

Max Potential UK Ltd

44 Glen Avenue

Inspection report

44 Glen Avenue
Bolton
Lancashire
BL3 5QY

Tel: 07538613409

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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

44 Glen Avenue provides accommodation and support for up to four people with mental health issues, learning disabilities and/or sensory impairment. At the time of the inspection there were three people using the service.

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

People felt safe at the service and there were appropriate systems in place to safeguard people from harm. Individual and general risk assessments were complete and up to date and all health and safety measures were in place. Safe systems were in place for the management of medicines. Robust systems were in place with regard to infection control and prevention and staff wore appropriate personal protective equipment (PPE) when providing support.

Staff were recruited safely and there were sufficient staff to cover for annual leave and sickness. There was plenty of training on offer for staff and all mandatory training was complete and up to date.

Care plans included thorough assessments and a range of health and social information. People's choices and preferences were documented and people were fully involved with the provision and review of their support. People's nutritional and hydration needs, including special diets were followed and people were encouraged to take a good diet.

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.

Staff treated people with compassion and respect. People who used the service were encouraged and supported to be as independent as possible. People's communication needs were documented and staff understood how best to communicate with each individual. People were encouraged to pursue their interests and pastimes.

Complaints, accidents and incidents were appropriately recorded and actions taken to mitigate any further risk. The provider responded openly and honestly to any concerns or complaints.

Staff felt well supported with regular meetings and communication from management. Audits and quality assurance measures were in place to help ensure a high standard of care was maintained.

The service worked well with other agencies and professionals. Referrals to other services were made appropriately and in a timely way.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was not currently supporting autistic people or people with a learning disability. However, the service was able to demonstrate how they could meet the underpinning principles of Right support, right care, right culture.

The service ensured they maximised people's choice, control and independence, was person centred and promoted dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service led confident, inclusive and empowered lives.

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 6 April 2018 and this is the first inspection.

Why we inspected

This was a planned inspection in line with our inspection programme.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

44 Glen Avenue

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.

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

44 Glen Avenue 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.

Notice of inspection

We gave the service 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.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service. We spoke with the registered manager, the deputy manager and the operations manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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 with two members of care staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 for 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

- People told us they felt safe. One person said, "I feel safe and secure and wouldn't change anything." Another told us, "[The home is] safe, quiet and peaceful."
- Appropriate systems were in place to safeguard people from harm. Issues were escalated as required and documented clearly.
- Staff had completed safeguarding training and were knowledgeable about how to recognize and report any safeguarding concerns.

Assessing risk, safety monitoring and management

- Care plans included appropriate risk assessments, which included actions to mitigate risks and regular reviews to ensure they remained current.
- General risk assessments relating to the environment and health and safety issues were in place at the home.
- All required health and safety checks were completed and documented regularly. Required health and safety certificates were in place and up to date.

Staffing and recruitment

- An appropriate recruitment policy and procedure was in place and up to date.
- Staff files included all relevant information to help ensure safe recruitment.
- Staff rotas demonstrated sufficient numbers of staff to meet people's needs. Staff we spoke with told us staffing levels were good. One staff member said, "Shifts are OK and there is sufficient cover for sickness and annual leave."

Using medicines safely

- Systems for managing medicines were safe and appropriate and staff completed regular training. Competence checks were undertaken regularly to ensure continued compliance.
- Medicines administration records were complete and up to date. The records were regularly audited and any issues identified and addressed with appropriate actions.
- All the people currently using the service had mental capacity but had consented to assistance with medicines administration.

Preventing and controlling infection

- Robust systems were in place to ensure visitors to the service were not at risk of spreading infections.
- All COVID-19 guidance was followed and appropriate PPE used by staff.
- Staff had completed training in infection control and were aware of how to use PPE correctly.

- The service was aware of how to access further guidance and advice around infection control if required.

Learning lessons when things go wrong

- There was an accident and incident log, which was up to date and included any actions required following an incident.
- The service ensured any lessons learned from accidents and incidents were discussed with staff.

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 for 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

- Thorough assessments were undertaken prior to people being admitted to the service.
- The care files included comprehensive information about people's health and social backgrounds, support needs and choices.
- There was evidence of regular reviews of support needs and support plans were updated as required.

Staff support: induction, training, skills and experience

- The staff induction was thorough and included all training considered mandatory by the provider.
- We looked at training records which evidenced staff had completed all required training. Refresher courses were taking place currently for all staff.
- Staff told us there was plenty training offered to them by the provider.

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

- Nutritional needs and special diets were outlined within care plans and people were encouraged to take a good diet.
- The people currently using the service were able to choose what they wanted to eat and, where appropriate, supported to shop for their food. One person told us, "I am a vegetarian and have vegetarian food. They [staff] help with the vegetarian diet." Another person said, "I make my own food and have my own fridge because I like certain foods. Staff take me shopping to [supermarket]."

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

- People were supported to attend health appointments when required.
- Staff were knowledgeable about when to contact a GP or other health professional for people who used the service.
- Health interventions and appointments were documented and followed up as needed.

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

- The premises were clean and tidy, with pleasant décor and furnishings.
- People were able to personalize their rooms with their own belongings and to their own tastes.

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- No one at the home was currently subject to a DoLS, but they were aware of when they required support outside the home.
- Staff had undertaken training in MCA and understood the principles and application of the Act.

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 told us staff supported them well. One person said, "It's good, there is more than enough support." Another person told us, "It's OK. They [staff] will help me if they can."

- Staff ensured they explained what they were doing and sought people's consent when offering support. They were aware of people's diverse needs and provided support appropriately to each individual.
- Care plans included information about people's culture, religion, sensory issues and any protected characteristics.

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

- There was evidence within care files of people's full involvement in the provision and review of their support.
- Staff ensured they took people's views into account when organizing any aspect of the daily routine. One staff member told us, "Sometimes [person] is hard to motivate, we have techniques to use to encourage [person] to eat. We ask service users what they want and try to give them that."
- House meetings took place regularly and were minuted. We saw evidence of discussions around food, activities and COVID-19 within the minutes.

Respecting and promoting people's privacy, dignity and independence

- We observed staff throughout the day, treating people with respect and consideration.
- People's dignity was considered at all times and staff were mindful of people's moods and feelings.
- Care plans included information around supporting independence and motivating people to be as self-sufficient as possible.

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's choices, likes and dislikes were documented clearly within their care files. These were taken into account when support was provided.
- People who lived at the home had choices around their daily routines, food and drink, how they furnished their room and activities they wanted to pursue.

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.

- Care plans included information about people's methods of communication and/or preferred language.
- Staff demonstrated an understanding of how best to communicate with each individual.

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 and preferred activities were documented within the care files and they were supported to participate in their chosen activities.
- We saw evidence that people were supported to see family and friends whenever they wanted to. During the pandemic staff had worked with people who used the service to ensure they were aware of the rules and guidance around going out, staying safe and the use of PPE.
- Encouragement and persuasion were used to ensure people were not socially isolated. For example, one person was inclined to stay in their room constantly, becoming quite down and depressed and not eating. Staff encouraged them by cooking their favourite foods to tempt them. They used gentle persuasion to encourage participation with others in the house, whilst respecting their need for quiet time on their own sometimes.

Improving care quality in response to complaints or concerns

- Complaints and compliments were recorded appropriately.
- The complaints log was up to date and included information about the service's response and actions taken.

End of life care and support

- The service was not currently supporting anyone at the end of their life.
- Training was available to staff should this be required.

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 demonstrated a commitment to inclusivity and it was clear that people's diversity was respected.
- Care plans were person-centred and included guidance for staff on supporting people to achieve their personal goals and aspirations.

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

- Notifications were submitted to CQC as required.
- The provider responded openly and honestly to complaints and followed up with appropriate actions.

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

- The management team demonstrated an understanding of assuring quality and mitigating risks.
- Staff were clear about their roles and responsibilities and committed to providing a high standard of care and support.

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

- There was evidence that people who used the service, and their families where appropriate, were fully involved with all aspects of support.
- There were regular staff meetings and staff supervisions and appropriate information and guidance was disseminated to staff.
- Staff felt well supported. One staff member said, "Management are very supportive. They are very helpful if you need anything. If there is something you don't understand they will explain."

Continuous learning and improving care

- There was evidence of the service learning lessons from safeguarding issues, complaints and incidents.
- A number of audits were in place to ensure issues were identified and addressed promptly.

Working in partnership with others

- The service worked well with all other agencies, such as local authority partners.

- Referrals to other agencies were made in a timely way.