Avenues London

54 Cowden Road

Inspection report

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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

This inspection took place on 8 February 2017 and was unannounced. At the last inspection of the service on 21 July 2016 we found breaches of regulations of the Health and Social Care Act 2008 in that the provider did not operate effective systems to monitor and mitigate risks to people because medicines audits did not identity concerns that we found at our previous inspection, nor highlight that staff were overdue medicines competency assessments. We also found a breach of the CQC (Registration) Regulations 2009 in respect of notifying the CQC of other incidents. This meant the provider failed to send notification to the Care Quality Commission as required. We carried out this inspection to check the outstanding breaches had been met and also to provide a review of the rating for the service.

54 Cowden Road is a small residential care home providing support for up to five adults with learning disabilities. At the time of our inspection there were five people using the service. There was a registered manager in post at the time of our inspection. 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.

At this inspection we found the provider had made the required improvements and was now compliant with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy. Medicines were managed, administered and stored safely. There were arrangements in place to deal with foreseeable emergencies and there were safeguarding adult's policies and procedures in place. Accidents and incidents were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately and staff received training, supervision and appraisals. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with respect and were consulted about their care and support needs. People's support needs and risks were identified, assessed and documented within their care plan. People were provided with information on how to make a complaint. There were systems and processes in place to monitor and evaluate the service provided. People using the service and their relatives were asked for their views about the service.

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.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff were supported through supervision and appraisals of their practice and performance.

Staff received training that enabled them to fulfil their roles effectively and meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

Is the service caring?

Good

The service was caring.

Interactions between staff and people using the service were

positive and staff had developed good relationships with people.

People were supported to maintain relationships with relatives and friends.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Staff respected people's privacy and dignity and promoted independence.

Is the service responsive?

Good

The service was responsive.

People's care needs and risks were assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People's need for stimulation and social interaction were met.

People were provided with information on how to make a complaint in a format that met their needs.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post and they were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014.

There were systems and processes in place to monitor and evaluate the service provided.

People using the service and their relatives were asked for their views about the service.

54 Cowden Road

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.

The inspection was carried out by one inspector on 8 February 2017 and was unannounced. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding concerns. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service and other health and social care professionals to obtain their views. We used this information to help inform our inspection.

There were five people using the service at the time of our inspection and we met with three people living at the service. During our inspection we spoke with three people using the service and observed people as they engaged with staff and completed their day-to-day tasks and activities. We looked at the care plans and records for two people using the service and spoke with four members of staff including the area manager.

As part of our inspection we looked at records and reviewed information given to us by the area manager and members of staff. We looked at records for people using the service and records related to the management of the service. We also looked at areas of the building including communal areas and external grounds.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and staff treated them with kindness. One person said, "The staff are very good. They make sure I am well and safe." We observed that other people in the home appeared safe, well and relaxed in the company of staff and other people using the service. Staff understood how to keep people safe and knew what actions to take in the event of an emergency and when managing peoples identified risks.

Risks to the health and safety of people using the service were identified, assessed and reviewed on a regular basis. Risk assessments assessed levels of risk to people's physical and mental health and included information and guidance for staff in order to promote people's health and safety whilst ensuring known risks were minimised. We saw risk assessments included areas such as nutrition and hydration, medicines, mobility, physical health and psychological well-being.

Risk assessments formed part of people's agreed care plan and staff had detailed understanding and knowledge of the risks people faced and the actions they needed to take to ensure people's safety. For example, one care plan contained guidance for staff on suitable hydrating foods that the person required and had a recognition and management plan in place for coughing and choking when the person was eating or drinking. This provided staff with detailed guidance on signs to look out for when supporting the person at meal times and the actions to take in the event of a medical emergency. Another care plan contained a comprehensive risk assessment and guidance for staff on the person's needs and behaviours when in contact with others and when the person visited the community. Guidance from visiting health care professionals was included in peoples care plans so staff were fully aware of people's needs and risks. Risk assessments were person centred and a positive approach to risk taking was adopted which enabled and promoted greater independence for people.

People were protected by staff that understood how to recognise and respond to the signs of abuse. Staff knew how to access information about safeguarding adults including the provider's policy and who to report any concerns to. Staff we spoke with understood their responsibilities to report any concerns about abuse and told us they were confident to do so. One staff member said, "I would report any concerns to the manager immediately and know they would take all appropriate actions to ensure people were kept safe." Staff had received up to date safeguarding training and records we looked at confirmed this. Staff were also aware of the provider's whistle blowing policy and knew how to report issues of poor practice.

We looked at medicines management within the home and the records of medicines received, stored, disposed of and administered. People using the service had a medication file in place which contained Medicine Administration Records (MAR). We saw that MARs were completed correctly with no omissions or errors recorded and contained people's photographs, any known allergies and information about their health conditions and needs in relation to medicines administration. Medicines were stored safely in a locked cupboard within the staff office that only staff had access to. Temperature checks of the room were taken daily to ensure medicines were safe for use. Staff had received training to administer medicines and had been assessed as competent to administer medicines safely. There were systems in place to manage

medicines errors and medicines audits were undertaken on a regular basis to ensure safe practice.

Accidents and incidents were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action and referred to health and social care professionals when required to minimise the reoccurrence of risks. Where appropriate accidents and incidents were referred to local authorities and the CQC. The area manager told us all accidents and incidents were documented on the provider's computer system to monitor and identify any recurring themes and to share any learning with the staffing team.

People were supported by sufficient numbers of staff to meet their needs. Staff told us they felt staffing levels were appropriate to meet people's needs and ensure their safety. One staff member said, "There is always enough of us to make sure people are safe and well supported. If someone has an appointment or is going out we make sure extra staff are booked to cover so we can support them." Staff rotas we looked at confirmed this.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records we looked at confirmed pre-employment and criminal records checks were carried out before staff started work. Staff records also included application forms, proof of identification, references and history of experience or qualifications including gaps in employment history.

The service had an appropriate business contingency plan for possible emergencies and a procedure in place for evacuating people from the building in the event of an emergency, such as a fire. People had individual evacuation plans in place outlining the support they would need to safely evacuate the building. Staff we spoke with knew what to do in the event of a fire and who to contact and had received emergency first aid and basic life support training. People also had detailed photographic 'missing person's' forms in place to ensure and assist in their safe return to the home should they get lost when out. There were systems in place to monitor the safety of the premises and equipment used within the home and we saw equipment was routinely serviced and maintained.

Good

Is the service effective?

Our findings

People told us they felt staff were well trained and suitably skilled to meet their needs. One person said, "The staff are very good and know me well. They know what to do". We observed staff had the knowledge and abilities required to meet people's needs. Staff told us they received training on a regular basis to support them in their roles and to develop their practice. One member of staff said, "The training we receive is good. The provider ensures that training is suitable in relation to the people we support and it helps us to understand people's needs better." Training records demonstrated that staff received up to date training appropriate to the needs of people using the service and which also met the needs of staff. Training provided included areas such as safeguarding, de-escalation and diffusion and breakaway techniques and medicines management amongst others. The provider also offered specialised training which was appropriate to the needs of the people using the service and included training such as supporting people living with dementia.

Staff told us they felt supported by the registered manager and records showed that they received regular supervision and appraisals of their performance when required. One member of staff said, "I get supervision on a regular basis but I also know that I can speak with the manager whenever I need to. I feel very supported." Staff records showed that supervision was conducted on a regular basis in line with the provider's policy and included discussions of any staff training needs. There were systems in place to ensure staff also received an appraisal of their practice and performance when required. Staff new to the home were inducted into the service appropriately in line with the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all new care workers. Newly appointed staff undertook an induction period which included familiarisation of the provider's policies and procedures, completing the provider's mandatory training and shadowing experienced colleagues to enable them to become familiar with the service and people living there.

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 and hospitals are 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 granted to deprive a person of their liberty were being met. We saw that, where required, people's care plans contained records from best interests meetings held and decisions made and where required mental capacity assessments were undertaken. This demonstrated that decisions were made in people's best interests where appropriate and the service was working within the principles of the MCA. For example we saw that an MCA and best interest meeting was held to discuss medical treatment and intervention received for one person using the service.

People were supported to eat a balanced diet that met their needs and preferences. There was a weekly menu plan in place and menu options were discussed and planned with people to ensure they took account of people's preferences, dietary requirements and cultural needs and wishes. People were supported and encouraged to carry out meal preparation and we observed that staff supported people to use domestic appliances safely. Staff were knowledgeable about people's nutritional needs such as the need for soft foods to reduce the risk of choking. People's care plans documented and monitored any risks relating to people's nutritional needs and guidance by health care professionals such as dieticians, nurses and speech and language therapists were in place to ensure people received the appropriate care and support to meet their needs. Food and fluid charts were in place and records showed that these were up to date and had been completed accurately.

People received care and support that promoted their health and wellbeing and during our inspection we saw that one person was supported by a member of staff to attend a health care appointment. People's physical and mental health needs were monitored and recorded by staff in a health plan and medical advice was sought promptly when required. People's health care needs were documented within their plan and highlighted any risks relating to people's health or actions required by staff.

Good

Is the service caring?

Our findings

We observed that caring relationships had been developed between people and staff and people told us that staff were attentive and kind. One person said, "They [staff] are lovely." Another person commented, "I love living here. The staff are wonderful." Throughout our inspection we saw staff treated people respectfully and took their time whilst supporting people with personal care and daily living tasks.

People's privacy was respected and people were supported in a way that respected their dignity. For example staff told us how they promoted people's privacy and dignity by knocking on people's doors before entering their rooms, ensuring doors and curtains were closed when offering support with personal care and by respecting their choice if they wished to be alone or spend time in their room. Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. We saw many examples of this documented within peoples care plans such as references made regarding people's sexual preferences and how staff supported people to safely meet their sexual needs.

Care plans contained communication passports which provided guidance for staff and professionals on how best to communicate with people including how people preferred to be addressed and how individuals chose to express themselves. Staff were familiar with people using the service and knew how best to support them and care plans demonstrated that where possible people had been involved in decisions about their care including involvement from independent advocates for people who required support to make choices about their care.

Staff respected people's choice and preferences and we saw how people preferred to spend their time. We observed staff spent time with people engaged in conversation and activities of people's choice. For example, one person wanted to do arts and crafts whilst another person ventured out. At the time of our inspection several people were out at various social clubs and events of their choice.

People were supported to maintain relationships with relatives and friends and care plans documented where appropriate that relatives were involved in their family members care and were invited to review meetings and other relevant meetings and events held. People and their relatives were also notified about any significant events or visits from health and social care professionals and these were recorded within people's care plans. People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them. Care plans and assessments were compiled in a visual pictorial format to aid understanding and comprehension.

Good

Is the service responsive?

Our findings

People received care and treatment in accordance with their identified needs and wishes. One person told us, "Staff always help me when I need it." Another person said, "Staff know me. They know what I need." People's needs were assessed and individual care plans were developed with people's participation to ensure their choices, safety and welfare were considered. Pre admission assessments were completed of people's physical and mental health care needs ensuring that the service could meet their individual needs appropriately prior to admission. Care plans included assessments of peoples physical and mental health needs and detailed people's strengths, objectives and goals and risk assessments to support independence and positive risk taking in a safe and controlled way, for example for when people ventured out.

Care plans were personalised and provided a clear description of people's preferences which were written in a holistic way in people's own words and included pictorial images to support people to understand the content of the plans. Where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to the planning of people's care. Care plans documented people's history, likes and dislikes and information relating to keyworker meetings that were regularly held. Care plans demonstrated people's care needs were regularly assessed and reviewed in line with the provider's policy and daily records were kept by staff about people's day to day wellbeing, personal care, nutrition and activities they participated in to ensure that people's planned care met their needs. The area manager told us that all care plans were in the process of being up dated and replaced with a new format that was easier to follow and more simplified. We saw several new care plans that had been completed and implemented with people's involvement.

People had the opportunity to discuss things that were important to them at regular individual keyworker meetings and at residents meetings which were held within the home. We looked at the minutes for the meeting held in October 2016 and saw that areas for discussion included themed nights, activities and raising concerns or complaints which we noted had been discussed with all the people living at the service. There was a complaints policy and procedure in place in a format that met people's needs and this was on display for people and visitors to review. Complaints records showed that there had been no formal complaints received since our last inspection but there were systems in place to ensure complaints were addressed appropriately when required.

People were supported to engage in a range of activities that met their needs and reflected their interests. One person told us, "I like doing my job and going out." Another person said, "I like doing art and playing games." People had individual activity programmes which detailed there weekly preferred activities. Activities we saw included attending local community clubs and social events, visits to local amenities, attending college classes and visiting family and friends amongst others. During our inspection we observed staff supported people to participate in activities based within the home such as arts and crafts and playing board games.

Good

Is the service well-led?

Our findings

At our last inspection of the service on 21 July 2016 we found a breach of regulation in that the registered manager raised a potential safeguarding concerns to the local authority as required but failed to notify the CQC of the concern in order for the CQC to monitor the safety and quality of the service provided. A notification is information about important events which the provider is required by law to send us.

At this inspection we saw that the registered manager had appropriately notified the CQC of concerns and important events when appropriate which the provider is required by law to send us.

At our last inspection of the service on 21 July 2016 we found a breach of regulation in that although the service had procedures and systems in place for checking and monitoring the quality of the service, these were not always effective in ensuring the safety for people using the service and in meeting the needs of staff.

At this inspection we found there were effective systems and processes in place to monitor and evaluate the service provided. We spoke with the area manager who showed us audits that were conducted in the home on a regular basis to ensure the safe delivery of care. These included health and safety, care plans and records, weekly and monthly medication audits, accidents and incidents which were analysed by the provider for learning purposes and senior manager's quality visits to the service. Audits we looked at were up to date and any records of actions taken to address highlighted issues were recorded on implemented action plans. For example we saw that the health and safety audit conducted in February 2017 detailed that some of the emergency lighting within the home was not working and that the action plan following the audit detailed that these issues had now been fixed.

There was a registered manager in post who knew the service well and was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Staff told us the registered manager was supportive and open to suggestions they had in relation to assisting them to drive improvements to the service. One staff member said, "The manager is very supportive and we discuss issues relating to the home at team meetings." There were systems in place which promoted staff communication within the home and provided staff with the opportunity to meet and discuss. Daily staff handover meetings and regular staff team meetings were held. We looked at the minutes for the meeting held in December 2016. Agenda items for discussion included accidents and incidents, medicines management and health and safety issues.

The provider took account of the views of people using the service through resident meetings and relatives, professionals and stakeholder surveys that were conducted on an annual basis. We asked to look at the results for the survey conducted in September 2016; however the registered manager told us that they had only received one response and therefore could not effectively analyse any results. We will check on the progress of the provider's survey at our next inspection of the service.