

Florence Avenue Care Home Limited

43 Florence Avenue

Inspection report

43 Florence Avenue
Morden
Surrey
SM4 6EX

Tel: 02086465921

Date of inspection visit:
06 March 2020
09 March 2020

Date of publication:
19 March 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

43 Florence Avenue is a residential care home providing personal care to eight younger adults with an autistic spectrum disorder and learning disabilities. The service can support up to eight people, in one adapted building in the London Borough of Merton.

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.

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.

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

People continued to be protected against the risk of harm and abuse as staff received on-going safeguarding training and knew how to identify, report and escalate suspected abuse. Risk management plans were robust and gave clear guidance to staff to mitigate risks. Medicines were managed in line with good practice. There were adequate numbers of staff to keep people safe. Pre-employment checks were carried out to ensure the suitability of staff. Accidents and incidents were managed in such a way that lessons were learned.

People continued to receive support from staff that underwent training to enhance their skills and knowledge. Records confirmed staff reflected on their working practise through supervisions and received comprehensive inductions upon commencement of their employment. People were supported to access food and drink that met their dietary needs and preferences and people's health and well-being was regularly monitored. Where people wished, they were supported to acknowledge their faith and cultural needs.

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 placed an emphasis on supporting and encouraging people to remain independent where safe to do so. People had their privacy respected and were treated equally. Staff were compassionate towards the people they supported and treated them with respect. People continued to be supported to make decisions about the care they received and had their decisions respected.

Care plans were person-centred and gave staff guidance on how to meet people's needs in line with their wishes. People were aware of how to raise a concern or complaint. People's communication needs were documented. People continued to be supported to access activities both in-house and in the local community. The provider had referenced people's end of life wishes.

People and staff spoke positively about the management of the service. There was an open and inclusive atmosphere where people were free to be themselves and were supported to reach their potential. The registered manager carried out audits to drive improvements. People's views were sought and the registered manager worked in partnership with stakeholders.

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.

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 5 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 43 Florence Avenue on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

43 Florence 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

43 Florence 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 property includes a self-contained bungalow which can accommodate one person.

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 unannounced.

What we did before the inspection

We reviewed information we held about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Due to the needs of people using the service, we spoke with two people during the inspection. We spoke with one relative, five staff including care workers and the registered manager. We looked at a range of

records. This included two people's care records, medicines records and staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the training matrix and audits.

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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected against the risk of abuse as staff received safeguarding training and were familiar with the provider's safeguarding policy and knew how to escalate suspected abuse.
- One person told us, "Yeah I feel safe. The people who work here make me feel safe."
- Records confirmed where appropriate the registered manager had notified and liaised with the Local Authority Safeguarding team. At the time of the inspection there were no on-going safeguarding alerts.

Assessing risk, safety monitoring and management

- The registered manager had devised robust and comprehensive risk management plans to keep people safe.
- Risk management plans gave staff succinct guidance on how to mitigate identified risks. For example, behaviours others may find challenging, accessing the community and eating and drinking. Risk management plans were regularly reviewed to reflect people's changing needs.
- Staff confirmed should they identify any concerns they would liaise with the registered manager swiftly, in order for the risk management plan to be updated.

Staffing and recruitment

- People continued to be supported by adequate numbers of suitable staff to keep them safe.
- One person told us, "There is enough staff here, I go out every day [with support]." A staff member said, "Now there are enough staff, before there wasn't as we were always short. In the last three months things have changed."
- The provider carried out robust pre-employment checks of prospective staff. Staff files contained two satisfactory references, photographic identification, an application form and a Disclosure and Barring Services (DBS) check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.
- Throughout the inspection we observed people's needs were met quickly.

Using medicines safely

- People's medicines were managed in line with good practice. Staff received medicines training.
- One person told us, "Yeah, they [staff members] give me my medicines and they tell me what it's for. They would give me medicine to make me feel better."
- Records confirmed weekly medicines audits were carried out and issues identified during the audits were acted on in a timely manner.

Preventing and controlling infection

- Infection control measures in place ensured people were protected against cross contamination.
- A staff member told us, "We have Personal Protective Equipment (PPE), gloves, aprons, masks, hand sanitizer. I have had infection control training. We as staff do the cleaning of the home, we have a cleaning schedule to follow."
- The provider had an infection control policy in place, which staff were familiar with.

Learning lessons when things go wrong

- The registered manager was keen to ensure lessons were learned when things went wrong. For example, where there had been a medicines error identified, the registered manager carried out a full investigation, notified the appropriate healthcare services and devised an action plan to mitigate repeat occurrences.

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.

Staff support: induction, training, skills and experience

- Staff continued to receive adequate training to enhance their skills and knowledge. Records confirmed training provided included, for example medication practice, safeguarding, nutrition and hydration, autism.
- A staff member told us, "I really enjoyed the first aid training. I could ask for more training if I needed to. We are asked our input on training that we could do that would help us [in our role]."
- Where we had identified a gap in training, the registered manager devised a plan to ensure this was updated within seven days.
- Newly employed staff underwent a comprehensive induction to familiarise themselves with their role and responsibilities. A staff member said, "I had an induction when I joined, it was for a week. I went through the files and shadowed staff during personal care and accessing the community. It was very beneficial as it was the first time I had worked in the caring industry."
- Staff continued to reflect on their working practices through on-going supervisions. Supervisions looked at their strengths, area of improvement, training and development and any actions required.

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

- People were supported to access sufficient food and drink that met their dietary needs and preferences. One person told us, "My favourite food here is pasta with a carbonara sauce. Sometimes I cook my [own] food."
- Care plans detailed the support people required with eating and drinking and how to choose foods that were healthy.
- Staff confirmed they supported people to access food and drink that reflected people's cultural identity. For example, from African and Caribbean cultures.
- People were supported to eat meals at a time that suited them.

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

- People residing at 43 Florence Avenue had a Health Action Plan (HAP). A HAP is a profile document which gives staff members and healthcare professionals guidance on how to support the person to remain healthy.
- Records confirmed people were supported to access, for example, the G.P, dentist, optician and behavioural team. Where guidance had been given, this was then implemented into the care plan and support adjusted.

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

- People were supported to decorate their personal rooms to reflect their preference. For example, one person had pictures and photographs of sporting events they'd attended, musical instruments and football memorabilia.
- Ramps and handrails had been put in place to support people who had mobility difficulties.

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

- The service carried out pre-admission assessments prior to people moving into 43 Florence Avenue.
- Pre-admission assessments covered all aspects of people's lives and the level of support required to meet their individual needs. Once determined their needs could be met, the service then offered them a placement.

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.

- Staff had a clear understanding of their responsibilities in line with legislation. One staff member told us, "We assume that everyone has the capacity to make a decision until proven otherwise. If they can't we then have a Best Interest meeting with families and professionals. If they can't make the big decisions doesn't mean they can't make the little decisions."
- Records identified DoLS were in place and in date and the registered manager was aware of when the DoLS would expire, in order to re-apply prior to them expiring.

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

- Staff had developed positive relationships with the people they supported, and this was evident throughout the inspection. For example, people sought reassurance and support from staff and appeared at ease in doing so.
- One person told us, "The staff are nice, funny [they make me laugh], yes they are caring, and they are kind."
- Staff continued to speak with people respectfully and there was a relaxed atmosphere throughout the service. Staff also treated people equally and were aware of their diverse cultural and faith needs.

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

- People confirmed they were supported to make decisions about the care and support they received. For example, one person told us, "I can make choices."
- Throughout the inspection we observed staff seeking people's permission to support them, for example, with meal preparation and accessing the community. Staff were respectful of people's decisions and gave them time to process what was being asked of them.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. People told us that staff knocked on their bedroom doors prior to entering and only entered when permission was granted.
- The service placed a clear focus on encouraging people's independence and this was regularly assessed. One person told us, "They [staff] help me clean the house sometimes and they go shopping with me."
- Where possible, people were encouraged to help keep their home clean and tidy, cook meals, do the food shopping and attend classes.
- One person had their own bungalow at the rear of the garden, whereby they experienced independent living, with staff support on hand. The service had also made a referral to a befriending organisation, to further people's independence.

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

- Care plans were personalised, comprehensive and clearly reflected people's individual needs and wishes.
- The majority of the care plan was in pictorial format, enabling people to understand the information held about them. One person told us, "Yes, I know I have one [a care plan]. I have seen it."
- Care plans covered all aspects of people's lives, for example, health, medical, life history, diagnosis and behavioural needs. Care plans were regularly reviewed to reflect people's changing needs. Staff were aware of reporting any changes to people's presentation so that the registered manager could amend the care plan swiftly.

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.

- The provider had an AIS policy in place that followed the five principles, identify, record, flag, share and act.
- People's communication needs were clearly documented in their care plans. For example, if they communicated verbally, through Makaton or Picture Exchange Communication (PEC). PEC's are a series of pictures and photographs that aid communication. The majority of people living at 43 Florence Avenue were unable to communicate verbally.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in activities that reflected their preferences, both in-house and in the community.
- One person told us, "I have been at the day centre [today] and I did some drawing. I used brown and red colours, it looked good. I'm a DJ and do it in my room, I [also] play the guitar."
- Records confirmed activities available included for example, shopping, swimming, Tuesday club, Art café, cinema and meals out. The service also had a sensory room on the ground floor that people had access to and received professional aromatherapy sessions.

Improving care quality in response to complaints or concerns

- People were supported to raise any concerns and complaints. One person told us, "I would talk to my keyworker if I wasn't happy, they would fix things."

- People were also given the opportunity through general chats, key-worker meetings and questionnaires to share their views, including if they were dissatisfied with the care and support provided.
- At the time of the inspection, there had been no complaints received in the last 12 months.

End of life care and support

- Where possible the registered manager spoke with people regarding their end of life wishes. Where people were unable to share their wishes, discussions had taken place with relative's and documented in their care plans.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff spoke highly of the registered manager. One person told us, "[The registered manager] is nice." A staff member said, "I think the registered manager is fantastic, she leads by example and is hands on. She's not office based she will work on shift and throws herself in." A second staff member told us, "[The registered manager] is very supportive, I could approach her if I had a problem. She's the best [registered] manager we have had."
- Throughout the inspection we observed people and staff seeking guidance and support from the registered manager, which was willingly given.
- The registered manager was aware of their responsibility under the duty of candour.

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

- The registered manager carried out regular audits of the service to drive improvements.
- Audits covered, for example, medicines management, care plans, risk management plans and staff training.
- Records confirmed audits undertaken were done so in line with good practice and records were kept up to date.

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

- People and staff continued to be encouraged to share their views through various means. For example, keyworker meetings, staff meetings and quality assurance questionnaires.
- Quality assurance questionnaires covered all aspects of the care provided.
- We looked at the quality assurance questionnaires and found the majority of comments were positive. Comments included, for example, 'There have been a lot of improvements to the house and garden in general which we welcome.' 'We always feel welcome,' and '[My relative] enjoys going out with staff and as a group.'

Continuous learning and improving care

- The registered manager was keen to ensure there was continuous learning to improve the service provision.

- Records confirmed where issues had been identified, for example, a medicines error, the registered manager took swift action to ensure learning took place.

Working in partnership with others

- The registered manager worked in partnership with stakeholders to drive improvements.
- Records confirmed the registered manager sought guidance and support from healthcare professionals and made referrals. Where guidance was given, this was implemented into the care provided.