

Peabody Trust

38a Woolifers Avenue

## Inspection report

38a Woolifers Avenue  
Corringham  
Stanford-le-hope  
SS17 9AU

Tel: 01375640292

Date of inspection visit:  
26 June 2019

Date of publication:  
22 July 2019

## Ratings

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

## Overall summary

About the service - 38a Woolfiers Avenue is a residential care home providing personal care to three people aged 65 and over at the time of the inspection. The service can support up to three people in one adapted building.

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  
Relatives were positive about the care provided.

All known and expected risks in the service had been identified and mitigated. Positive risk taking was also supported within the service.

Staff were recruited safely, were visible in the service and responded to people quickly.

People could take part in a range of activities internal and external to the service and accessed the community whenever they wanted to.

People's health was well managed, and relationships had been developed to ensure that individual health and nutritional needs were met.

People received their medicines when they needed them.

We have made a recommendation about end of life care planning.

Relatives and professionals made positive comments about the management team at the service.

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. People were treated with dignity and respect.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 29 March 2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our inspection programme.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# 38a Woolifers 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

One inspector conducted the inspection.

#### Service and service type

38a Woolifers 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. The registered manager was also registered to manage another service for people with a learning disability in the local area.

#### Notice of inspection

This inspection was unannounced. This inspection was undertaken on 26 June 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. 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

We spoke with four members of staff including the registered manager and support workers.

The majority of people we met had complex learning disabilities and were not able to tell us of their experiences of life at the home. We therefore used our observations of care and our discussion with relatives, professionals and staff to help form our judgements.

We reviewed a range of records. This included one person's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision and 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 training data and quality assurance records. We spoke with one professional who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At this inspection, this key question was rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care. A relative told us, "[Person] is very safe in the home. I know they go out into the garden with staff."
- Staff had received training on safeguarding of adults and knew how to recognise and protect people from the risk of abuse.
- Staff knew how to report any safeguarding concerns, within the service, and externally. A staff member told us, "I have had safeguarding training. It's about making people and staff safe. If I was concerned, I would go to the manager."
- The registered manager and provider were aware of their responsibility in reporting any concerns and knew how to contact the local safeguarding authority.

Assessing risk, safety monitoring and management

- Staff supported people to keep safe. Personalised risk assessments in people's care plans provided staff with guidance on providing safe care. This included risks associated with people's medicines, accessing the community and behaviours that challenge others.
- Staff understood how to support people to take positive risks safely. The registered manager told us, "Positive risk taking is hard in this service, but people are encouraged to do whatever they want to do. I will always risk assess and find the least restrictive way, so I can support them to achieve what they want."
- Risk assessments relating to the environment were in place. This included personal evacuation plans for use in case of an emergency. One staff member told us, "I know how to get people out in an emergency. We have lots of information on how to do it and we have regular fire drills too."
- Processes were in place to ensure equipment and building checks were regularly serviced and tested to ensure it was fit for purpose. This included fire safety systems and legionella testing.

Staffing and recruitment

- Recruitment processes were safe as checks to ensure staff were fit to carry out their role had been completed.
- Observations and rotas showed there were enough staff to meet people's needs. Staff also confirmed this when we spoke with them. A staff member told us, "There are enough staff here. If we need extra staff, we use agency or our relief team staff." Rota's were in place and staff were allocated based on people's needs.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

- People's medicines records confirmed they had received their medicines as prescribed.
- Staff told us they were trained and assessed as competent before they administered medicines. They also told us that the registered manager completed further competencies on a yearly basis. Records showed this had taken place and where needed, action was taken.
- People received support to manage their 'as required' medicines. Protocols and procedures were in place for staff, so they knew how to respond to people and administer their medicines appropriately.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection and staff received training in infection control. The service was clean and free from odour.

#### Learning lessons when things go wrong

- Lessons were learnt in the service when incidents happened. The registered manager told us about an incident that had led to a safeguarding being raised following mis-communication between staff. The registered manager told us, "The support worker mis interpreted what I had written so after this, I went through everybody's care plan to make sure all relevant information was clear for all staff to follow, to prevent any re-occurrence."



# 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 this inspection, this key question was rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's individual and diverse needs were in place prior to them moving into the service to ensure their needs could be met safely. The registered manager told us how they supported people to move into the service. They told us, "I will go out and assess someone and take a colleague with me. We will let the person have a visit at the service to see if they like it and to make sure they get on with everyone. Over a period of 6 weeks, they will come, have dinner, have an overnight stay to see if it's right for them. We offer families the opportunity to stay as well to make people feel comfortable."

Staff support: induction, training, skills and experience

- Staff had a clear understanding of their role and what was expected of them. Training was completed via face to face and e learning. This included safeguarding, medication administration and Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Relatives told us they felt staff were trained and knew what they were doing. A relative told us, "Staff are absolutely well trained cater for all [person's] needs."
- Staff had the training they needed to support people's individual needs. One staff member told us they would like some additional training around behaviour that challenges others due to the changing needs of people living in the service. We discussed this with the registered manager and they told us this had already been identified and would be offered to staff.
- Competency assessments took place for staff on a yearly basis. Records showed this had taken place and where needed, action was taken.
- The Care Certificate had been completed by staff without prior care experience or qualification. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff received a comprehensive induction programme into the service. Agency and bank staff also had an induction into the service, giving them an overview of each person and their needs, likes and dislikes. The registered manager told us, "Staff are given comprehensive training and go through a probation process. I make sure staff understand their role and give them any training that they may need to help them."

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

- Staff supported people to eat and drink enough to maintain a balanced diet, and people chose what they ate. Staff understood the importance of giving people healthy choices of food and we observed fresh fruit was available during the inspection.
- People's care plans contained information about their nutritional needs, specialist diet, likes and dislikes.
- Dieticians and Speech and Language Therapists (SALT) provided support and their advice was followed.

This included for example, people who had problems swallowing. One staff member told us, "The residents are on textured diets, I have had training on how to support them and got have some recipes, so the food looks nice for them to eat."

- People's weight, where appropriate, was monitored and action was taken where required. One person had lost significant weight. A relative told us how the provider had supported this. They told us, "[Person] ended up in hospital because they lost a lot of weight. The home has managed to get [person] weight up a bit and cooks pureed food."

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 maintain good health and had access to a range of health care professionals including dentists, GPs, and Speech and Language Therapists. Referrals were made in a timely manner and recommendations they made were followed by staff.

- Where a person's complex health needs required regular admissions into hospital, each person had a hospital passport in place which went with them. If people are admitted to hospital this is used to provide hospital staff with important information about the person.

- The registered manager told us the service liaised with the hospital learning disability nurse to ensure good consistency of care for people.

- Staff communicated effectively with other staff. Information about changes to a person's condition were recorded in their daily care records and discussed during staff handover periods. Staff shift patterns were split so there was an overlap between different shifts. This allowed staff to handover information consistently to each other throughout the day.

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

- The environment was well maintained, clean and had been adapted to meet the needs of people living there.

- People were involved in decisions about the premises and environment. People's rooms were personalised, accessible, comfortable and decorated with photos. The registered manager told us how they had surprised people living in the service while they were away on a holiday. They said, "While people were away, I decorated the home and painted everybody's bedrooms. Before they went, I asked them what colours they would like and that's how I did it. The loved it when they came home."

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.

- People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice. Related assessments and decisions had been properly taken.

- Continuous supervision and control, combined with lack of freedom to leave, indicated a deprivation of liberty, and the provider had applied for this to be authorised under DoLS.
- The registered manager understood their responsibility to apply for DoLS as needed and their responsibility to inform the commission.
- Staff received training and told us they understand the requirements of the Mental Capacity Act in their day to day job. One staff member told us, "Capacity is about making your own decisions and choice and if you can't, being supported to do so." Relatives confirmed staff gave people as much choice as possible. One person said, "Staff try and support [person] to choose her clothes and try to involve them to choose their own shoes if they go shopping."
- Staff understood the importance of gaining consent before providing support. Observations of staff with people consistently showed us this.

# 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 this inspection, this key question was rated good. 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; equality and diversity

- Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. We observed staff being kind to people and assisting them with tasks and activities they had chosen to do. For example, staff were supporting one person to look at books. The person asked for support and for more books which staff supported the person to do.
- Throughout the inspection, staff were supporting people in a caring, inclusive manner. We saw how they adapted their approach to ensure their interaction was meaningful to the person and enhanced their wellbeing.
- Relatives told us that staff knew their preferences and used this knowledge to care for them in the way they liked. One relative told us, "The staff care for and know [person] very well."
- People had their life history recorded, which staff used to get to know people and to build positive relationship with them. Records provided information and guidance on historic health or social issues that staff needed to be aware of. One staff member told us, "There is loads of information about people's histories as most people have families. One person's family tell us lots of information about their relative and so we use this when we sit down and talk with them."

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

- Staff knew people well. They understood people's preferred routines likes and dislikes and what mattered to them.
- Information held in people's care plans, and our observations further demonstrated how staff were ensuring people were being actively involved in making decisions about their care, were being listen to, and acted on.
- Resident meetings were held regularly. Minutes from these meetings showed people could discuss what people wanted to see as well as any other issues.
- People, and where appropriate relatives and advocates were involved in making decisions about the service as well as their daily lives. The registered manager told us how people and families were involved in care decisions. They told us, "With families, we are always inviting them into reviews of their relatives care. For one person, we arranged an assessment with a health professional, so I invited the family to attend and be involved every step of the way."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy, dignity and independence was respected. People's care records provided staff with guidance on how to ensure this.
- Relatives told us staff promoted people's dignity and independence. One relative told us, "Staff treat my

relative with dignity and respect, staff help with all [person's] needs. The staff don't force [person] to do anything they don't want to do." An advocate told us, "The resident's welfare, human rights and dignity are paramount in the home. I have never seen anything less than the above."

- People were supported to maintain relationships with those who were important to them. Relatives told us they were kept up to date with any issues. One told us, "The home is straight on the phone if there are any problems."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At this inspection, this key question was rated good. 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 received support which was individualised to their personal needs and aspirations.
- People had a person-centred care plan, which detailed their preferences about the way they wanted staff to give them care and support. The information was kept under regular review and updated as required.
- Where people had complex needs, the service ensured significant people in the person's life, who had cared for them / knew them well, were involved in decision making. One relative told us, "I have meetings with the home at least once a year, and they always ask for my feedback."
- Staff told us they were given time during their induction to read people's care plans, which supported them in providing personalised care.

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 demonstrated good awareness of people's individual communications needs, and how to support them.
- Throughout the inspection we saw how staff adapted the way they provided people with information to suit their needs, and for people unable to verbalise a reply, interpret their response. The registered manager gave us an example of this by telling us, "One person uses Makaton, staff don't have training as the person uses their own, but they know what these signs mean and so what the person wants."
- Care records provide detailed guidance to staff on meeting people's communication needs. Information in the service was produced in different formats including easy read, picture format and large font. One person was supported to access the local library service to use assistive technology to access resources.

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 able to follow a variety of interests and activities internal and external to the home. Observations during the inspection, found people were supported to access the community whenever they liked as well as undertaking activities within the home. The registered manager had advocated for one person to increase their mobility allowance, so they were able to access a car to get around the local community.

#### Improving care quality in response to complaints or concerns

- No complaints had been received by the service. However, a complaints process was in place and displayed in the service including in easy read format.
- Relatives told us they could raise complaints or concerns but had no reason to complain. One relative told us, "The home and staff are wonderful, I have no complaints."
- Relatives said they felt able to speak to the registered manager at any time. One relative told us, "The manager is good to talk to as I have had issues before, but she has intervened and sorted it."

#### End of life care and support

- At the time of inspection, no-one was receiving end of life care. However, the management team knew how to access support from other healthcare professionals should this be required.
- Staff had not received end of life training and this training was not offered by the provider to staff.
- Documents to record the arrangements, choice and wishes people may have for the end of their life were not in place to ensure peoples final wishes were met. We spoke to the registered manager who told us that following the inspection, this would be developed.

We recommend the registered manager develops and implements end of life care plans for people in line with current guidance.

# 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 this inspection, this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Relatives were positive about the service. One relative, "I am very happy with the service and how my relative is supported."
- The culture of the service was caring, and staff were passionate and motivated about supporting people. The registered manager told us, "I am always proud of the people living here and what they can and have achieved. We arranged a holiday for them as they hadn't been away, and they loved it, it made me cry!" Another staff member told us, "I would put a relative in the home because of the staff, they all care."
- Regular quality audits of the service took place to check practices and records were maintained to a good standard and were effective.

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

- The service was well led. The registered manager put measures in place to ensure that the areas of risk identified during inspection were checked often.
- Senior managers visited the service regularly, offering support to the registered manager and completing audits and provider visits. These included inspections of records, complaints and premises. Any actions highlighted, were completed by the service.

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

- The registered manager and the staff team knew people and their families well which enabled positive relationships and good outcomes for people using the service.
- Relatives and staff had completed a survey of their views. This had been used by the registered manager to find where any improvements were needed in the service.
- Staff received supervision of their performance and regular team meetings. Staff told us they were provided an opportunity to feedback their views and suggestions for improvement which were considered. One staff member told us, "I have had supervision with the manager, and I understand the manager needs to do it, so she knows what is going on and if there are any problems."

Continuous learning and improving care

- There was a focus on continuous improvement. Lessons were learnt, and issues were discussed in meetings to see if anything could be done differently.



#### Working in partnership with others

- Staff were aware of external community and voluntary organisations and supported people to socialise and be part of the wider community to improve their health and wellbeing. The registered manager told us, "We are part of a neighbourhood watch scheme and have a good relationship with local neighbours. The residents attend the local library and we access our community centre regularly."