

Living For Life (Cumbria) Limited

Ava House

Inspection report

16 Loweswater Road
Maryport
Cumbria
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01 December 2022

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Ava House is a residential care home providing personal care to 4 people at the time of the inspection. The service can support up to 5 people. The building has been adapted so each person has their own individual flat within the home.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service had changed the home so each person had their own private flat to maximise independence and control. We saw staff supporting choice and control during our inspection.

Right Care:

The care was person-centred and promoted individuals' human rights. People had different interests and activities. One person had been supported to gain independence with their health condition and learn daily living skills to help them with living as an ordinary person in their community. Many people said they liked the staff and how they were being supported. Staff were able to discuss people individually and knew how to support them well.

Right Culture:

The ethos, values, culture and attitudes of the managers and the staff were focussed on supporting people to have inclusive, confident, and empowered lives. Managers and staff were complimented by relatives on their inclusion of people and relatives in their decision making and the support they provided the people living in Ava House. Family members have told us they are happy with the support their relative receives and they are happy with Ava House.

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

Rating at last inspection

This service was registered with us on 20 May 2021 and this is the first inspection. This inspection was prompted by a review of information we held about this service and based on when the service was registered.

Why we inspected

This was a planned inspection of a new service registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We have made two recommendations to improve systems for monitoring premises information and health and safety.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Ava House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ava House is a 'care home' without nursing. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service less than 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 4 November 2022 and ended on 24 November 2022. We visited the location on 9 November 2022 and 14 November 2022.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people living in Ava House and 4 relatives. We spoke with 7 staff including care staff, senior care staff, and the registered manager.

We observed support being provided on our visits to Ava House and viewed the home environment.

We reviewed 2 people's care records, 2 staff files. We reviewed a range of records regarding the management of the service, such as health and safety records, quality assurance checks, policies, and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had a system for monitoring and responding to safeguarding concerns to keep people safe. There had not been any safeguarding concerns in the past year.
- People were supported by staff that had received training in safeguarding and could tell us the correct procedure they would follow if they had concerns.
- Relatives said they were reassured the service was safe. They told us, "Staff have a lot of knowledge about Autism" and "I am happy, and everything is going fine as it is, [family member] is happy."

Assessing risk, safety monitoring and management

- The provider had systems in place to protect people from avoidable harm. For example, policies, risk assessments, and procedures.
- The registered manager ensured the property was safe for people to use by performing health and safety checks and follow-up actions. We saw some records were out of date by short time periods, for example the 5-year electrical certificate, PAT testing, and bath hoist check. The manager responded quickly when these were noted and arranged for these to take place during the inspection. We were reassured people were safe in their home.
- The provider had not always ensured special window restrictors were fitted throughout the home to manage risks linked to people falling from height. The registered manager took immediate steps following our feedback.
- Plans were in place for any risks from fire, disasters, or infection outbreaks. This meant staff were informed and could respond properly to events.

We recommended the provider review and follow best practice guidance on window safety in care homes.

Staffing and recruitment

- We were assured the provider was recruiting staff safely.
- People received support from a consistent staff team, who knew people's needs and the provider's systems and standards.

Using medicines safely

- Medicines were managed safely. Records were kept, policy, procedures, and audits in place. Systems were in place to review any medication errors to look for learning to lessen the possibility of the error happening again.
- Staff were trained in medication administration and checked to ensure they understood how to support

with medication.

- The registered manager had introduced a new procedure for administering medicines administered 'as needed'. This assured us staff were not over-medicating people.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had a system for recording incidents and accidents in the home and the actions taken to manage them.
- The registered manager reviewed incident records and made changes to the service following these to learn lessons and keep people safe.
- The registered manager and staff team worked with people to learn lessons and change practices. For example, using a variety of techniques and staff to ensure that people receive their medications safely.
- People's lives were improved because of the provider's approach due to the provider's approach to supporting them. The provider's systems showed the impact of staff support. For example, one person who had behaviours that challenge had seen a reduction in this behaviour.

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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 were assessed prior to moving into Ava House.
- Assessments from professionals, including social workers were used to identify people's care needs and inform their support. This ensured people were suitable for the home and were compatible with the other people who lived there.

Staff support: induction, training, skills and experience

- People were supported by properly trained, competent staff.
- Staff had comprehensive inductions to familiarise themselves with their role and the service. This included learning the Care Certificate online. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were effectively supported by managers and received regular supervisions. This enabled them to perform their role well. Records showed staff were able to talk about the service, and the team worked together to find solutions. This ensured people living in the home were supported by an engaged staff team.

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

- Staff were appropriately trained in nutrition and hydration. One person had specialist nutritional needs and staff were trained for this and there were resources to ensure the person was supported correctly. This ensured staff had the knowledge to keep people safe with their nutrition and hydration.
- People were encouraged to have a healthy lifestyle. Records were in place to monitor people's weight to note to staff when there were changes. This allowed staff to get medical advice if there was a concern, or to encourage the person to eat more or less.
- Food hygiene practices were in place to keep people safe.

Staff working with other agencies to provide consistent, effective, timely care

- People were encouraged to take part in activities outside the home. Staff had supported people to gain volunteer work in the community by working with other charity organisations.
- People knew the staff providing their support. Managers provide people a list of staff on shift with photos, so they know who was supporting them.
- Staff were working with a nearby college to gain placements for a couple people.

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

- People were considered in the design of the service. People had their own flats, which gave them their own space and privacy.
- The service promoted people's individuality. There were 5 individual flats in the home and people have their own kitchenettes, living room areas, bathrooms, and bedrooms. Every person had decorated their home the way they choose and none of the flats were the same. This ensures people are treated as individuals with their own space and design ideas.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to be healthier and manage their own health and care needs. For example, staff supported one person to use the toilet independently and become continent.
- People received healthcare when they need it. The registered manager worked with the GP to create dedicated time to ensure staff can speak to a doctor about any of the people they support or any needs they might have. This ensures time is made to think of the health needs of individuals and gain response from professionals to improve health.
- Staff have had training in supporting people to be healthy. This included training and guidance in oral health.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and, where needed, appropriate legal applications had been submitted to deprive a person of their liberty.
- Staff checked people's capacity if it was unclear if they could make specific decisions about their care and support. Mental capacity assessments had not always been recorded to document these. The registered manager addressed this during the inspection.
- Staff understood consent and the MCA. Staff had received training in the principles of the MCA and could tell us about this. We observed staff asking people what they would like to buy when going into town, what they wanted to do, and other choices. In every case staff were following the wishes of the person.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported with equality and diversity and were free to be themselves. The manager created a LGBTQ+ group because of questions one person was asking staff.

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

- People were encouraged to make their own choices when engaging with the community. People decided how much money they wanted to take with them, what they wanted to purchase, and where they wanted to go.
- Families told us their relatives were being listened to. A family member shared their relative would frequently refuse a specific aspect of their care. They stated they knew a specific staff member could "talk [relative] around" to ensure they were safe.
- Family members were involved in decisions regarding care their relative receives. One person had only started coming to the service in the summer and their relative said, "[Staff] have asked for my input on the plan a few times. Asking for support when updating the support plan. They have updated 3 times since [relative] has been there."

Respecting and promoting people's privacy, dignity and independence

- The service kept information confidential to respect people's privacy.
- People were able to be independent. We saw people were going on shopping trips to town to buy arts and crafts supplies, food, and other items with staff support. They had chosen what they purchased themselves and had used public transportation to build their skills and confidence in using this. This ensured people retained skills and promoted their independence.
- People were supported to learn daily living skills. For example, staff supported people to clean their flat and developed a schedule to set aside time for cleaning each week.
- Staff were supportive and caring. A staff member told us, "It is such a good staff team. All have their best interests at heart, homely environment, get out to activities, good food. A lot of support when needed. Staff genuinely care about the people." When we asked if a relative found the staff kind and caring they told us "Definitely. They care about [relative] and the service users and you can feel that."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 were supported to learn new skills. One person told staff they wanted to move home, and staff responded by supporting them to learn new skills to enable this to take place.
- People had choice and control in their support. People's support plans were clear, personalised, and enabled people to have as much control as they could.
- All people had their flat personalised to their own tastes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported with their different communication needs. Communication passports were used to explain to healthcare professionals how they preferred people to communicate with them and how they might express themselves.
- People's ways of communicating their emotions were understood by staff. For example, one person's care plan detailed a specific word the person would use to communicate heightened anxiety and guided staff in how to respond.

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's interests were supported. We saw one person is very fond of a particular television show. Staff encouraged them to plan a trip to the studios where this is filmed and there were photographs of this person in their support plan to show how happy it made them.
- Staff supported people to be socially included in their own community.
- Staff encouraged people to do volunteer work to help them learn new skills. The registered manager worked with people to understand what voluntary opportunities may be of interest to them and supported them to pursue these.

Improving care quality in response to complaints or concerns

- Concerns were effectively managed by the provider before they escalate to formal complaints. There had been no formal complaints or concerns noted.

- Relatives knew how to contact the managers and seek a response if they needed it. They told us, "I would go to [registered manager] first, if got no joy then social worker, then advocate."
- Some relatives singled out the on-site senior support manager as very engaged and responsive to any needs they had.

End of life care and support

- This service was not supporting anyone with end of life care at the time of inspection.
- Staff had supported a person that had lived at the service previously to die at home, which was their wish. Support had been carefully arranged and coordinated with staff and other professionals to ensure the person was able to have a comfortable death and supported at all times.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive, person-centred culture. People, relatives and staff were engaged in the service and felt comfortable to speak up if needed.
- Managers were open and empowered the people they supported, their relatives, and staff.
- Staff understood being person-centred. Staff were reassuring and listened and respected people's choices.

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

- The registered manager understood the duty of candour. There had been no events requiring a formal duty of candour to be submitted to us. We were reassured through the knowledge of the manager this would happen in future if needed.
- Managers were open and honest throughout the inspection and demonstrated a desire to learn, improve and develop.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers knew their roles and the importance of reviewing support to ensure quality support was provided. Records, audits, reviews, and guidance to staff demonstrated quality performance and responsiveness to risk.
- The provider promoted continuous improvement. The manager had created a training booklet supporting staff to understand how to provide better notetaking to support better care. This ensured staff learned to write and speak with dignity and respect and supported them to understand the importance of recordkeeping.
- The provider supported people to be active in their community by supporting people to get outside, use public transportation, meet others, and shop for themselves.
- The manager reflected on events in the home to support learning lessons and improving care.
- Managers understood regulatory requirements and their responsibilities.
- The registered manager encouraged their management team to grow and learn to support the service to improve.

We recommended the provider review their system for keeping general premises maintenance up to date so

that all elements are embedded.

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

- The provider involved people and their relatives in surveys, meetings, and in daily choices.

Working in partnership with others

- People were supported to participate in their local community and access local services.
- The service supported people with education. Managers worked with the local college to support individuals into education to learn new skills and reinforce daily living skills.