

Mr & Mrs L Alexander

Park Avenue Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 18 and 19 April 2016 and was unannounced. Park Avenue Residential Home provides residential care without nursing for up to 25 younger people with a primary mental health diagnosis. The service is comprised of two Victorian houses number 74 and number 76. The two houses are not joined but have communal access to gardens and a shared parking area at the rear of the properties. Immediately following the last inspection the provider rearranged the mixed sex accommodation and accommodated women in one house and men in the other house. At the time of the inspection there were 19 people living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service on 3, 4 and 12 November 2015. Breaches of legal requirements were found in relation to safeguarding, safe care and treatment, staffing, meeting people's nutritional needs, people's dignity and governance. Following the last comprehensive inspection this service was placed into special measures by the CQC.

The provider took action to address the concerns we found at the last inspection and submitted their action plan telling us how they were addressing the areas in need of improvement. At this inspection we found the provider had made the required improvements to address the six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 found at the last inspection. Following this inspection the service has not been rated as inadequate for any of the five key questions and has therefore been taken out of special measures.

Everyone we spoke with told us they now felt safe. Staff had all completed safeguarding training. Some staff had undertaken empowerment training for women and other staff were booked to complete this training. There were processes in place at the location and provider level in order to identify any safeguarding trends and to support organisational learning from safeguarding incidents. People were safeguarded against the risk of abuse.

The registered manager had reviewed and revised the referral forms for the service, pre-admission assessment forms and people's risk assessment documentation. These had been reviewed in order to ensure that robust and detailed information was gathered to inform decisions about the service's suitability for people and to manage risks to people and others safely. As the documentation had only recently been introduced the provider was not yet able to demonstrate consistent good practice over time in relation to admissions to the service.

The provider had introduced a dependency tool to assess the required level of staffing for the service.

People told us staffing was sufficient to meet their needs. People were generally independent but needed a high level of emotional support. We observed staff were able to provide this, as and when required. Staff had undertaken relevant pre-employment checks to ensure their suitability for their role. People's needs were met by sufficient numbers of suitable staff.

Processes were in place to ensure people's medicines were stored safely and that there was clear guidance for staff. The required records were maintained in relation to people's medicines. There was evidence actions had been taken following medicine incidents and audits to ensure people's safety.

People told us from their experience staff understood how to meet their care needs. The provider had introduced a comprehensive range of training to enable staff to meet people's mental health needs effectively. As some staff were still in the process of completing the full range of all of the new required training the provider was not yet able to demonstrate consistent good practice over time.

Staff had undertaken relevant training on the Mental Health Act (MCA) 2005 and the Deprivation of Liberty Safeguards. Where people lacked the capacity to consent to specific decisions legal requirements had been met.

People told us they enjoyed their meals. Following the last inspection the provider had ensured that staff prepared all of people's meals on site and that people were asked for their menu choices on a weekly basis. People were supported and encouraged to make healthy eating choices.

People were supported to have their health care needs met. They were supported to see a range of health care professionals as required.

The new accommodation arrangements ensured women could access their bathroom facilities without walking through the men's facilities. People told us they were treated with dignity. Practices were embedded which upheld people's rights to privacy and dignity in the manner in which their care needs were met.

Staff were caring. People consistently told us staff were kind and supportive. One person told us "All the staff are nice and caring towards us." Staff were able to demonstrate a detailed knowledge of people as individuals and applied this in their work with people.

People told us staff supported them to express their views and to make decisions about their care. People were provided with relevant information about their care to enable them to make informed decisions.

People told us they were very involved in their care planning and that their care plans were individualised to them and met their needs. Professionals also told us that the service was responsive to people's changing needs. People were supported to undertake a range of activities both within the service and the community across the seven days of the week to support their independence and to reduce social isolation.

People told us their feedback was sought, listened to and acted upon. Feedback from people, their relatives and stakeholders had been sought and used to improve the service.

People were empowered to determine what meetings they wanted and to manage their own meetings. People had information about how to complain and their complaints were acted upon.

The provider had recently introduced a new quality and compliance officer role to carry out regular audits of

the service and monitoring. Two audits of the service had been completed by them in March 2016, before they left their role. The provider was waiting for their replacement to commence work. The new role and auditing processes were not yet sufficiently embedded to enable the provider to be able to demonstrate consistent good practice over time.

Staff fully completed detailed and robust records about the care people received to ensure their safety.

People and staff told us the service had an open culture where they felt able to speak out about any issues they wished. People and staff told us the service was well-led by the manager. Staff felt supported through the changes that had taken place within the service since the last inspection in order to improve the service for people.

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 could not yet demonstrate consistently good practice in relation to safety.

People were safeguarded from abuse. Some staff still needed to complete their training in relation to empowering women, but all staff understood their roles and responsibilities to ensure they could safeguard people effectively.

Revised pre-admission and risk assessment documentation had been introduced, to ensure robust assessments were made of risks to people and others, and to manage identified risks safely.

People were cared for by sufficient numbers of suitable staff.

People's medicines were managed safely.

We could not improve the rating for 'Is the service safe?' to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

The service could not yet demonstrate consistently good practice in relation to effective.

The provider had introduced a comprehensive range of appropriate training which staff were in the process of fully completing to enable them to support people effectively.

People's consent had been sought in relation to their care.

People were involved weekly in the meal planning and were encouraged to plan healthy meals all of which staff cooked on-site.

Staff ensured people's health care needs were met.

We could not improve the rating for 'Is the service effective?' to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive

Requires Improvement ●

inspection.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity were consistently respected and promoted in the way their care needs were met.

People experienced positive and caring relationships with staff.

People were supported by staff to express their views and to make decisions about their care, treatment and support.

Is the service responsive?

Good ●

The service was responsive

People received personalised care that was responsive to their changing needs.

There were processes in place to enable people to provide their feedback on the service through meetings which they organised and ran. People's feedback was acted upon.

Is the service well-led?

Requires Improvement ●

The service could not yet demonstrate consistently good practice in relation to well-led.

The provider had introduced a new quality and monitoring role and revised the audit processes. The new role and auditing processes were not yet sufficiently embedded to enable the provider to be able to demonstrate consistent good practice over time.

The registered manager promoted a positive culture whereby people and staff felt able to speak out as required.

People and staff told us the service was well-led. The registered manager demonstrated good management and leadership to their team and was readily accessible to people.

We could not improve the rating for 'Is the service well-led?' to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Park Avenue Residential Home

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.

The inspection took place on 18 and 19 April 2016 and was unannounced. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). 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. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with and received written feedback on the service from three community psychiatric nurses (CPNs) and three social workers. Following the inspection we received feedback from a further CPN. The professionals we spoke with provided positive feedback about the improvements that had been made to the service since the last inspection. During the inspection we spoke with 11 people and received feedback from one person's relative. We spoke with three care staff, the activities co-ordinator, the registered manager and the provider.

We reviewed records which included three people's care plans and medicines records, three staff recruitment and supervision records and records relating to the management of the service.

The service was last inspected on 3, 4 and 12 November 2015, when a number of breaches of legal

requirements were found.

Is the service safe?

Our findings

At our inspection of 3, 4 and 12 November 2015 we found the provider had failed to ensure people were protected from abuse this was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made the required improvements in this area and the requirements of Regulation 13 were now met.

People consistently told us they now felt safe. One person commented that it was a "Safe place to live. People don't hurt each other everyone is kind." A person told us that now men and women were accommodated separately in the two houses; they felt safer, stating "I feel safer with all females." Two social workers and two community psychiatric nurses (CPNs) also told us that the staff took a responsive and proactive stance on safeguarding issues to ensure people's safety.

Following the last inspection the provider arranged training for staff in relation to the empowerment of women to enable staff to understand the particular issues and experiences of women living with mental illness and to enable staff to support women effectively. Records demonstrated seven out of the sixteen staff, including all senior staff had completed this training to date. The remaining staff were booked to attend this training on 28 June 2016. Records showed that in addition, staff had undertaken anti-discriminatory practice and human rights training as part of their community mental health training modules. This had been completed to enable staff to understand the challenges and inequalities people who live with mental illness experience. Staff were able to demonstrate a sound knowledge of when they might need to empower a vulnerable person who had experienced abuse. They understood that in certain situations they might need to report incidents that the person might not want reported in order to safeguard the person from the risk of further abuse. Records demonstrated staff had undertaken safeguarding training. People were safe as staff understood their roles and responsibilities in relation to safeguarding but some staff still needed to complete empowerment training.

The registered manager told us, and records, confirmed that the outcome of safeguarding incidents were logged and reviewed to identify if further actions were required in order to minimise the risk of reoccurrence. Records demonstrated incidents had been reflected upon with staff at the staff meetings. Incidents were reviewed at both at the location level and at the provider level through the provider's bi-monthly managers' meetings, which included managers from all of their locations. This enabled the provider to identify any trends, learning or required actions to ensure people's safety. There was written evidence that following a safeguarding incident, and the person's previous history had been taken into account when identifying future actions required to keep them and others safe. The provider had evaluated all of the information available to reduce the risk of further safeguarding incidents.

One person told us "I feel very safe because the gates are locked and the house is secure at night." The registered manager told us more stringent processes had been introduced so they could protect people and be sure of who was on the premises. The gates to the premises were now kept locked, to ensure visitors were unable to access the houses through the rear garden; staff could then check callers' identity. Measures had been taken to improve the lighting in the garden to ensure people's safety at night if using the smoking

shelters. Processes were in place to ensure unauthorised people were not on the premises, for people's safety.

At our inspection of 3, 4 and 12 November 2015 we found the provider had failed to fully take into account information about people's risks prior to deciding to accommodate them. Which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made the required improvements in this area and the requirements of Regulation 12 were now met.

Since the last inspection the registered manager had reviewed and updated the form for professionals to refer people to the service. The form now required referrers to provide extensive information about people's background. This included factors that could make them vulnerable to abuse from others and factors which could indicate they may present a risk to others already accommodated. Professionals were required to provide copies of people's risk assessments to enable the registered manager to assess people's potential risks when evaluating whether to proceed with an assessment of the person for admission to the service. This enabled more robust decisions to be made regarding the suitability of the service to meet the person's needs safely and whether the person might present an unacceptable risk to the safety of those accommodated.

The registered manager had also revised the service pre-admission assessment form. They had assessed one person using the new form. The form provided a detailed, thorough and comprehensive assessment of this person's mental health, physical health, risks, vulnerability, support needs and activities. The registered manager had then summarised the information to identify any factors which required further evaluation. As no-one had actually been admitted since the last inspection we were not yet able to fully evaluate the effectiveness of the pre-admission form in ensuring that the provider admitted people whose needs could be met safely within the service.

People told us they felt risks to them were well managed. After the last inspection the registered manager had reviewed and revised people's risk assessment documentation. They had introduced a new risk assessment checklist which identified the areas in which people required a risk assessment; these were then linked to the person's support plans. This ensured there was a clear record for staff of the person's risk assessments and linked support plans to address the identified risks.

Staff told us people's risk assessments were now more robust. The new risk assessment documentation clearly identified the risk being assessed, the hazards, and controls to manage the risk and who was at risk. Risks to people had been robustly assessed and documented. As these documents had only recently been completed for each person the provider was not yet able to demonstrate consistent good practice over a period of time in this area.

At our inspection of 3, 4 and 12 November 2015 we found there were insufficient staff deployed at all times. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made the required improvements in this area and the requirements of Regulation 18 were now met.

A person told us "There are plenty of staff." During the day we saw that there were sufficient staff to ensure people's safety and to provide support. Staff were constantly interacting with people.

In November 2015 the provider had completed a staffing level assessment using a dependency tool to enable them to identify and assess people's staffing needs. The assessment demonstrated that staffing

levels were sufficient for the people accommodated. If more people were to be admitted to the service staffing levels would need to be re-assessed using the tool in order to be able to demonstrate the on-going sufficiency of staffing levels over time.

The registered manager told us that there were a minimum of two staff on each of the two day shifts. Depending on people's activities or commitments an additional member of staff worked either the early or the late shift during the day. At weekends there was also this level of staffing to enable people to go out or do activities if they wished. Staff told us they encouraged people to do more at weekends and had taken people on a trip out the previous weekend. People confirmed staff did activities with them at the weekend.

Staff told us and records confirmed that at night there were always two members of staff on a waking night duty in the event people required assistance in either house. A person told us "If I am upset during the night I come down and chat to the night staff." People were supported by a sufficient number of staff at night.

Staff told us and records confirmed they had undergone recruitment checks before working for the service. These included the provision of suitable references, employment history, proof of identity and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. One staff member's file did not have evidence of their photographic identity; we brought this to the attention of the registered manager who took immediate action to address this. The registered manager told us how the pre-employment checks had been effective in identifying that an applicant could not demonstrate their suitability for the role, thereby, enabling them to protect people from the employment of unsuitable staff. Staff had undergone relevant pre-employment checks to ensure they were of good character and suitable for the role.

At our inspection of 3, 4 and 12 November 2015 we found the provider had failed to ensure the proper and safe management of medicines; this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made the required improvements in this area and the requirements of Regulation 12 were now met.

People told us they received their medicines as they needed them. One person commented "I get my right medication-very safe." A person's CPN and their social worker told us the service had been proactive in managing a medicines issue. They told us staff had acted promptly and ensured the issue was resolved for the person to ensure they received their medicine safely.

People's medicines were stored in their bedrooms in lockable wall cupboards. Where people had been assessed as at higher risk of accessing their medicines inappropriately they had a metal cupboard to manage this risk. Some prescription medicines are controlled under the Misuse of Drugs Act 1971; these medicines are called controlled drugs or medicines. Appropriate storage was in place for controlled drugs and they could only be accessed by staff. There was a suitable controlled drugs register in use to ensure records related to these drugs met legal requirements. People's medicines were stored safely.

People had medicines risk assessments in place. If people wanted to self-medicate the associated risks had been assessed and they were supported to do so. When people were prescribed PRN or 'As required' medicines guidance was available for staff to ensure people received them correctly. Where verbal instructions were received from healthcare professionals about changes to people's medicines these were documented on a medical consultation form to ensure there was a complete and accurate record of the change. Risks to people in relation to medicines management had been assessed to ensure their safety.

Staff told us they had undertaken medicines training and had their competency assessed, which records confirmed. Staff were observed to administer a person's medicines safely. Staff then signed the person's medicine administration record (MAR). Processes were in place to ensure MARs were audited to ensure staff had signed for the medicines administered. Staff were observed to check each other's MARs following medicines administration to identify any gaps or issues. Records demonstrated the registered manager had taken appropriate action if any gaps were identified to ensure people's safety. The quality and compliance officer had completed an audit of medicine at the service on 14 and 15 March 2016. Actions required such as the purchase of a new thermometer to monitor the temperature of the fridge used to store people's medicines had been completed. People's medicines were managed safely.

Is the service effective?

Our findings

At our inspection of 3, 4 and 12 November 2015 we found the provider had failed to ensure staff had undergone appropriate training this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made the required improvements in this area and the requirements of Regulation 18 were now met.

People told us they felt supported by staff who understood them and knew what they were doing. One person told us "Staff have a pretty good understanding of supporting us. They do lots of training and are able to give us the help we need."

Staff told us they had received an induction to their role and appropriate training. The registered manager and provider told us that since the last inspection staff had commenced a comprehensive programme of community mental health training. Records demonstrated staff had commenced a programme of six interactive, face to face mental health training modules. These had commenced in order to enable them to develop their understanding of, and to discuss and reflect upon various aspects of mental illness. The subjects included for example, types of mental illness, models of mental health, legislation and care planning. To date 12 of the 16 staff had completed module one, nine staff module two and 13 staff module three. Records demonstrated that training was booked for staff in relation to the remaining modules. Staff undertook forensics training on the second day of the inspection, to enable them to gain an understanding of how to work effectively with people with a mental health issue, who have been arrested, were on remand or had been to court and found guilty of a crime. The provider had also arranged training for staff in working with people who experience a personality disorder for 27 April 2016.

Staff told us that since the last inspection the Wellness Recovery Action Plan (WRAP) co-ordinator had left the service and was not being replaced as it was planned that each staff member would deliver the WRAP programme to people they worked with. The purpose of WRAP was to support people to develop effective approaches to help them with distressing symptoms and unhelpful behaviour patterns. To date eight staff had undertaken this training. Staff were due to re-commence the WRAP programme with people once they had all completed their required training.

The provider had introduced a comprehensive training programme to ensure staff received appropriate training to support them in their role. As the provider needed to show that all staff had undertaken the required training they were not yet able to demonstrate consistent good practice over a period of time.

Staff said they felt well supported in their role. Staff told us they received regular supervision which records confirmed. Staff had not yet received an annual appraisal of their work to enable them to reflect upon their achievements of the past year, however this had been identified through the audit process and these were planned. People were supported by staff who received ongoing support in their role.

At our inspection of 3, 4 and 12 November 2015 we found the provider had failed to evidence why restrictive practices were in place; this was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014. At this inspection we found the provider had made the required improvements in this area and the requirements of Regulation 13 were now met.

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 be 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.

Thirteen of the 16 staff had undertaken training on MCA and DoLS. Staff spoken with were able to demonstrate their understanding of the MCA and its relevance to their daily work with people. The registered manager told us a DoLS application had been submitted for one person and this was currently being assessed by the relevant supervisory body. Records demonstrated this application was underpinned by MCA assessments to ensure the person's legal rights were upheld.

Following the last inspection the registered manager had reviewed the use of practices that had the potential to restrict peoples' rights and had either taken action to remove them or consulted people about their use and produced a risk assessment to demonstrate why they were still required. People were now observed to be able to choose whether they wanted the communal TV on in each lounge. Since the last inspection the lock on the main fridge in each kitchen had been removed, so people had ready access. The registered manager told us this had created health risks for some people who lacked the capacity to manage their food intake. As a direct result certain foods were no longer stored in the communal fridges but were available to people as required. Basic food items such as milk and margarine were stored in the fridges and bread and cereals were available. People had been consulted about this and there was a risk assessment to demonstrate why these restrictions were deemed necessary. Where people lacked the capacity to consent to this, a mental capacity assessment had been completed to demonstrate why this was in their best interests.

One person told us they had had difficulties accessing snacks in the evening, which their health care professional confirmed. In response to this recent feedback the registered manager had ensured that a range of foods were placed in the communal fridges each evening for people to go and make snacks themselves and staff were available to supervise and assist people as required. They told us people had also been offered fridges in their bedrooms or an alternative location if required. People were also provided with the opportunity to have a locked cupboard in the kitchen to store their dry foods in if they wished, which a person confirmed. People were able to access snack foods in the evening and to store their own food choices.

At our inspection of 3, 4 and 12 November 2015 we found the provider had failed to provide suitable and nutritious food and failed to support people to make meaningful choices about their food, this was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made the required improvements in this area and the requirements of Regulation 14 were now met.

People told us that they now enjoyed good food and that they had enough to eat and drink. One person told us "Food is very good here. We get a good choice of things. They encourage us to eat healthily." Another

person commented "We have more choice with meals now." A social worker told us they had observed staff preparing filling and wholesome meals for people.

Staff told us menus were now planned weekly with people. Records demonstrated who had chosen each of the two daily food choices. If people required a vegetarian alternative or did not like either of the meals then other choices were available. People told us staff now prepared all of the meals on site in each house; and that as a result both the range and quality of the food had really improved.

Staff told us that since the last inspection there was a focus on supporting people to eat healthily. They told us individual sachets of sauces were now purchased instead of large bottles to help people with portion control. The fridge was stocked with skimmed and semi-skimmed milk. People's records demonstrated the risks to them related to their weight and eating had been assessed. People had a Malnutrition Universal Screening Tool (MUST) record in their file. This is a screening tool to identify adults, who are at risk from either malnourishment or being overweight. Where risks to people had been identified in relation to their weight or health condition these had been assessed and they had a support plan in place which identified how these were to be managed for example, by encouraging healthy eating. If a person's MUST score indicated they were obese then this had been explained to them and they had been consulted about whether they wished to be referred to a dietician for further guidance and advice. At the resident's meeting people were asked for their ideas for meals that were healthy.

People told us that staff supported them with their health care needs. People now had health care files in place. These contained 'Health passports' in the event they required admission to hospital, which detailed information that the hospital would need to be aware of about the person. Records demonstrated people had seen a variety of health professionals including psychiatrists, GP's, community psychiatric nurses, social workers, dentists, opticians and chiropodists. People's health care visits were now documented on a medical consultation form in order to demonstrate people's health care needs including their right to an annual health check were being met.

Is the service caring?

Our findings

At our inspection of 3, 4 and 12 November 2015 we found the provider had failed to ensure people's need for privacy and dignity had always been met this which was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made the required improvements in this area and the requirements of Regulation 10 were now met.

People all confirmed that their dignity and privacy was respected. Following the last inspection the provider had immediately separated the two houses, so that one accommodated the men and the other the women. This had ensured that women could access their own bathroom facilities without passing through male areas offering privacy and dignity in their daily routine. The provision of all women accommodation also took account of their personal histories and potential vulnerability. People were still able to socialise together in either house and to attend activities in both houses. Staff told us that since the houses had been reorganised, they had observed that there was a higher level of social interaction between people within each house in the evenings. They told us for example, that the men enjoyed sitting in the lounge together in the evening to watch sport. They said the women were more "Relaxed" in the evening in their house. Although not everyone had unanimously agreed with the decision to separate the accommodation, they did appreciate why the action had been taken. Women's needs in relation to privacy, dignity and safety had been consistently met over a period of time since the last inspection.

Immediately following the last inspection the provider had ceased the practice of hot meals being brought to the location on four days of the week from another of their locations. Staff now prepared all of the hot meals on-site daily. This meant people were no longer required to carry food containers around the site which had not been dignified. People's meals were consistently served in each house in a dignified manner.

People's risk assessments and care plans recognised people's rights to privacy and contained guidance for staff about how to ensure that their needs were met and risks were managed to people in a manner that did not impinge upon their rights. One person told us staff gently encouraged them to bathe, ensuring their personal care needs were met with sensitivity. When a person asked staff if they could speak them, the staff member asked the person if they would like to find a quiet place to speak. Staff administered people's medicines to them in the privacy of their bedroom. Staff consistently ensured that people's rights to privacy were upheld.

People told us that they were well cared for by staff who gave them the opportunity to live as independently as possible. One person told us there were "Very caring staff. I like living here." Another commented that it was "A good place to live, caring people looking after us and encouraging us." A third person told us that they "Get on with the staff well. Encourage us to make choices and if we want to be alone they respect that."

Staff told us they read people's care plans and spent time speaking with them and getting to know them and their personal history. They told us the keyworker process whereby a member of staff was responsible for a persons' care planning enabled them to get to know the person well. Keyworkers were linked to people based on their personality rather than their availability to ensure their compatibility with the people they

were working with and to promote a good working relationship. For example, if the person liked being active then they were linked with a keyworker who had similar interests and would be able to support them in the pursuit of their personal goals.

Staff were able to demonstrate their understanding of people, they knew about people's history, likes, preferences, needs, hopes and goals. Staff knew what people were good at and what situations could create stress for them and described how these were managed for people, for example; by supporting a person to access their chosen activity at a quieter time of the day. One person presented as particularly anxious. Staff answered the person's questions throughout the day and provided constant reassurance and emotional support. People were supported by staff who were caring towards them.

People told us staff supported them to express their views and to make decisions about their care. One person told us "I like to get up at 8 o' clock; can choose times." Another commented that they were "Free to come and go as long as I sign out and sign back in." People told us they were consulted about the daily chores. A person said to us "Help with washing up duties; we all agree when we do it."

Staff told us they involved people in discussions, listened to their views and explored the available options with the person to enable them to make a decision. A staff member told us "We leave choices to the person and ask them what they want." People's care plans outlined what the person was good at and the areas with which they required support from staff to enable them to make a decision. People were supported by staff to make their own decisions.

People's support plans identified their communication needs to ensure staff understood how to support the person to express their views. Staff demonstrated an understanding of people's individual communication needs. They were able to tell us what could be barriers to people's communication and how they worked with them to address these for example by being patient. A person had a condition which meant they liked to have quiet undisturbed time. Staff understood the person's diagnosis, communication needs and routine and left them to sit quietly on a settee until they were ready to communicate with them. Staff understood people's communication needs.

A copy of the service user's charter was displayed. This stated people had the right to be consulted and to have their views listened to about any provision that directly affected them as an individual. Advocacy information was also available for people which they were supported to access. The registered manager told us people were able to read their care records if they wished to see their content. Records demonstrated people had been offered copies of their care plans. People had information about their care and rights within the service.

Is the service responsive?

Our findings

People told us they were very involved in their care planning and that their care plans were individualised to them and met their needs. A person told us that there were "All different care plans according to your needs. Always involved, have meetings about them and I can say what I need, if I want to change anything." Another person told us that they "Talk to staff about my care plans. Really listen to my ideas." A third person said "I do feel consulted about decisions. We talk over things that are working and things I would like changed."

Professionals also provided very positive feedback. Two social workers said that 'Care planning is holistic and structured, with emphasis on different spheres of the life of the residents (community involvement, finance, well-being, physical health, etc).' They told us that 'The approach is very person-centred; promoting independence rather than 'problem focussed'.'

Since the last inspection the registered manager had reviewed how people's care and support needs were identified and assessed and introduced a new process to document people's support plans. People now had a structured support plan file that covered areas which included a 'pen portrait' of the person and information the person wished staff to be aware of. The registered manager told us one person had written their own pen portrait. Each person's pen portrait demonstrated how they liked to spend their time and who was important to them. It also included the person's support plans, mental wellbeing, recovery and independent living skills for example. One person's pen portrait described how they enjoyed going to the gym; staff were seen to support this person to visit the gym at the time they preferred to go. People's care plans provided clear guidance about people's support needs and people's care reflected the guidance in their care plans.

People had support plans in place for their mental health. People had been assessed using the provider's '3 step enablement programme assessment.' This involved people's mental health being assessed in relation to different areas of their life to identify their needs and gauge their progress over time. Staff also supported people to use the 'Star' model to support them in understanding where they were in relation to their recovery, progress they were making and to support discussion of people's mental health. Staff applied recognised tools and models to support people with their recovery.

A community psychiatric nurse (CPN) told us staff were responsive and raised issues about people's care as required. They told us staff 'followed' through on actions for people and ensured required actions were completed. Where people had physical health conditions they had support plans in place about what support they required from staff. If people went to hospital then their care needs had been reviewed upon discharge and if the person had any new health care needs then a support care plan had been prepared in response.

Staff were responsive to changes in people's presentation and needs. During the inspection staff told us that a person was exhibiting signs of becoming mentally unwell. They understood the signs that the person was becoming unwell and the person's pattern of relapse. They knew that the person could become unwell very quickly and this could lead to potential risks to others. Staff were very proactive in alerting mental health

services that the person needed to be assessed and arranged an urgent GP appointment for the person to be reviewed. Staff were knowledgeable and responsive to signs that this person was becoming unwell and alerted relevant services immediately.

People told us felt that there was plenty to do throughout the week and weekends. Two social workers told us that 'Work is directed towards progression and developing skills where appropriate.' People's care plans outlined how they were to be supported to develop their independent living skills, for example by cooking for themselves. Staff told us that several people did their own cooking on certain days of the week to support their independence. People were supported to develop their cooking skills by staff to enable them to live independently.

Staff also recognised that other people enjoyed cooking as a pastime and involved people in cooking for events such as birthdays. The activities co-ordinator supported some people to make soup for tea. People were very engrossed in the activity working under their guidance and clearly enjoyed the session. People had personalised activity plans that reflected them and their interests. One person told us "I write poetry and am contacting a publisher and hope to have my collection published. Staff are very supportive and are helping me." Staff encouraged this person to share their poetry at events in the service and they were being encouraged to set up a poetry group involving other people. Some people were more interested in activities such as attending drop-in groups, dancing and singing whilst other people's activity plans reflected an interest in sport or voluntary work. The activities co-ordinator told us about the range of activities that were arranged for people following consultation with them. People were involved in coffee mornings, dancing, bowling, craft and celebrations. Photographs, showing people taking part in and obviously enjoying a range of activities were displayed around the service. People were supported to attend individualised activities to reduce social isolation and to enable them to develop their interests.

People told us they felt their feedback was sought, listened to and acted upon. A person told us "They (staff) do listen to what we say; when we have a house meeting we put down our ideas and we all talk about them; one day we asked if the (smoking) sheds could be cleaned inside; it was done by the next day." Another person told us "We have a big meeting altogether; they do listen to us."

People told us they ran the resident's meetings. A meeting was held on the second day of the inspection. Prior to the meeting a person was observed taking responsibility for asking others what they wanted on the agenda for the meeting. This person told us "Yes I go round asking what people want put on the minutes; I do chair the residents' meetings and staff listen to our ideas." People had identified at a meeting that they would like a holiday to Butlins; records demonstrated staff were in the process of organising this for people. Records demonstrated that the women had instigated an additional women's meeting to discuss issues that were relevant to them. At the meeting they suggested to the men that they might also want to consider setting up their own men's meeting. People were empowered to determine what meetings they wanted and to manage their own meetings.

The registered manager told us that in preparation for staff appraisals that were due to take place, people had been asked for their feedback on staff, which records confirmed. People's views had been sought and were being taken into account as part of the staff appraisal process.

People understood how to make a complaint if they wished. One person told us "Never had to make a complaint about anything but know that I could go to staff and that they would listen." People were asked at the resident's meeting if they wished to raise any complaints. A copy of the complaints procedure and information telling people how to complain were prominently displayed. People were provided with a copy of the complaints policy when they were initially accommodated. Since the last inspection one verbal

complaint had just been received and one written complaint. The registered manager was able to demonstrate that they had taken immediate action to address the verbal complaint. The provider was in the process of investigating the written complaint. People had information about how to complain and their complaints were acted upon.

Is the service well-led?

Our findings

At our inspection of 3, 4 and 12 November 2015 we found the provider had failed to effectively operate systems to assess, monitor and improve the quality of the service or to maintain accurate and complete records of people's care this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made the required improvements in this area and the requirements of Regulation 17 were now met.

Since the last inspection the provider had recruited a quality and compliance officer to complete a bi-monthly quality audit and monitor quality across all of their locations, including Park Avenue Residential Home. The quality and compliance officer completed an audit of medication at the service on 14 and 15 March 2016 and a senior management visit on 18 March 2016. Areas audited during the visit on 18 March 2016 included staffing, notifiable events such as safeguarding's, standard of the service, quality monitoring, care plans, residents meetings and staff interactions. Both audits had identified areas to be addressed and there was an associated action plan for each audit which identified who was responsible for addressing each action and within what timeframe actions were to be completed. Once actions had been completed these had been signed off as completed on the action plan. For example, items needed to be removed near the fire exits and this was completed the same day as the monitoring visit to ensure people's safety. Since completing these audits the quality and compliance officer had left their role. The provider has recruited a replacement; who would be commencing their role shortly. The provider had introduced a new quality assurance role across their locations and revised their auditing process. However, as the first two audits under the new quality monitoring process had only just been completed, we were not able to fully evaluate the effectiveness of the new processes. It will take a further period of time to generate sufficient audit evidence in order to be able to demonstrate the consistent ongoing robustness and effectiveness of these revised processes in driving continual improvements to the service for people.

The registered manager also completed a monthly audit of incidents for the provider. This demonstrated that the cause and outcome of incidents had been analysed to ensure the service was improved for people.

People's records were fully completed by staff. People's risk assessments and support plans were detailed and contained relevant information to enable staff to provide people's care to a good standard and safely.

Following the last inspection the provider had sought the views of people, their relatives, staff and professionals as part of their ongoing quality monitoring. In response to people's feedback on the service a second smoking shelter had been provided. This ensured that people accommodated in both houses had easy access to a smoking shelter if they wished to use it. Feedback had been sought and acted upon to improve people's experience of the service.

People told us that the home had an open culture and that they were able to express their views freely. One person told us it was a "Very open sort of place. Staff always asking us if we are worried or need to talk." Another said "Can talk to anybody if you are worried."

Staff also told us there was an open culture, one where they could speak out if required. They told us it had "Been intense" since the last inspection but the staff team had focussed on their strengths and learnt a lot through this time. They told us "We have improved so much." Staff said there were regular staff meetings so that they could raise any issues as required, which records confirmed. A staff member told us there were, "Regular review meetings, voice concerns, make choices, suggestions and ideas." People were cared for in a service that had an open culture where people and staff were encouraged to speak up about any concerns.

Following the last inspection the provider provided a location specific Statement of Purpose for the service. This clearly outlined who the service was designed for and the objectives of the service provision for people, which were to enable people to develop their independence, autonomy, knowledge, confidence and daily living skills. The registered manager told us staff covered the values and purpose of the service as part of their induction. Staff were able to demonstrate their knowledge of the provider's objectives, which they were observed to put into practice during the inspection in the course of their daily work with people.

People told us the service was well led and well managed. One person told us "The manager has made things much better. More secure and food good now." Another person told us that the service was "Very well led. All the staff work together as a team." People told us that they knew the manager well and felt that he was approachable and listened to them.

A community psychiatric nurse told us that since the last inspection they had seen improvements in the service. They told us there were more systems in place to ensure the service was well run.

A member of staff told us "The manager is very good. He takes his time and explains things" and "He spends as much time as he can with people." Another commented "You can speak to the manager as required." Since the last inspection the registered manager's office had been moved into one of the houses. This ensured that whilst they were readily accessible, both people and staff could approach the office and speak with the registered manager in confidence if required.