76 Fen Grove

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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 23, 24 and 29 December 2015 and was unannounced. The inspection was carried out by an inspector.

During the inspection we looked at three care plans, eight staff records, quality assurance records, accidents and incidents records, people's feedback records, commissioners' quality assurance reports, and policies and procedures. Some people using the service did not communicate verbally so we spent time observing the support provided. We spoke with people those who can speak and two relatives about their experience of using the service, and we also spoke with the registered manager and five members of staff.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service and were well supported by the staff and registered manager. One person told us, "I like all staff members, they are good." A relative commented that, "To help my [family member] be happy, the manager and a permanent staff member go way beyond their job description. I am so grateful to them for their support." We observed people interacting with staff in the communal areas and found they were comfortable with staff.

People were protected from the risk of abuse. It was clear from the discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to the registered manager and the local authority's safeguarding team. The registered manager told us that there had been no safeguarding concerns since the new provider Avenues London took over the service and this was reflected in the records we reviewed. The service had a policy and procedure for safeguarding adults from abuse which staff had access to and were aware of. The registered manager and staff knew about the provider's whistle-blowing procedures and told us they would use them if needed. Records confirmed all staff including the registered manager had received safeguarding training.

Assessments were undertaken to identify any risks to people using the service, and guidance was available for staff to reduce these risks. People's care records contained risk assessments which were up to date and detailed. The areas assessed included moving and handling, the use of bed rails, hoisting, epilepsy, trips and falls, and eating and drinking. The assessments identified the hazards that people may face and the level of support they needed to prevent or appropriately manage these risks. Staff we spoke with were aware of the identified risks to people and how to manage them. For example, one member of staff described the risks people faced when eating and drinking. They told us, "I follow guidelines on positioning, give mashed food, so people eat and drink safely". We later observed staff following these guidelines during a mealtime.

The service had a system to manage accidents and incidents in order to reduce reoccurrence where possible. We saw accidents and incidents records included details of the action staff had taken in response, notes of who had been notified, such as a relative or healthcare professional, and information about any actions needed to minimise future risks. For example, on occasions when a person had presented with behaviour that required a response, details of each incident had been recorded to share with the Community Learning Disability Team (CLDT) and healthcare professionals during a review meeting. In another example, when a person had suffered a fall, records showed that relevant healthcare professionals and family members had been contacted and the action taken to reduce future risk included reviewing and updating risk assessments, which had been discussed at the staff meeting in order to share learning. We saw staff meetings records included discussions about aspects of people's safety.

There were sufficient numbers of staff on duty to meet people's needs. A family member told us "The manager and permanent long term staff are fantastic. Without them we do not know what we would do." However, they also said that agency staff did not know their loved one well enough to provide good support. We spoke to the registered manager about this and they told us that bank and agency staff had been deployed as an interim measure when the new provider took over the service in September 2015, as some staff members had chosen to remain in employment with the previous provider. They further explained that permanent staff had been identified for the vacant positions and that they were waiting for the employment checks to be completed before they could start work at the service.

During the inspection we saw there were enough staff to support people at the service. The service was managed by a registered manager and a 24 hour on call manager system was in place to ensure adequate support was available to staff on duty at all time. The registered manager told us that staffing levels were determined by the number of people using the service and their needs. The staffing rota showed that staff levels were consistently maintained, and staff told us there were enough staff on all shifts to meet people's needs.

The service followed appropriate recruitment practices to keep people safe. Staff files we looked at included completed application forms, references, details of qualifications and previous experience, employment history, criminal records checks, and proof of identification.

Good

Is the service safe?

Staff we spoke with told us that pre-employment checks, including references and criminal record checks were carried out before they started work. This practice ensured staff were suitable to work with people using the service.

There were arrangements to deal with emergencies. Staff knew what to do in response to a medical emergency. They had received first aid training and training on epilepsy so they could support people safely in an emergency. The service had a business contingency plan, and personal emergency evacuation plans (PEEPs) were in place for people. These plans included contact numbers for emergency services as well as guidance for staff about what to do in a range of possible emergency situations.

People were supported to take their medicines safely. Staff authorised to administer medicines had been trained and assessed as being competent to do so. The Medicine Administration Records (MAR) were up to date and administered medicines were clearly recorded. The MAR charts and stocks we checked indicated that people were receiving their medicines as prescribed by healthcare professionals. Medicines prescribed for people using the service were kept securely and safely, and checks were carried out to ensure people received their medicines safely.

Good

Is the service effective?

Our findings

People received support from staff that had been appropriately trained. People and their relatives told us they were satisfied with the way staff looked after their family members.

All staff we spoke with knew people very well and understood their individual needs. Staff told us they had completed an induction when they started work, and were up to date with their mandatory training, which was confirmed by the training records we reviewed. Mandatory training areas included training on safeguarding adults, food hygiene, mental capacity, health and safety, epilepsy, first aid and administration of medicine. Staff told us the training programmes were useful and enabled them to deliver the care and support people needed.

Records showed that staff were supported through regular supervision and attended regular staff handover meetings. Supervision sessions included discussions on a range of topics including staff member's progress in their roles and any issues relating to the people they supported. Annual appraisals had not yet been conducted because staff had not completed one year in service with the new provider. Staff told us they felt able to approach their line manager at any time for support. We observed during the inspection that the registered manager and staff worked as a team to support people using the service.

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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). When people did not have the capacity to consent, the provider had acted fully at all times in accordance with these legal requirements. The service had policies and procedures in relation to the MCA and there was a directive from the provider concerning DoLS to give staff basic guidance to staff. The registered manager was aware of the implications that resulted following the Supreme Court Judgement in relation to DoLS, and confirmed that they had made three applications to the local authority for DoLS authorisations. These authorisations had not been concluded at the time of our inspection.

People's care records included formal capacity assessments that had been completed in line with the MCA Code of Practice about specific decisions, and a best interests decision making process had been followed appropriately. For example, we saw capacity assessments and best interests decisions had been recorded relating to decisions around the use of mechanical restraints such as bed rails, or when people used lap and waist straps. Where people had capacity to consent to their care, the provider had systems in place to seek and record their consent. Records were clear about what people's choices and preferences were with regard to their care provision and staff we spoke with understood the importance of gaining people's consent before they supported them.

People were supported to eat and drink sufficient amounts to meet their needs. People's dietary needs had been recorded in their care plan to ensure people received the right kind of diet in line with their preferences. For example, if people required a soft diet we saw that this was provided. We carried out observations at lunch time in two areas of the home. The atmosphere was relaxed and not rushed, and we saw staff supported people who required assistance to eat and drink, taking time and encouraging them to finish their meal. Food in the fridge was date marked to ensure it was only used when it was safe to eat.

People were supported to access the relevant health care services they required when they needed to. We saw from care records that there were contact details of local health services, district nurse and GP's. People had health action plans which took into account their individual health care support needs. Their care files included records of their appointments with health care professionals, including the GP and district nurse. This enabled staff to monitor any changes to people's health and social care needs and update their care plans if necessary. People also had a hospital passport which outlined their health and

Good

Is the service effective?

communication needs when they attended hospital. Staff had clear understanding of any issues and treatment people required, and were available to attend appointments with people to support them where needed.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring. For example, one person told us, "I am always happy here, staff are good." One relative told us permanent staff were, "Absolutely brilliant and wonderful."

We observed staff treated people with respect and kindness. Due to the complexity of some people's needs, staff used a variety of communication methods, for example, sign language, or by using objects of reference such as variety of soft toys and facial expression. People were relaxed and comfortable, and we observed staff using enabling and positive language when talking with, or supporting them. During meal time one staff member took their time to sit and engage with people in a kind and friendly way. Another staff member encouraged one person to independently eat their meal. One staff member told us people are able to choose what they want to wear. If it is unsuitable due to weather, we will support them to choose something different. We saw that people were treated with understanding and compassion. We saw staff actively listening to people and encouraging them to communicate their needs. For example, we observed a member of staff engaged in discussing a person's experiences of visiting the town centre, shopping for Christmas and meeting with their family members. We saw staff responding to people's needs in a calm effective manner, supporting them to the toilet and responding to requests for drinks and snacks. It was clear from discussions we had with staff that they knew people's personal histories, preferences and how to meet their individual needs.

Relatives told us they came to visit when they wanted and people were supported to visit them. Relatives told us they had been involved in making decisions about their family member's care and support, and that their wishes and preferences had been met. For example, one relative told us, "My [family member] had to have medical intervention and I was involved in hospital visits." Another relative told us, "We are involved and informed about our family members care, we attend care review meetings."

Staff respected people's privacy and dignity. One relative told us, "They [staff] do respect my [family member's] privacy and dignity." Staff described how they respected people's dignity and privacy, and acted in accordance with people's wishes. For example, they did this by ensuring curtains and doors were closed when they provided care. Staff spoke positively about the support they provided and told us they had developed good working relations with people they cared for. They further said that they kept all the information they knew about people confidential, amongst staff and never discussed the information outside of the home. There were policies and procedures in place to help guide and remind staff about people's privacy, dignity and human rights.

People were supported to maintain their independence. Care records showed that some people were encouraged by staff to promote their independence. For example, we saw one person was supported to be independent as far as their personal daily care was concerned. Care records were centred on people as individuals and contained detailed information about people's diverse needs, life histories and interests. For example, there was information about how people like to spend their time, their food preferences and dislikes, what activities they enjoyed and their preferred method of communication.

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs. For example, one person told us, "I like the Sun newspaper and staff arrange it." One relative said that, "The staff responded very quickly when there was an incident outside the service involving [their family member]."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. One relative told us when their family member's needs had changed the service continued to seek advice from healthcare professionals to meet their change of needs. Care records gave staff important information about people's needs. They contained information about each person's life and social history, their interests, physical and mental health, allergies, preferred activities, mobility needs and methods of communication. They also included detail on the level of support people needed, as well as information about the things they could do for themselves. We saw some good examples of how staff could support people who had mobility needs. For example, we saw staff support people who had mobility needs, in line with the guidance in the care plans.

People's records included daily care notes which covered areas such as activities, food and drinks, personal hygiene and administration of medicines. Staff had handover meetings to share any immediate changes to people's needs on a daily basis to ensure continuity of care. They also used a daily care log to record key events such as hospital appointments, prescription and renewal of medicines.

People were supported to follow their interests and take part in activities. One person told us, "I go to the day centre three days a week. I go to the pub for lunch and to the theatre." Each person had an activity planner which included outings to social clubs, sports, visits to the day centre, arts and crafts and family visits. People's records were person centred and identified their choices and preferences. They contained information on what was important to people, what they like to do, the things that may upset them and how staff could best support them. For example, staff supported one person who liked shopping and watching videos and another person who enjoyed the day centre, theatre and football match at the local club. We saw an externally commissioned aromatherapist visiting the service to give aromatherapy to a person. The registered manager told us people enjoyed aromatherapy services.

There were systems and processes to address any concerns raised by people and their relatives. One relative told us, "We say what we have to say. If I have problem, I phone the manager or staff. They let us know straight away what action they are going to take and keep me informed." One person said that, "I am always happy; if I am not happy I tell the staff or manager." The service had a complaints policy and procedure which clearly outlined the process and timescales for dealing with complaints. Information on how to raise concerns was available for people and relatives at the service. The registered manager told us the focus was on addressing concerns of people as they occurred, before they escalated to a formal complaint. They further said that there had been no complaints since the new provider took over the service in September 2015 which was confirmed by the records we reviewed.

Good

Is the service well-led?

Our findings

People and their relatives commented positively about staff and the registered manager. A relative told us, "The manager is brilliant." Another relative said, "The manager and staff are approachable." The atmosphere during the inspection was friendly, and we saw meaningful interactions between staff and people, and also between the registered manager and relatives.

There was a registered manager in post. They demonstrated a good knowledge about all of the people who used the service and ensured staff were kept updated about any changes to their care needs. The registered manager had an open door policy and we observed the registered manager interacted with people using the service, their relatives and staff in a positive and supportive manner. All staff feedback was positive about the registered manager. Staff described the leadership at the service positively. One staff member told us, "The manager is very good and is always willing to help when required."

Regular staff meetings helped share learning and best practice so staff understood what was expected of them at all levels. Minutes included people's and relatives views, and guidance for staff about the day to day running of the service, Such as any changes in people's needs, healthcare appointments, activities and staff training needs. These meetings kept staff informed and supported them in their roles.

The registered manager told us that the home's values and philosophy were clearly explained to staff through their induction and training, and we found that there was a positive culture at the service where people felt included and consulted. We observed people were comfortable approaching the registered manager and other staff, and conversations were friendly and open. One staff member told us, "Staff come from different cultural backgrounds; we work as a team supporting each other."

Relatives were encouraged to be involved in the service through care review meetings and feedback of their experiences. They were asked to complete a comments card about their satisfaction with the support provided to their loved one; we reviewed a sample of these feedback forms and noted all comments were positive. For example, one person said that they were, "Very happy with the permanent staff, they are a second family to my relative." Where suggestions had been made we saw the registered manager had taken appropriate action to make improvements to the service. For example, recruitment of permanent staff was in progress.

The provider had an effective system to regularly assess and monitor the quality of service people received. This included checks made by the registered manager in areas including medication, health and safety, accidents and incidents, care plans and risk assessments, house maintenance issues, staff training and development. There was evidence that learning from the service quality monitoring took place and appropriate changes were implemented. For example, new flooring in one person's bedroom had been completed and redecoration work was in progress in response to previous checks, and all the food in the fridge was labelled and in date after the registered manager had raised this with staff.

The registered manager told us that the new provider held a meeting with people's relatives and was committed to making further improvements in the best interests of the people using the service.