

Avenue Community Nursing Home Limited

The Avenue Community Nursing Home

Inspection report

47 The Avenue
Linthorpe
Middlesbrough
Cleveland
TS5 6PE

Tel: 01642816721

Date of inspection visit:
18 February 2020
20 February 2020

Date of publication:
12 March 2020

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

The Avenue Community Nursing Home is a care home providing personal and nursing care for up to 13 adults in one large, adapted house. The home provided care and support to people who were living with mental health conditions. At the time of inspection the service was supporting 13 people.

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

People and their relatives were very positive about the service and the care provided. One person said, "This is the best place I have ever lived, staff are amazing."

People were cared for by staff who knew them very well. The staff team were consistent, experienced and had the skills to support people appropriately. Staff understood their responsibilities for keeping people safe whilst also supporting people to have choice and be independent. Incidents and accidents were investigated and actions were taken to prevent reoccurrence.

People's care and support needs were assessed and they received person-centred support from staff who understood their needs well. People were involved in reviewing their care plans and they were detailed and up to date.

Staff were caring and there was a homely and relaxed atmosphere throughout the home. The home was clean and tidy. People were cared for in a warm and respectful manner by all staff. People felt listened to and were actively involved in the day to day running of the home and the local community.

The service was responsive to people's health and social care needs. Medicines were managed safely and there were close links with health and social care professionals to ensure people's physical and mental health needs were met and changes responded to quickly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

The service was well-led. The management team were praised by people, their relatives and staff, for their supportive approach. Systems were in place to monitor the quality of care provided and continuously improve the service. The management team and staff worked extremely closely with health professionals to achieve positive outcomes for people's health and wellbeing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 29 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.

The Avenue Community Nursing Home

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 and one inspection manager undertook the inspection.

Service and service type

The Avenue Community Nursing Home is a 'care home'. People in care homes 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We observed staff providing support to 12 of the people living in the home so we could understand their experiences of the care they received.

We spoke with five members of staff including the registered manager, a nurse, support workers and housekeeping staff.

We reviewed a range of records. This included two people's care records and a sample of medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke to one relative by telephone.

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

- People told us that they felt safe. One relative said, "[Person's name] is the safest they have ever been. Their health and medication is looked after so well by staff, we are delighted."
- Systems were in place to safeguard people from the risk of abuse. Staff understood their responsibilities to protect people from harm and said they would not hesitate to raise any concerns they had.
- The management team worked closely with other health and social care professionals to make sure people were protected from abuse and avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There was a culture of promoting positive risk taking. Risks to people's health and safety were assessed. Assessments were individual and personalised to each person and covered both physical and mental health conditions. Staff were aware of the risks to people they supported.
- Checks were carried out on the safety of the premises to ensure they were safe for people.
- Accidents and incidents were monitored and reviewed to ensure any lessons were learned.

Staffing and recruitment

- People and their relatives told us there were enough staff to ensure people's needs were met safely. People received consistent and experienced support due to staff working at the home for many years.
- Recruitment procedures were in place to ensure only staff suitable to work at the home were employed. Some minor updates to records were required. We discussed these with the registered manager who took immediate action.

Using medicines safely; Preventing and controlling infection

- Medicines were managed safely. Staff who supported people with their medicines received regular training. Competency checks were carried out in line with good practise.
- People were supported with their medicines patiently by staff. Some people were supported to manage their own medicines.
- Staff were proactive about seeking regular support and guidance. People were involved in regular medicines reviews to ensure they were only taking the medicines they needed. One relative told us, "[Persons' name] has had their medicines reviewed and their mental health is so much more stable now due to this."
- The home was visibly clean. Staff followed good practice guidance for infection prevention and control.

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

- People's needs were assessed before moving into the home to ensure staff could safely meet their needs.

The information gathered during the assessment was used to develop care plans and risk assessments.

These clearly described the support people required, followed best practice and contained person-centred information.

Staff support: induction, training, skills and experience

- Staff received a range of training to support them in their roles.
- Nurses were provided with clinical skill updates and told us the clinical lead was always available for advice when needed.
- Staff felt well supported and received regular supervision and an appraisal. Staff told us these were constructive, and they were encouraged to continually develop their knowledge and skills.

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

- People said the quality and choice of meals was good.
- The mealtime experience was relaxed and sociable. We observed people had access to the kitchen and were able to make drinks and snacks when they wished. Some people enjoyed being involved in preparing and cooking meals.
- People's nutritional, cultural needs and preferences were met. People's weights were monitored and where staff had concerns timely action was taken and referrals made to health professionals for support.

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

- People's healthcare needs were thoroughly met.
- Care plans contained information about people's health needs and records showed they had access to a wide range of health and social care professionals.
- Staff had a good understanding about the importance of oral health care. Care records showed the importance of this had been promoted with people living at the home.

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

- The building was adapted to meet people's needs and felt homely. There was a choice of communal areas, bathing/shower facilities and a spacious accessible garden, including an area for people who chose to smoke.
- People were able to personalise their bedrooms. People had their own keys, so they were able to keep their

bedrooms locked and staff were observed to respect this. There was an ongoing programme of refurbishment and redecoration.

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.

- Staff understood their responsibilities under the MCA.
- Everyone who lived at the service had capacity to make decisions relating to their care and support. We observed staff always asking for consent from people in a friendly and discrete way.
- People had signed consent forms as part of their care plans and were able to make choices which were respected by staff. For example, some people decided what level of support and checks they wanted throughout the night.
- When required, people had access to independent mental health advocates. Advocates can represent the views and wishes for people who are not able to express their wishes.

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 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 told us that staff were "Very kind" and "Friendly." One relative said, "Staff are so caring and compassionate, they are amazing."
- There was a naturally calm and friendly atmosphere in the home. People who lived at the home got on well with each other. We saw people laughing and interacting with each other and staff.
- Staff clearly knew people very well and were able to tell us about people's likes and dislikes. This supported staff to engage well with people. We saw chatting and banter between people and staff which increased people's sense of wellbeing.
- People's cultural needs were met, and they were supported to follow different faiths.

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

- People told us staff listened to their views and they were able to choose how they spent their day. One relative told us, "[Person's name] has become a real person again, they are no longer a patient thanks to the care and support from staff."
- People participated in regular reviews of their care plans and were asked their opinions. Regular house meetings took place and people were encouraged to share their opinions about the way the home was run including the meals and activities available. Suggestions people made were acted upon.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity and we saw that staff always respected their privacy and knocked on doors before entering. One relative told us how staff were always, "Very careful not to be too intrusive with [person's name] as they are very private, staff respect that."
- Care plans promoted people's independence. For example, people were supported and encouraged to access the local community. One person told us, "We are planning our next holiday, last years' was so much fun, we were out every day and night."

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 received care and support which focused on their individual needs and choices.
- Care records showed people and, where appropriate, their relatives, were involved in care planning and reviews. Where people's mental health condition impacted on their behaviour and mood, care plans detailed the ways staff should respond to help maintain and positively improve their well-being.
- The staff team understood the importance of promoting equality and diversity and respecting people's individual choices.

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 supported to be involved in activities which included maintaining relationships with others.
- Some people planned their own activities and went out regularly without any support from staff. We saw some people coming and going freely. Where people needed support to access the local community this was planned and supported by staff.
- People spoke enthusiastically about their planned summer holiday which they were looking forward to.

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.

- People's communication needs were identified through assessments. This included people's non-verbal communication which could alert staff to when people's mental wellbeing was deteriorating and allow quick actions to be taken to support the person.

Improving care quality in response to complaints or concerns

- Information was available to people on how to raise concerns and make complaints.
- People and their relatives felt able to raise concerns and discuss them with the management team and staff.
- People's opinions were sought during house meetings and any concerns were noted to have been actioned immediately.

End of life care and support

- At the time of the inspection the home was not supporting anybody who was at the end of their life.

People's end of life wishes were discussed as part of the assessment process.

- The registered manager told us when people were nearing the end of their life staff would support the person to develop a detailed end of life care plan. This would record how the person would like their care to be managed and their choices and wishes.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was a positive culture of engaging with people, relatives and staff to improve people's care and outcomes.
- Regular meetings were held to allow people and their relatives to share their views and opinions on how the home was run.
- Staff spoke passionately about their roles and how they all worked together as one team. One relative said, "They [staff] are genuinely caring and respectful."
- The management team worked closely with a wide range of health and social care professionals to ensure all people's needs and individual outcomes were met.

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; Continuous learning and improving care

- The management team were open, honest and understood their responsibilities in relation to the duty of candour.
- The whole staff team were clear about their roles and committed to continuous learning and improving care.
- Accidents and incidents were regularly reviewed and used to improve the care people received.
- The management team had notified CQC of incidents, this is so we could monitor events happening in the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality monitoring systems were in place. The management team undertook a range of audits and checks to ensure high standards of care were maintained.
- People and their relatives told us the home was well managed and run. Comments included, "The home is so well-led, safe and secure" and "For the first time in years I can go away on holiday knowing [person's name] is safe."
- Staff told us the management team were approachable. We saw there was a warm rapport between the registered manager, staff and people who lived at the home.