

John Michael Leitch and Miss Sharon Elizabeth
Keelan

The Avenue

Inspection report

72 Bates Avenue
Cockerton
Darlington
County Durham
DL3 0TU

Tel: 01325240452

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Ratings

Overall rating for this service

Outstanding ☆

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

About the service

The Avenue is a residential care home providing personal and nursing care to three people with learning disabilities at the time of the inspection. The service can support up to three people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The leadership and team working within this service was exceptional. This ensured everyone received high quality and personalised support. The history of this service showed the registered manager, service manager and the staff team worked in partnership to continuously improve and this achieved the best outcomes for people. Everyone without exception, praised the leadership and compassionate approach within this service. Staff were responsive to people's needs, whilst supporting them to learn new skills to improve their health and well-being. Health professionals described the service as; "Superb" and "They are pretty special."

People received care and support that was truly individualised, flexible and responsive to their needs. We received overwhelming feedback of the positive impact this had on people and how they had changed people's lives. We saw excellent examples of how the care and support people received enhanced and enriched their lives. Staff had the upmost respect for people's individuality and empowered them to express their wishes and make their own choices. People and others knew how to feedback any concerns or complaints about their experiences and were extremely confident about doing so.

Professionals and family members were extremely positive about how kind, caring and compassionate staff and managers were. Staff were highly motivated in providing consistent person-centred care. Relatives told us they felt they and their loved ones were listened to, valued, respected and included in every aspect of their care and support, and the development of the service. People's independence and choice was promoted to the maximum and they were consistently supported to develop new skills. The registered manager and staff had formed strong trusting relationships with people and were described as often going above and beyond what was expected of them to enhance and enrich people's quality of life. The registered manager, service manager and staff had been very compassionate in the way they supported people at the end stages of their life and after their death.

Staff received regular training, repeated induction programmes to keep their knowledge up to date, received supervisions, attended staff meetings and had regular practice checks. Staff we spoke to said that they felt

very well supported and valued.

Accidents and incidents were managed appropriately and referrals were made to other professionals in a timely way when people living in the home were in need. Each relative we spoke with had no complaints and were very happy with the service being delivered.

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 applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 27 June 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?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

The 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The 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.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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 three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager. We also spoke with a social worker, a GP and two day service managers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to staff support supervision as there had been no staff recruitment since the previous inspection. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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

- Safeguarding incidents were minimised as staff were very skilled in their approach. Staff had in-depth understanding of people's needs and their preferred communication methods. This meant incidents in this service were rare.
- Staff were aware of safeguarding responsibilities and had confidence in managers to address any concerns.
- Relatives we spoke with all said they felt their loved ones were safe and we observed people were very comfortable in the presence of the staff.

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

- Risks were identified, assessed and recorded in people's care plans. They included what action staff needed to take to keep people safe. If relevant, risks were assessed and managed in consultation with health professionals and these were regularly reviewed.
- Each person had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest way to evacuate a person from the building in an emergency.
- Regular health and safety checks of the environment were completed. Service agreements and certificates were all in date.
- Accidents and incidents were responded to appropriately. These were monitored, and the provider was able to demonstrate how they had considered lessons learnt and implemented changes when necessary.

Staffing and recruitment

- The provider had not recruited any new staff since the last inspection however we looked at two staff files to ensure appropriate processes had been followed and they had.
- Feedback from relatives, staff and other professionals was that there were enough staff to keep people safe.

Using medicines safely

- People were safely supported to take their medicines at the right time, by staff whose competency was regularly assessed.
- Staff had access to national guidance in relation to safe management of medicines and people's individual medication needs. They followed safe practices and appropriately completed medication administration records (MARs).

Preventing and controlling infection

- The environment was visibly clean and there was a clear system in place for the maintenance of cleanliness and hygiene in private and communal spaces.
- The kitchen had recently been awarded a score of 5 by the Food Standards Agency. This is the highest score that can be awarded.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection.

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 and choices about their care were clearly reflected in their care plans. Relatives told us that they were fully involved and listened to in regards to peoples care.
- Assessments included expected outcomes based on people's individual needs and choice. The service worked closely with other health and social care professionals to complete assessments; this helped to ensure effective planning of people's needs and choices.
- The service provided people with support to achieve their intended outcomes whilst ensuring their needs were met. People had developed in confidence, independence, communication and social interaction.
- The registered manager and service manager outlined the transitional processes for coming to live in the home. These were personalised and adapted to the person's needs.
- Policies promoted equality and diversity. People were treated fairly, and characteristics protected by law, such as religion were considered.

Staff support: induction, training, skills and experience

- Staff received the training they needed to do their job and received an induction when they started working at the service. Management also carried out regular competency checks on various aspects of the support staff abilities.
- Staff received regular supervision and staff told us that they were very well supported by the management.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. Where needed, people were supported with specific diets associated with their individual needs.
- Staff played an essential role in helping people to live healthier lives, which included eating well and stabilising weight, following moving into the service.
- People were encouraged to choose their own meals and staff used pictorial methods so people could easily make informed choices.

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

- People had access to healthcare services when they needed it. People were referred for healthcare assessments promptly if required.
- Feedback from health and social care professionals was all positive about how the staff and managers worked in a collaborative manner. We were told "They [staff] are all very professional, I can see how well the

people are looked after."

- When other health and social care professionals were involved in people's care, any advice given was incorporated within their plans of care.

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

- The Avenue was obviously people's home. Each person's room has the stamp of their personality and the communal areas reflected the taste of the people living in the home.
- The registered manager used the time spent on holiday as the opportunity to have the whole house rewired so that the upset to people living in the home was significantly reduced or non-existent.

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.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- We observed staff obtain consent for people's care and support.
- Where necessary, mental capacity assessments had been completed and the best interest decision making process was followed and documented.

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 were undoubtedly treated with kindness; they were actively listened to and their choices respected. A relative told us, "They're brilliant. They're very caring and they look after [person] well."
- The equality and diversity of people was respected. This included how care plans are informed and adapted in regard to changing behaviours due to age. Staff were able to discuss this fully.
- All the relatives and professionals we spoke with spoke very highly of the staff without exception. We were told "They are absolutely first class." Another relative told us "There are not many care homes that do what they do. It's one of the best homes I've seen."
- Health professionals told us the registered manager and their staff always gave 100 percent to ensure people received the highest standards of care. A GP told us "They [staff] are pretty special, they are very caring."

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

- People and their relatives were fully involved in making informed decisions in their care. Care co-ordination meetings were regularly held with each person where all aspects of their support was fully reviewed and agreed.
- Relatives told us how their and their loved ones opinions were listened to and respected. We were told "I have such a good relationship with them [staff]." Another relative said "I'm part of the family, I'm always welcome. They respect our wishes."
- Care plans held information on the person's level of understanding and how to promote the decision making process and empower the person to understand information.

Respecting and promoting people's privacy, dignity and independence

- Care plans fully documented people's strengths and areas where support was needed. One relative told us how staff support one person to be as 'independent as possible'.
- We observed staff respect each person's privacy and dignity throughout the inspection.
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).

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 now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's individual needs and preferences were central to the planning and delivery of care and support. Without exception people were fully involved in the development of their care plans which gave them maximum choice and control over their lives. Staff used individual ways to involve people in planning their care and support. This included the use of pictorial aids, signs and symbols to help people communicate their needs, wishes and preferences.
- Relatives and professionals without exception gave extremely positive feedback in regard to how the staff strived to ensure people had choice and control over their own lives. One professional said "All the evidence pointed to families and professionals being fully involved [people's] care. It's really pleasing to see." A relative told us "Everything is perfect. [Person's] been further than I have, everything is very well planned."
- The provider held 'house meetings' instead of separate staff and resident meetings. This was because the service was wholly built around the people living in the home. The meetings covered subjects such as health and safety, medication, what training had been completed and asking people and staff if they have identified any additional specific training. Knowledge of safeguarding and DoLS were also discussed. A GP told us "They [people] are involved in everything (running of the home). Nothing is to much trouble. If they want too do something they [staff] with go out of their way to get it done."
- The funding received by the provider to help support people was used to access activities, services and events that the people living in the home wanted to attend. This included specific day services. These were entirely the choice of the individual, fully encouraged and supported by staff.

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

- The highly person-centred support people received had significantly improved their lives and this had impacted positively on their well-being. Care plans identified positive risk and the support to be provided for the person to achieve their aspirations.
- For example, the management and staff supported and planned with all three people to go on a 'holiday of a lifetime' to Orlando. Step by step guidance was provided by staff to support them. A social worker told us "A case example of outcome focused practice, would be that one individual with high care needs and behaviours which have challenged at times, is now going abroad on holiday. This is something I wouldn't have seen as an outcome several years ago and clearly evidences the hard work, passion and dedication the staff team have."
- Staff worked in partnership with people, families and professionals to enhance their life experiences. Effective behaviour management strategies over a significant period of time had ensured improvements in

achieving life skills and access to social activities and holidays. For example, they started engaging more in personal care and social activities and became a welcome visitor to event that they had previously been banned from. Staff were keen to encourage this level of engagement and work in partnership with people at their own pace to attain their goals.

- The staff supported another person who moved in the home from another address by working collaboratively with family, day service staff and other professionals over a period of to ensure they were fully aware of the persons needs and characteristics. This person, eventually did not meet the criteria to continue going to a service that was specifically to support people with behaviours that significantly challenged, as their behaviour was no longer challenging.
- Without exception we were told how the registered manager, service manager and staff actively encouraged all those who were involved in the lives of people to visit the home. For example birthday party invites included people past and present involved with the person. A day service manager told us, "We were invited after [person] stopped coming to the service, it was lovely to follow that through and see how well they're doing. They said we can pop in at any time and we were invited to [person's] 50th birthday party. [Person] looked so content and happy". A relative told us "I'm part of the family. I'm always welcome."

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 care plans included information of how to best support their communication and understanding.
- Important information, such as the persons care plan, was available in different formats to make it easier for people to read and understand.
- Each room has pictorial aids available, for example the kitchen had meals in picture form that people could choose. At the front door there were photographs of staff and who were in the building.
- All staff had the understanding and ability to effectively communicate with each person. One relative told us "Even though person can't talk they make sounds for different things. They [staff] always know what she's saying. They help [person] do what they can."

Improving care quality in response to complaints or concerns

- People and relatives had access to the complaints procedure that was available in different formats. We were told that they had no reason to complain. A relative told us, "They're brilliant, They're well trained, every one of them."
- The service had not received any complaints however the service manager was able to tell us how complaints would be logged, responded to appropriately and actions identified would be used to improve the service.

End of life care and support

- No one was receiving end of life care at the time of inspection. However, staff had previously supported a person in accordance with their wishes. The were supported to stay in their own home and have a comfortable and dignified death.
- People were given the opportunity to discuss and plan for their end of life wishes including their funeral plans. Other people were not able to express their end of life wishes and family members or advocates were involved to make best interest decisions on their behalf. Where people had expressed their end of life wishes they were clearly recorded.

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 outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved 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 significantly improved people's quality of life and self-esteem. This was through exceptionally creative, proactive best practice approaches and dedicated support to people's mental wellbeing and physical health.
- The registered manager, service manager and staff all promoted a person-centred approach towards supporting people. Staff demonstrated high levels of self-awareness, excellent communication skills and extensive knowledge of individual's needs. One professional told us, "Looking at [person] and how they were previously, moving there was definitely the best thing ever."
- The registered manager and service manager had a wealth of knowledge both personal and professional and strived to provide continuous improvements to people's lives on a daily basis. Their work ethic and level of accountability were paramount to the smooth running of this service and the outcomes people achieved.
- The registered manager was fully aware that caring for people 24hrs a day could be stressful and so to make sure the people had the best time they could on their 'holiday of a lifetime' they took enough staff so staff could have some time off. This was so the people were able to have the best time they could with staff who were fully committed to the goal of people having a successful holiday.
- Staff were proud to work at the service and described a family atmosphere which promoted people's wellbeing. Staff comments included; "It's not about coming to work, it's not just a job" and "It's just so nice that you can help prepare people to live happily in society."
- The provider renewed staff inductions periodically. This specifically kept staff knowledge and practice up to date and was last completed in 2019.

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

- The visions and values of the service interlinked with all staff thoughts and considerations for people. They took time and care to ensure people were at the heart of the service.
- Examples of this was that although there were audits in place for the running of the service, the key quality drivers were checking if individual needs were being met. Audited topics included 'do people have involvement in the running of the home; is every person encouraged to express their individuality; are social outings provided as per people's wishes; are changes and aspirations encouraged and attended to as appropriate'. These were audited monthly.
- An open and transparent culture had been developed where improvements and changes in practice were openly shared with external agencies and other providers to drive improvements in the social care sector.

For example, the registered manager had been invited to share their outstanding practices, providing information for other providers to learn how to achieve a good or outstanding CQC rating in a domain.

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

- Daily log books, care co-ordination meetings and service evaluations were regularly analysed by staff and the registered manager. This ensured any themes or issues were immediately addressed and records up to date.
- Relatives and health professionals described the life changing and positivity people had in their lives. People's experiences were monitored and analysed to shape future practices.
- Staff were extremely passionate about how they could shape the future of the service for people. For example, the staff supported a person through significant behaviour changes to be able to achieve the most positive of outcomes. The registered manager, service manager and staff only saw the benefit for the person and not the length of time it would take to support the person to reach their achievements.
- The registered manager encouraged suggestions and acted on them which made staff feel valued for their contributions. Staff told us how the registered manager had given significant personal support and actively encouraged personal and professional development.
- People had become involved with the community including the local neighbourhood watch scheme. This meant that people were fully integrated in the community and if parties were held in the home members of the community were invited.
- The registered manager and service had become a source of support and information for people in the community.
- Each professional we spoke with without exception told us that the communication with the management and staff was exceptional. We were told "They are really good communicating, they work with us." Another professional said "They are very professional" and "I know they communicate well with every member of [my] team."

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 registered manager recognised staff strengths and supported them to improve and excel their knowledge base. Their leadership skills enabled them to work alongside staff to understand their challenges and work together to implement successful solutions. This meant people benefitted from an exceptional staff team that worked together to improve people's quality of life.
- Policies and procedures were in place, including safeguarding, infection control, recruitment and disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- The registered manager and the staff we spoke with were clear with regards of what was expected of them within the home.