

Community Care Solutions Limited

Elliot Avenue

Inspection report

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Date of inspection visit:
23 September 2019

Date of publication:
21 November 2019

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

About the service

Elliot Avenue provides accommodation and personal care for up to five people with a learning disability, mental health support needs and/or autism. At the time of our inspection there were four people receiving support.

The service was a domestic style property that was similar to the surrounding properties. There were deliberately no identifying signs, to indicate it was a care home.

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

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. However, best interest decisions were not always recorded appropriately.

People were safe at the service and there were enough staff to meet their support needs. Staff had a good understanding of people's needs. However, we identified instances where documented guidance was not sufficiently developed to ensure people were supported in a consistent manner.

The provider had quality assurance systems in place. However, these had not identified gaps in documentation identified at this inspection.

Staff told us they received training and support to carry out their role. They felt supported by the registered manager.

People were supported to manage their medicines safely.

People lived in a clean environment which was appropriate for their needs.

People were supported to eat and drink enough throughout the day. The service worked well with other professionals to ensure people received the right support.

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.

Professionals and relatives said they felt that staff were always kind and caring. Observations showed that staff were attentive to people's needs.

People and relatives were encouraged to provide feedback regarding the quality of care provided.

People were supported to communicate their wishes and make decisions. Staff were knowledgeable about the most effective methods to support people to communicate.

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

Rating at Last Inspection

At our last inspection, the service was rated good (published on 31st March 2017).

Why we Inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service to ensure people receive safe, compassionate, high quality care. We will 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?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Elliot 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

Two inspectors completed the inspection.

Service and service type

Elliot Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was announced. We gave the service 72 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. The inspection was carried out on 23 September 2019.

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 sought feedback from two people, who used the service, who indicated yes or no answers to our questions. We also spoke to the registered manager and two members of staff.

We reviewed a range of records. This included two people's care and 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 were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other quality assurance records. We spoke with the deputy manager, three relatives and two professionals.

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

- There were systems and processes in place to safeguard people from abuse. Information was displayed in the office to advise staff on what to do and who to contact if they had any concerns.
- Staff told us they knew how to recognise and protect people from the risk of abuse. One staff member told us "I would contact my manager for advice."
- Relatives told us they felt their family members were safe at the service. One relative said, "I think [person] is very safe at Elliot's Avenue."
- A professional told us, "I feel the young person I work with is kept safe and encouraged to expand their life experiences in a safe way."

Assessing risk, safety monitoring and management

- Risks relating to people's care and support were identified Staff were knowledgeable about these risks and were aware of how to mitigate these. However, records did not always reflect this and management plans were not always completed in sufficient detail.
- Staff knew how to support people who had anxieties and sometimes acted in a way that challenged themselves or others. Staff told us, "You get to know them and what works." Some people had a Positive Behavioural Support Plans in place.
- Staff carried out regular health and safety checks to ensure the premises and equipment were safe. The local fire and rescue service had recently completed a fire safety audit. People and staff were involved in fire drills.
- People had personal evacuation plans in place. These identified the individual physical and communication requirements, necessary for safe evacuation, in the event of an emergency. One plan stated 'use key word instruction such as "[name], fire, out" - [name] may need 30 seconds to process your communication and will then follow you'

Staffing and recruitment

- There were enough staff to keep people safe. Each person received one-to-one support. Throughout the inspection we observed people receiving support when they required it.
- Agency staff were sometimes used to cover staffing vacancies. Relatives told us this could be difficult for their family members and this had also been noted by visiting professionals. However, the registered manager explained, where possible, disruption was reduced by using "regular" agency staff, who were familiar with the service. The provider was actively recruiting to these vacancies and had recently made changes to improve the recruitment process.
- In order to reduce one person's anxiety, we observed the registered manager asking if they would like to

choose who would be supporting them, from the staff available for that shift. This had a positive impact on the person.

- Staff were recruited safely. Each member of staff had a disclosure and barring service (DBS) check and references from previous employment on file. A full employment history had been obtained.

Using medicines safely

- People's medicines were managed safely and were stored and administered in line with good practice standards. People received their medicines as prescribed.
- Staff understood their responsibility and role in relation to medicines and had undertaken training and competency assessments.
- Some people were prescribed "as required" medicine for anxiety. Staff told us they were aware of the circumstances where administration could be necessary and the registered manager authorised administration on each occasion.

Preventing and controlling infection

- Staff had received the relevant training for infection control and food hygiene and they had access to all protective equipment, for example gloves and aprons.
- The environment was visibly clean and presentable.

Learning lessons when things go wrong

- Accident and incident records were completed and reviewed by the registered manager for any follow-up action.
- The registered manager gave examples of where the service had responded to incidents and made changes to improve the service provided.

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.

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, 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 were authorised for three people at the service. There were no conditions identified.
- MCA Assessments had been completed for medicines, finances and consent to care and treatment, plus other areas, where required. The registered manager and staff were aware of the need to operate within the principles of the Mental Capacity Act. Staff understood the "best interests" principle but the rationale for important decisions was not always documented.
- Staff sought verbal consent before supporting people and explained what they were doing. We observed staff encourage people to make choices.

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

- The service was designed and decorated to meet people's needs. People were encouraged to personalise their rooms to their taste.
- One person preferred a quiet environment. He was allocated a room away from other people with doors fitted to restrict noise from the communal areas.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before moving into the service. The registered manager explained that careful consideration was given to ensure people's needs could be met before they moved in the home.
- People's support plans and risk assessments identified their immediate needs. Specialist assessments were utilised, where required, for example, in relation to choking and nutrition.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they received appropriate training to carry out their role effectively. This included both online and face-to-face training. One staff member told us, "My induction was very informative."
- Staff told us they had opportunities to reflect on their practice via informal discussions and daily handover meetings. They felt comfortable to approach the registered manager if they required additional support.

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

- Staff supported people to eat and drink enough. Staff gave visual prompts to help people make choices. People's intake of food and drink was monitored, where required.
- Staff explained there were always alternatives if people did not want what was on the menu.
- The registered manager explained that some people may not be able to communicate if they are hungry or thirsty. Therefore, snacks and drinks were left on the dining room table for people to help themselves.

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 appointments with a range of health care professionals to maintain good health.
- Staff monitored individual's health appropriately and made necessary referrals. Each person had a health action plan in place which explored how they could be supported to stay healthy.
- Staff worked well with other agencies to ensure people's needs were met. One professional told us, "[Registered manager] always seeks to involve others in decision making processes."

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

- We observed people received support which was kind and caring. Staff developed positive relationships with people and knew how to support them effectively. They spoke warmly about the people living at the home.
- People were assisted in line with their individual needs and wishes. One professional told us, "My client is respected for the individual that they are and supported to live the life they want. It is clear that everyone in the home is very fond of them."
- Relatives made positive comments about the care provided by staff. One relative told us their family member was, "happy and has never had any problems." Another relative said, "I am comfortable with how (relative) is cared for."

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

- The service gave people living at the home and their relatives opportunities to express their views of the care they received. People were invited to reviews and were involved in writing their support plans, if they wished.
- We observed staff offer people choices in a way appropriate to their needs. One person was provided with pictures of two lunch options. The staff member explained, "We tend to give two options, any more would be overwhelming."

Respecting and promoting people's privacy, dignity and independence

- Records were stored securely, and staff showed awareness of the need to maintain people's confidentiality.
- Staff were respectful when they discussed people's support needs. They were able to give examples of how they provided dignified care, which respected people's privacy. One staff member told us, "When people are having a bath or personal care we ensure the door is closed."
- Staff supported people to be as independent as possible and do what they could for themselves.

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 remained the same. 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 care records were personalised and there was clear information about people's likes and dislikes. For example, daily routine was identified as important for one person. Therefore, detailed morning and evening routine documents had been produced. These contained set verbal prompts, to reduce the persons anxiety.
- People were encouraged to follow their interests and try new experiences. Staff spoke positively about successfully supporting a person to a music concert. One staff member said, "[Person] was just glowing, they have made so much progress." Another staff member told us about supporting a person to the cinema for the first time. They said, "I could tell [person] enjoyed it as they watched the whole time without using their phone."
- Activity monitoring forms had recently been introduced by the registered manager. These were used by staff to collate information about what people liked and disliked.
- People were supported with their cultural and religious needs. For example, one person was supported to have a halal diet, with separate cookware and utensils provided.

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.

- Staff told us where verbal communication was limited, people were supported to use alternative communication methods. This included writing down questions, photographs, communication devices and specialist autism communication tools. Communication and Sensory Passports were also held on file.
- With regards to communication, one professional told us about a person, "It is very apparent that a lot of work has been invested to get [person] to this stage."

Improving care quality in response to complaints or concerns

- The registered manager verbally informed us of complaints which had recently been received. These were being addressed under the provider's complaints procedure. They had not been logged at the time of inspection. However, appropriate action was being taken to address them.
- Relatives told us they would be comfortable raising any concerns with the service. One relative told us when they raised minor concerns the service, "always sorts things out."

End of life care and support

- The service was not giving end of life support to people at the time of inspection.
- Comprehensive end of life plans had been introduced and people and their relatives were being encouraged to input into these.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager explained that due to staffing shortages they had been required to cover a significant number of shifts at the service. This had impacted on governance systems.
- A formalised system of quality audits and checks was not embedded at the service. This meant gaps in documentation were not always identified. We found examples of where management plans were not sufficiently detailed. For example, there was no risk assessment in place for a person who had previously expressed suicidal thoughts. In another example, a person experienced significant anxiety and was prescribed medicine for this. However, there was no management plan in place for staff, outlining indicators of the person's heightening anxiety and what steps they should take to provide effective support.
- Audits had also not identified that Best Interest decisions were not always formally recorded. This meant there was no record of the options considered, the views and wishes of those involved and the rationale for the decision taken.
- Staff were clear about their roles and responsibilities and knew they could go to the registered manager for advice at any time.
- The registered manager led by example, providing kind and compassionate care. One professional told us, "The manager at the home is extremely person-centred and this filters down to the support staff."

We recommend the provider refers to good practice guidance regarding documenting best interest decisions, in line with the Mental Capacity Act.

Continuous learning and improving care

- Incidents and Accidents were not analysed to identify patterns and trends. Complaints were not always logged.
- Incident reports highlighted that sometimes people's behaviour affected others living in the house. There was no evidence that the service had assessed the impact of this on people's wellbeing. There was also limited guidance for staff regarding how to support people on these occasions.
- The location is accredited by the National Autistic Society. As part of the accreditation process, the registered manager informed us the service was in the process of implementing new support plans. These would focus on understanding and responding to people's needs, within the context of their autism diagnosis.
- The provider carried out internal quality audits. We viewed the most recent audit from June 2019. The

registered manager had completed most actions identified.

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

- Due to staff turnover at the service, key worker meetings had stopped. The registered manager explained that feedback was sought from people informally on a day-to-day basis. This was due to be formalised with the re-introduction of key workers.
- Staff felt supported by the registered manager. However, recently team meetings and staff supervisions had been infrequent. The registered manager was aware of this and a supervision tracker had been implemented.
- Relatives had the opportunity to feedback via the providers annual survey. They informed us they were kept involved and invited to reviews. One relative told us, "If I have a problem, [registered manager] helps me straight away."

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

- Staff felt supported and there was a good team ethos. One staff member told us, "We have a good team, we work well together." Another staff member said, "If I don't know something I can always ask, we talk and help each other."
- The registered manager and staff encouraged feedback and acted on the information they received to improve the service. One professional told us staff were keen to learn and, "positive when suggestions are made to them."
- Relatives reported a positive, person-centred culture at the service. One family member told us, "[Registered manager] knows my [relative] inside out."

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 was open and knowledgeable about the service and the needs of the people living there. People were comfortable to approach the manager.
- The registered manager understood their role and responsibilities to notify CQC about certain events and incidents.

Working in partnership with others

- The service worked in partnership with organisations including the local authority that commissioned the service and other health and social care professionals.
- Professionals we spoke with were positive about how the registered manager and staff team worked in partnership with them.