Richmond Homes and Lifestyle Trust

Mayfair Avenue

Inspection report

29 Mayfair Avenue
Whitton
Twickenham
Middlesex
TW2 7JG

Tel: 02087155920

Date of inspection visit:
22 March 2016

Date of publication:
09 May 2016

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 22 March 2016 and was unannounced. There were three people using the service at the time of this inspection. At our last inspection in May 2014 the provider met the regulations we inspected.

The home had a registered manager in post. 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.

Two people told us they liked living at Mayfair Avenue and said staff were kind and caring towards them. There was a relaxed and friendly atmosphere when we visited.

There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Staffing numbers were sufficient to help make sure people were kept safe.

People received care and support from a long standing group of staff who knew them very well and understood their needs and preferences. Each person had individualised support plans to make sure they received the support they required.

People were supported to have their health needs met. We saw that people's prescribed medicines were being stored securely and managed safely.

The registered manager supported staff to deliver appropriate care and support. Staff attended regular training which gave them the knowledge and skills to support people effectively. Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

The systems in place to monitor the quality of the service could be improved. There was no evidence of regular visits or audits by the provider organisation to ensure proper oversight of the service and drive improvement where required.

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. People received the support they required to keep them safe. Identified risks to people's safety and welfare were being managed appropriately.

There were enough staff to meet people's needs.

Medicines were managed safely.

Recruitment processes were robust and appropriate pre-employment checks had been completed to help ensure people's safety.

Is the service effective?

Good

The service was effective. Staff were up to date with their training requirements and had the knowledge and skills to meet people's needs.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

People were protected from the risk of poor nutrition and hydration.

Is the service caring?

Good

The service was caring. People were treated with kindness and their dignity was respected.

Relationships between staff and people using the service were positive. Staff knew people very well and provided care and support in line with their wishes and preferences.

Is the service responsive?

Good

This service was responsive. Staff were knowledgeable about

people's care and support needs.

People were supported to take part in activities and to maintain contact with family and friends.

Arrangements were in place for dealing with complaints and responding to people's comments and feedback.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

There was an experienced registered manager in post who was visible and approachable. Staff felt supported in their role and said they did not have any concerns about the service.

The systems in place for quality assurance required improvement to ensure proper oversight of the service from the provider organisation and drive improvement where required.

Mayfair 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.

Prior to our visit we reviewed the information we held about the service. This included inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We visited the home on the 22 March 2016. The inspection was unannounced and carried out by one inspector.

We spoke with two people using the service, the registered manager and three members of staff.

We looked at records about people's care, including two files of people who used the service. We checked two staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including health and safety records. We also checked how medicines were managed and the records relating to this.

Good

Our findings

People told us they felt safe at Mayfair Avenue. One person said they were happy and confirmed that they felt safe living there.

We saw people received care and support from a long standing group of staff who knew them very well and understood their needs and preferences. Staff spoken with felt that there were enough staff on duty to meet people's individual needs. Staff rotas were prepared in advance and the majority of vacant shifts covered by permanent staff as required due to sickness and leave. The registered manager told us that the use of agency staff was low and, if used, the same people were booked to try to ensure people were supported by staff whom they felt safe with and who understood their needs.

The provider protected people against the risk of abuse and safeguarded people from harm. Staff had undertaken safeguarding training and the staff spoken with said they would raise any issues with the registered manager or other senior staff immediately. Safeguarding procedures were available for reference and staff knew what action to take if they had concerns about anyone. They were confident the registered manager would act appropriately to protect people from harm.

Staff helped people to manage their finances. We saw up to date records of people's finances were kept by staff reducing the risk of financial abuse. The registered manager was working with local authority staff to update the procedures in place at the time of this inspection.

We saw that care plans included information about what staff should do to help people to stay safe. Support files seen included assessments of any risks associated with the person's care and their home environment. These were reviewed regularly with support plans updated to reflect any changes required.

Records showed that the provider undertook employment checks before staff started to work at the home. The two staff files seen included references from previous employers and proof of identity documentation. Criminal Records checks had been completed. These important checks identify people who are barred from working with children and vulnerable adults and informs the service provider of any previous criminal convictions.

Medicines were stored securely and administered safely. We checked a sample of Medicine Administration Records (MAR) against people's prescribed medicines and found them to be completed correctly. Staff received training to support them in administering medicines, which included checks on their competency.

Daily checks were undertaken to check people had received their medicines as prescribed.

The home environment was clean and well maintained. There were systems in place to help ensure the premises and equipment were maintained safely. For example, fire equipment and hot water temperatures were checked regularly. Each person had a Personal Emergency Evacuation Plan (PEEP) in place to instruct staff or emergency services how to support people to leave the home safely if required in an emergency.

Good

Our findings

People spoken with were happy with the support provided by the staff working at Mayfair Avenue.

Staff told us they had opportunities for on-going training and there was an online training programme to make sure staff received relevant training and this was kept up to date. The registered manager ensured that there was training provided more specific to the needs of people living in the service such as dementia awareness.

Staff said they felt supported by the registered manager and confirmed they received regular one-to-one supervision. This gave staff the opportunity to discuss their work and for any training or support needs to be identified. It was noted that records of supervision sessions varied as to frequency and this was discussed with the registered manager at the time of inspection. They were aware of this shortfall and were taking action to ensure supervisions were held with staff more regularly. We saw there were also regular staff meetings which gave staff the opportunity to meet together as a team.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had assessed where people may be deprived of their liberty and had made contact with the local authority DoLS team. We saw that a best interest's assessor had visited to complete assessments for people using the service and the home was awaiting their decision. Staff understood the importance of gaining consent before providing support to people and had received training on the MCA and DoLS through an online training course.

Staff at the home had recently completed individual assessments around people's capacity to manage their own finances. We saw another example where the home had worked with external health care professionals to help make sure one person was receiving health treatment that was in their best interests.

People were supported with their nutritional needs to maintain their wellbeing. People spoken with were

happy with the food provided to them. We saw staff monitored people's weight and encouraged individuals to make healthy choices when planning meals. Staff spoken with had a good understanding of people's individual nutritional needs and preferences for meals. For example, staff were aware of the nutritional guidance recently provided by external health professionals for one person and spoke about how they now supported them at each mealtime. A support plan was also displayed in the office for staff to reference.

Each person had an up to date action plan that identified their health needs and the support they required to maintain their physical and mental well-being. This helped staff to make sure that people's needs were addressed and were supported to access relevant health and social care professionals. Records showed that staff supported people to attend appointments with their GP and other specialist health services as required.

Good

Our findings

The atmosphere during our visit was relaxed and homely. Observed interactions between the registered manager, staff and the people who lived there were warm, friendly and familiar.

The current staff team at Mayfair Avenue had worked with the four people using the service for a number of years and clearly knew them very well, all talking knowledgeably about their preferences and daily routines. Staff gave us a number of examples of how they monitored people using the service including signs they would look for to indicate someone was upset or not feeling well.

Each staff member spoken with was positive about the service provided. They gave us examples of how they ensured the privacy and dignity of people using the service including making sure the person were afforded their privacy during personal care and withy visiting health professionals. The registered manager talked of the importance of treating with dignity and respect and making sure that people felt valued.

Support plans reflected the values of the service including making sure people felt safe and valued in their home and to make sure that their choices and decisions were respected. Each person had an accessible support plan produced using pictures and photos. The plans documented the person's history, the things they liked to do and the things they didn't. For example, the plan for one person stressed how important it was for the person to see their family regularly.

We saw people could have visits from their friends and relatives when they wanted. Support plans included information about the people who were important to the person and records showed they were supported to maintain these important relationships. Staff gave us examples of how they did this including sending cards for family Birthdays and holiday celebrations.

One person talked about plans for their holiday with staff who knew where they liked to go and why. Collages of photographs of previous holidays were displayed in communal areas also helping to personalise the house to the people who lived there. One person showed us their bedroom which was comfortable, decorated with family photographs and their own possessions which reflected their interests.

Good

Our findings

We saw that people were supported to take part in activities and be part of the local community. Records kept documented people seeing their family, going bowling, attending music therapy sessions and going out with staff for walks and meals. Staff spoke about some people preferring to stay more at home now and the changes in how activities were provided for them. For example, a music therapist now visited the home to provide an in-house session for one person.

People were supported as required by staff to undertake activities of daily living on their allocated home based day including doing laundry and cleaning their rooms.

The support plans seen documented each person's care needs including their personal details and addressed areas such as activities of daily living, personal hygiene and physical health. We saw that care documentation was very well organised, reviewed on a quarterly basis and subject to audit by senior staff. A member of staff acted as a link worker for each person using the service. They completed a quarterly report looking at what was working for the person and the outcomes they were experiencing. They were also responsible for updating support plans and other care documentation every three months.

Handovers, a communication book and daily notes helped to make sure that staff had access to the most up to date information about the people they supported. The daily handover was used to discuss each person in turn and share information between staff. Records kept additional documented information for staff about recent health appointments and reviews.

Monthly community meetings were held to check in with people using the service and obtain their views. The meetings were used to discuss activities and to make sure people were happy with the support provided.

The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. The records kept of any concerns received by the service were reviewed and showed that no complaints had been received.

Requires Improvement

Our findings

The registered manager was also responsible for managing another larger care home and split their time between the two services. He was based at Mayfair Avenue for one day a week but was contactable at the other home by telephone and email if required. This was confirmed by the staff we spoke with. The registered manager demonstrated an in-depth knowledge of the service throughout our inspection and clearly knew the people living there very well.

People and staff spoken with said the registered manager was approachable and the service was well managed. A senior staff member deputised for the registered manager and staff said this arrangement worked well. One staff member told us, "I'm able to talk with [the registered manager]." Another staff member said, "It's not a problem, he is helpful." Staff said the registered manager or another senior manager were available for out of hours support if required.

Minutes of recent staff meetings showed staff were involved in discussions about the operation of the service and how people were supported. Staff discussed what was working for people when they supported them, their quality of life and any particular concerns they had about individuals.

In addition to the house meetings, feedback was obtained informally from people using the service as the registered manager and staff worked on the floor and knew people using the service well. Staff talked about people's changing needs and how they tried to work in different ways to meet these. For example, recognising that some people did not want to be as active as they used to be but still ensuring they were offered regular opportunities to maintain links with the local community.

Records showed the home had some systems to regularly check the quality of the service provided and make sure any necessary improvements were made. For example, regular checks were carried out on the medicines and care records. The building and equipment was also checked regularly to make sure that it was safe and well- maintained.

There was however no evidence of any regular visits or audits from the provider organisation to maintain oversight of the service and ensure the quality of service provided. Staff spoken with were unaware of any regular formal visits or checks from senior managers. This meant the service was not audited and assessed by the provider to help ensure the quality of service and drive improvement where found to be required. The provider had additionally not ensured their CQC registration was kept up to date as the current nominated individual for the organisation had left their employment a number of years ago.