

Mrs P Barnard

Royal Avenue

Inspection report

77-83 Royal Avenue
Lowestoft
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We inspected this service on 17 February 2015. Royal Avenue provides accommodation, care and support for a maximum of 23 people who have a Learning Disability. There were 23 people living in the service when we inspected.

There was a registered manager in post who is also the provider of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons.’ Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Procedures were in place which safeguarded people from the risk of abuse. Care staff understood the various types of abuse and knew who to report any concerns to.

The provider had systems in place which ensured the safety of the people living in the home. These included assessments which identified how risks to people were

Summary of findings

minimised. However, some of these documents had not been completed in respect of recently admitted people who had identified needs around behaviour which challenged others.

Where people required assistance to take their medicines appropriate arrangements were in place to provide this support safely.

People were supported by sufficient numbers of staff who were trained and supported to meet their needs.

People, or their representatives, were involved in making decisions about their care and support, and spoke positively about the quality of care they received, and the impact this had had on their lives.

Staff ensured people were provided with choices in all areas of daily living. However, where people had little or no communication the manager had failed to assess their capacity to consent to care and treatment. This placed people at risk of receiving care or treatment they did not consent to.

People liked the food and were able to choose their meals.

Where people had been identified as losing weight, staff had taken action to refer people to the appropriate agencies. However, staff had failed to keep an accurate record of people's food intake. There were no clear plans in place to inform staff of what action they needed to take to help people reach and maintain a healthy weight if this was an identified need.

Staff interacted with people in a caring and professional manner. People and staff had developed positive and meaningful relationships. However, further guidance and training is required to ensure that appropriate boundaries are maintained in relationships between people, the staff and the managers of the service. People

spoke positively about their experiences since moving in to the home, and showed signs of improved outcomes in their physical, social, emotional and psychological health.

We observed that staff were mindful of respecting people's privacy and dignity when providing care and support. However, information received after the inspection took place led to an investigation by the local authority which concluded that staff required further training in how to promote people's independence and uphold their dignity and respect.

People were confident they could share any concerns they had about the home with the manager. However, the manager had failed to produce clear records of their investigations into, and the outcomes of complaints.

Care plans contained some detailed information about people's needs; but these had not been reviewed or updated to reflect current needs.

The manager had been in post since the home first opened. Staff told us that the manager was knowledgeable, and inspired confidence in the staff team and led by example. Staff understood their roles and responsibilities in providing safe and good quality care.

People held the manager in high regard and felt confident in their ability to resolve any concerns they had. However, we identified a lack of systems in place to assess and monitor the quality of the service, which meant areas for improvement and issues that placed people at risk of receiving poor care were potentially missed.

We found a number of breaches of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

The service was safe.

Staff knew how to protect people from abuse.

Staff assessed known risks and had plans in place to manage these.

People were cared for by adequate levels of skilled staff.

People received medicines as required and in a safe and secure manner.

Good



Is the service effective?

The service was not always effective.

The service did not ensure that people's capacity to consent to care and treatment was assessed.

People were cared for by staff who received training relevant to their job role.

Staff knew people's health needs well and involved external health professionals where needed.

People liked their meals, and were provided with choices, based on their personal preferences. However, nutritional intake and weight records were lacking in sufficient detail.

Requires Improvement



Is the service caring?

The service was caring.

People enjoyed good relationships with staff, who adopted an inclusive, kind and caring approach. Further training is required to ensure these relationships remain within professional boundaries.

The atmosphere within the service was relaxed and people were listened to by staff who acted on what they said.

Further support and training is required to inform care staff and the management of the service how they can uphold the independence, dignity and respect of people with a learning disability.

Requires Improvement



Is the service responsive?

The service was not consistently responsive.

People felt confident they could share concerns with staff, but the service failed to record its responses to complaints.

Staff were aware of people preferences, but care plans were simplistic and not sufficiently personalised.

Requires Improvement



Summary of findings

People had access to a wide range of stimulating and rewarding activities, based on their preferences.

Is the service well-led?

The service was not consistently well led.

The service had a registered manager, who ensured the service was compliant with its conditions of registration.

Relatives, and people who used the service felt confident they could raise concerns with the manager, but the manager did not implement a clear system for monitoring the quality of care provided at the service.

Staff felt supported by the manager and contributed to the development of the service.

The manager had a clear ethos for how the home should operate, and ensured staff were aware of this.

Requires Improvement



Royal Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 February 2015 and was unannounced. The inspection team consisted of two inspectors and a Specialist Professional Advisor, whose specialism was in communication with people who have a learning disability.

We reviewed previous inspection reports and the Provider Information Record (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 looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service and safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spoke with eight people who were able to express their views, but not everyone was able to communicate with us verbally. Therefore we spent time observing the care provided by staff to help us understand the experiences of people unable to tell us directly.

We looked at records in relation to five people's care. We spoke with 11 staff including care staff, ancillary staff, volunteers and the deputy and registered manager. We looked at records relating to the management of the service, staff recruitment and training records, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us, “I am safe here, I have friends here and I am happy.” Another person said, “I like the staff, they are all good.” Relatives who gave feedback directly to the home in November 2014 all felt that the home was clean and safe. They felt that their relatives were happy at the home.

People had a range of risk assessments in place relating to their care and support needs and activities. These outlined the risks involved and the action staff needed to take to keep people safe. A risk assessment book was produced by a member of staff to show that people using the Gym were kept safe. This book was located in the Gym and was easily accessible for staff to review and update when needed.

The manager and deputy manager had an open and objective approach when discussing safeguarding matters with us. Staff demonstrated a good understanding of what constituted abuse, and the need to report any concerns. Staff had reported incidents of unacceptable practice to the manager and were aware that these were investigated by the local authority safeguarding team when needed. Staff told us they had attended safeguarding training some time ago and were due an update. The manager confirmed that safeguarding training had been organised for the staff that required refresher training.

Staff had a good understanding about equality and diversity and had completed training on the subject. They identified that all people needed to be treated equally and were aware of the need to ensure people’s diverse needs were respected, and that people were protected from all forms of discrimination, including bullying and institutional abuse both within the service and when accessing the community.

Safety information around the home was displayed in an easy read format for people, for example, what to do in the event of a fire. Staff had access to a regular maintenance worker so there was a system in place to address any problems with the maintenance of the home.

Staffing levels were assessed and monitored to ensure there was sufficient staff available to meet people’s needs and keep them safe.

The deputy manager explained that they went through the diary on a week by week basis before finalising the staffing levels to ensure that final numbers were set so people could be supported in all their daily activities including attending appointments, going out or staying in. Staff told us staffing levels were sufficient to meet people’s needs and support them to access the community.

There was a robust system for ensuring all new staff were vetted through the checking of criminal records and the seeking of references from previous employers. People’s identity was verified and health checks were also included as part of the recruitment process.

A system was in place for the management of all medicines. Policy guidance was available for staff and storage and stock control was good. There was an audit system in place to ensure people had the correct medication and the right amount. Where changes were needed, staff took action to ensure that this was addressed and people had their medication as needed. Staff told us that they were aware of recent medicine reviews and any alterations in people’s medicines.

Each person had a front sheet to their medicines administration record with details about their medicines, how they liked or were able to take them, and possible side effects. These had been updated recently and staff told us this helped them to make sure they knew what medicines people were taking. Where some people were taking medicines to help them manage their behaviour, these were being kept under regular review with the input of local specialist learning disability services.

Is the service effective?

Our findings

During this inspection we identified shortfalls in the way the registered manager assessed people with limited capacity to consent to care and treatment. Care records did not include written assessments on the capacity levels of people, or how the staff were expected to ensure they acted in the best interests of people who were unable to communicate verbally. This placed people at risk of receiving care and support they did not consent to. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because the provider did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.

People were consulted with on a daily basis around the activities they participated in, food preferences and who provided them with care. For example, one person explained that they “Had a swallowing problem” and certain foods needed to be pureed. Although alert to this, we saw that staff did not take this for granted as this person was able to correctly identify their own needs as to what they required pureed

People spoke positively about the way staff cared for them. One person told us, “I like the staff, they are all good.” Positive comments about the care provided by staff were seen in a recent relative’s survey. For example one relative had commented, “I cannot fault the care my relative receives.” Another said, “The care is first class; my relative could not be in a better place.”

The deputy manager told us, and records confirmed that all staff undertook a formal induction upon starting work at the service. The deputy manager confirmed that the induction was linked to the national training organisation, and the service was planning to ensure future induction material was linked to the care certificate induction standards when these came into force in April 2015. The deputy manager showed us staff had training in areas relating to safeguarding adults, first aid, fire safety and moving and handling. We also saw records of training being provided in areas specifically relating to the needs of people with learning disabilities. One member of staff told us, “I have done a lot of training since I started here.”

People were complimentary about the food provided at the home. One person told us, “We have good choices of food, but I really love the cheese and potato pie. Birthdays are always extra special and we have cake and everyone sings happy birthday”. Meal choices were available and in some cases people had separate meals because of their preferences around food and mealtimes. At mealtimes, we saw that staff knew people’s food preferences well. They offered choice and came back to the kitchen with a range of requests that were then met. At meal times the staff demonstrated flexibility, for example whilst we were talking to one person, a member of staff knocked on the door to ask if this person wanted their dinner “Now or kept warm for later”. The person chose the latter. When asked if this was a normal procedure they said it was.

Where people had been identified as having lost weight there was no clear plan in place, other than prescribed supplements to guide staff on the action they needed to take to help the person maintain or put on weight. People’s weight records were not being used effectively to monitor their weight. We saw that some people had not been weighed for 3 or 4 months. Staff told us they had accessed healthcare support when they had noticed that people had lost a significant amount of weight; however if staff had been more proactive in weighing people more consistently, action may have been taken sooner. Subsequent monitoring records of intake were also found to be inconsistent which does not give the team or any healthcare professional an accurate picture of the person’s intake, on which to base an assessment. This means that people may not be having their nutritional needs fully met.

People were registered with local doctors and the majority of times went to the doctor when they needed to, rather than them visiting the home. People confirmed they saw their doctor and other healthcare professionals quite regularly. One person told us, “I am frequently in pain and currently have kidney stones, staff listen to me when I say I’m in pain and either provide me with pain relief, or help me to take my mind of it, I see my GP regularly”. This was also backed up in people’s care records, showing the outcome of recent health professionals and guidance for staff to follow.

Is the service effective?

Recommendation – We recommend that the service seek advice and guidance from a reputable source to ensure that arrangements for the monitoring of nutritional needs and weight levels reflect best practice for the needs of people using the service.

Is the service caring?

Our findings

People were consistently positive about the caring attitude of staff and the impact living in the home had had on their lives. One person, when asked what they would say to anyone thinking of moving to Royal Avenue replied, “Come here and change your life for the better”. Another person told us, “I have lived here for sixteen years and wouldn’t like to live anywhere else, we are a family”.

Staff we spoke to were knowledgeable about the people they cared for. Staff were able to describe the communication systems used by different people, and their personal preferences about how care was provided and how they spent their time. We observed several conversations between staff and people who used the service about people’s needs and how they wanted to live their life. This included discussion about their extended families, for example how siblings were and the plans people had for on-going family contact.

Quality assurance surveys contained positive feedback from families about the care and support provided to their relatives. Comments included, “We are made welcome and our wishes are respected”, and, “I am always pleased to see how happy my relative is when I visit, they are always well dressed and it is obvious that they get on well with the staff.” This was confirmed by our observations of the interaction between staff and people living in the home, which was mostly positive, with people appearing completely at ease in their environment and with the staff. However, further guidance and training for care staff and management staff is needed to ensure that their relationships with people remain within professional boundaries and uphold their dignity and respect.

People were provided with a range of opportunities to maintain their independence. One person told us, “I keep very busy and really love ironing, washing up and keeping my bedroom clean”. We were invited by this person to see their room and they showed us they had added lots of personal touches including photographs of family, ornaments, books and DVD’s. They were clearly very proud of this. Another person who received four hours of one to one staff support each day told us they were in control of this time, when to use it or change the times according to their day to day needs. They told us, “I like that I am in control of my life, and able to change things around according to my health needs”. One person said they had recently completed a “Child Care Course”. They told us, “I enjoyed it so much I am going to do the next level, as my sister has just had a baby and I am now able to help her – I love children”.

People told us that staff respected their privacy. One person said, “I have an en-suite bathroom and mostly do my own washing, but occasionally I need support and staff help me if I ask. They always knock and respect my privacy”. People had plenty of areas in the home where they could get some privacy should they need it. There were several lounges, dining rooms and activity type rooms that were seen to be vacant during the day.

Recommendation – We recommend that the service seek further guidance and training in how staff promote people’s dignity, independence and respect and how to promote positive relationships with people which stay within professional boundaries.

Is the service responsive?

Our findings

People told us they felt confident in sharing any concerns about the service with the registered manager. They gave us examples when this had happened for example. One person told us, “Once I clashed with one of my one to one support staff, but I now have a different one and get on well with them and all of the staff”. Another told us, “I wouldn’t change anything, but if we want to do something different we just have to ask”.

The manager could not show us how experiences, concerns and complaints about the service were used to improve the quality of care. Records showed that two complaints had been made about the quality of the service. Although action had been taken by the manager, there was no record which showed how the concerns were investigated, what action was taken or if any lessons had been learned that could improve the service overall for others.

Care plans did not show that people had contributed to the assessment and planning of their care and support needs. For example, we found that each of the care plans had a section entitled “What I need help with”. In each of the plans the information was the same and not personalised to the individual. Care plans lacked detail to guide staff on what support people needed, although it was clear from discussions that staff knew people well. This knowledge and understanding was not always written down so that a consistent approach could be taken if regular staff were unavailable.

Daily routines were organised in a way that provided a family environment. People were supported and

encouraged to follow their chosen interest. The home had good resources for in house activities, including a well-equipped gym, raised flower beds in the garden, a computer and games room, pool table and crafts room. Staff spoke about how well the people at the home socialised together, despite the wide age range. We observed older people joining in activities such as computer games, and being encouraged by the younger people living in the home. The home had four separate lounges, so people could choose where they wanted to spend time and had alternative options if there was something happening in one lounge that they didn’t want to be part of.

Staff confirmed they were aware of people’s religious needs and their individual preferences around the provision of personal care. For example, a person of Muslim faith required staff of the same gender to support them to manage their personal care needs. However, this was not recorded in their care plan. One person also told us that staff supported them with bathing, but only to a certain point in order to protect their privacy and dignity.

Recommendation – We recommend that the service seek advice and guidance from a reputable source to ensure that the planning and delivery of care involves people and is personalised according to the individual person using the service.

Recommendation – We recommend that the service seek advice and guidance from a reputable source to ensure that the experiences of those using the service and others are used to help improve the quality of the service overall.

Is the service well-led?

Our findings

The registered manager did not have systems in place to monitor the quality of the service provided and to drive improvement. We found that whilst people and staff were positive about the home, there was a lack of formal recording and opportunities for identifying areas for improvement were missed. For example, although we found people received their medication safely, there was no formal record of auditing to ensure this continued to be the case. People told us that their changing needs were identified by the registered manager and staff, however care plans did not reflect that reviews and changes had taken place. Staff were reliant on their own knowledge to provide care and there was no provision should regular staff or the management team were unavailable. Staff told us that the registered manager responded to requests to improve the service and went out of their way to supply it or put something into place to enhance the quality of life for the people living in the home. For example, they had purchased a second vehicle adapted for people using a wheelchair so that they were able to have greater access to the community. However this was not reflected in people's care plans and risk assessments to show the impact this had for people and their lives.

The lack of any formal monitoring or auditing systems meant that there was a risk of issues relating to people's care and treatment being missed. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, because the registered person had not implemented systems designed to regularly assess and monitor the quality of care of the services provided.

Relatives had been asked to complete questionnaires for their feedback about the service in November 2014 and the response rate was good with positive results overall. People told us the registered manager and deputy manager were 'always available.' For example one person told us "We are a family here I call [The Manager] mum". Our observations confirmed the strength of the relationship between the manager and people who used the service. However, the manager had not identified how these relationships could cross professional boundaries and how communications between staff, the management and people may not be appropriate to their age and uphold their dignity and respect.

The provider had a clear leadership structure that staff understood. All conditions of registration were met and the provider had kept us informed of events and incidents that they are required to inform us of.

Staff spoke positively about the registered manager saying that they could speak to them at any time. They told us they were approachable and they would not hesitate in raising anything about their work or issues that may affect their work.

Relative's questionnaires provided positive comments about the registered manager. These identified that they were approachable and always available when they contacted the home. Requests for meetings were always arranged. One relative commented 'The staff are polite and the registered manager always rings me if there are any issues and she is always very pleasant.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>How the regulation was not being met: The provider did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met: The registered person had not implemented systems designed to regularly assess and monitor the quality of care of the services provided.</p>