

Avenues South East Kenilworth

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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

Kenilworth is a care home providing accommodation and personal care for up to six people with a learning disability or autism. At the time of our inspection six people were living at the service.

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

Records within the service were not always contemporaneous. We found people's activities had not been recorded robustly, a person's needs had not been reflected in their support plan and some staff rotas were blank. We have issued a recommendation to the registered provider in this respect.

People lived in an environment which was in need of redecoration and we observed poor moving and handling practices. The registered provider responded to our feedback in relation to these identified concerns.

People received the medicines they were prescribed and staff supported people to access healthcare professional support and treatment when needed. People's rooms were individualised and suitable for their needs and people could have privacy when they wanted it.

People had food and drink sufficient for their needs and staff adhered to any specific guidance in place for people with regard to their diet. People were encouraged to be independent and carry out daily living tasks. Staff treated people with respect and care.

People attended activities of their liking and were encouraged to maintain relationships important to them. Relatives were happy with the care their family member received at Kenilworth. People were cared for by staff who underwent training and felt supported in their role.

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 worked with external agencies to meet the changing needs of people and staff and relatives felt involved in the service.

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 (report published 5 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Kenilworth

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

Kenilworth 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 unannounced.

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 the provider's operations manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care

to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medication records. 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 quality assurance records. We spoke to or received feedback from three relatives about their experience of the care provided. We also received feedback from one healthcare professional.

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 deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people had been identified and guidance was in place for staff to help reduce the risk. One person was at risk of choking and there was a nutritional risk assessment in place reflecting the advice of the speech and language therapy team. A relative told us, "The staff are very vigilant and always help [name] if she needs it."
- However, we observed poor moving and handling by staff which could put people at risk of injury. We saw a staff member push one person in their wheelchair without their feet on the footplates. As a result, the person's feet were dragging on the floor and at risk of getting caught as they brought them in over the door threshold. We spoke with the registered manager and provider's operations manager about this. They informed us immediately after the inspection they had spoken to the staff member concerned and guidance in respect of this person's mobility would be reviewed.
- People had individual evacuation information in the event of a fire at the service. There was also a business continuity plan in place.

Staffing and recruitment

- Relatives said they felt there were enough staff on duty and generally staff felt the same. A relative told us, "Oh yes, definitely enough staff." Another said, "There are always enough staff when I visit." However, one staff member said, "If we have three, then it's fine. But there are times when we only have two staff."
- We reviewed the rotas from January 2020 and found on 11 of 55 occasions two staff were rostered to be on duty, despite the rota stating it should be three. The registered manager told us this had not stopped people attending activities and that they were at the service. Although a staff member told us on the days where there were two staff group activities would take place.
- Following our inspection, the provider sent us evidence to demonstrate sufficient staff deployed at the service to support people and the provider's PIR stated, 'We will be increasing the staff team due to another service closing'. We will check at our next inspection that this has happened and staffing levels remain consistent.
- Staff on duty at night had support from colleagues if required as there was an on-call system. We were told people generally slept well and did not require staff intervention.
- We did not check recruitment at this inspection as no new staff had been employed at the service since our last inspection. However, we did not have any concerns at that inspection that staff were not recruited robustly. Staff were expected to provide references, full employment history and evidence of their right to work in the UK. Staff underwent a Disclosure and Barring Check (DBS) to help ensure they were suitable to work at this type of service.

Preventing and controlling infection

- Although we were told by a relative, "Staff are always cleaning and trying to be hygienic" and a staff member said, "We wash our hands, use anti-bacterial gel," people lived in an environment which was such that it would be difficult to ensure it was free from infection.
- Furnishings were worn and the fabric on one chair torn which meant staff could not ensure it could be kept free from harbouring germs.
- The bath panel upstairs had the paint worn away and the toilet was badly stained. In the corners of floors in other communal areas flooring was stained. Other paintwork and furniture was chipped.
- The registered manager said the whole service was due to be redecorated and they were obtaining quotations for the work. We were also told that the premises were owned by a landlord and as such some changes to the environment were out of the registered providers hands.
- Following the inspection, the registered provider informed us funding had been allocated to make improvements to the service. We will check at our next inspection improvements have been made.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as staff knew what to do should they suspect abuse taking place. A relative told us, "I have nothing to worry about."
- Incidents which may constitute abuse had been reported to the appropriate agencies and staff had worked with the local safeguarding team to investigate any concerns.

Using medicines safely

- People received the medicines they had been prescribed. A relative told us, "He's having his medication." A second said, "All staff are aware of [name's] medication needs and support [name] in ensuring she takes the medication she needs."
- Medicines management practices were good at the service and medicines were stored in an organised way in a secure cabinet.
- People had an individual medicine administration record which had information about their medicines and evidence that staff had administered medicines as required.
- Each person's record detailed how they liked to take their medicines, information on their GP, any allergies and a photograph for identification.
- Where people were on 'as required' medicines, protocols were in place to support this by giving staff information on dosage, frequency and signs a person may require the medicine.

Learning lessons when things go wrong

- When people had accidents or incidents these were recorded and reviewed by the registered manager.
- Staff took appropriate action in response to people's accidents, such as seeking hospital treatment. During staff meetings staff discussed people and their changing needs individually.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs

- Staff use national guidance to help provide appropriate and effective care to people. STOMP (stopping over medication) guidance was in place and staff were working with a health professional to reduce one person's medicines. There was also guidance about 'oral health in care homes' for staff. We read evidence of people receiving support with their oral health.
- There was evidence of a range of agencies involved in making suitable changes for one person. This helped to ensure they were accommodated appropriately for their changing needs. This included adaptations to their room and equipment introduced to enable staff to move them safely.
- People's rooms were personalised to their own individual tastes and people were in rooms suitable for their needs. For example, people with restricted mobility were in downstairs rooms.

Staff support: induction, training, skills and experience

- Staff undertook a range of training and staff told us they received training and also had supervision, which was the opportunity to meet their line manager on a one to one basis. Although we did observe one staff member carry out poor moving and handling procedures, we did not have concerns about the competency of the other staff. The registered provider responded to our concerns immediately we raised them with them.
- Supervision gave staff the opportunity to discuss their performance, concerns and training needs. A staff member said, "I've had my supervision and at my supervision we talked about refreshing all of my training."
- Staff had training appropriate to people's needs. In order to keep one person safe, staff were required to have basic life support training. We read they had received this. Other training included safeguarding, infection control, epilepsy and dementia.

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

- People received sufficient food and drink for their needs. A relative said, "The food is superb."
- Staff recognised people's individual dietary needs. One person had guidance in place from the speech and language therapy team which staff were aware of. They could describe the spoon the person had to use to ensure they would not eat too quickly. A second person needed a gluten-free diet and we saw food items in the kitchen cupboards in line with this. A relative told us, "The staff are very careful to give [name] the foods she is able to eat."

Supporting people to live healthier lives, access healthcare services and support

- People had healthcare involvement when needed. There was evidence of the GP, district nurse, physiotherapist and occupational health therapist involved with people's care. A relative told us, "They are very good and ring me if anything is wrong with him." A professional said, "Recommendations that were made were carried through promptly."
- People had hospital passports in place which contained important information should a person need to spend time in hospital. We read the information for one person and saw it reflected the most up to date information about the person.
- People also had annual health checks undertaken by their GP practice.

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 had capacity assessments and best interests decisions in place for specific decisions. These included for being unable to leave the service without support, being supported with medicines and window restrictors.
- We did note however one person did not have capacity assessments in place for their sensor mat and wheelchair lap belt. The registered manager told us these had been recently introduced for the person on the recommendation of external health professionals due to their failing health and they had yet to complete them. We will check at our next inspection that this has happened.
- A staff member told us, "Everyone has the right to consent to their own choices. We always have to ask them for their consent."

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

- People were cared for by staff who showed them care and attention and knew them well. A relative told us, "Very good care. Excellent care. I have a great deal of faith in them (staff)." A second relative said, "It's very caring, very special. It's like being part of a family."
- We heard staff speaking to people in a kindly manner, with gentle encouragement and reassurance.
- Staff diverted attention from our inspection to address and attend to people's needs, demonstrating they put people at the heart of the service. We observed people engaging positively with staff.

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

- People were enabled to make their own decisions with regard to their care. One person was recording as wanting female care staff only to support them with personal care. We read on the staff rotas that female staff had been allocated to this person.
- We observed people making their own decision around their lunch with some people opting for sandwiches and others for soup.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and staff encouraged people in carrying out day to day tasks. A relative said, "He has just blossomed there."
- There was written evidence of and we saw, people carrying out various tasks. People were involved in taking their own laundry to the laundry area or replacing cups and crockery in the kitchen after lunch. One person was seen being supported to make their own sandwich. A relative told us, "The staff encourage [name] to be as independent as she can be."
- People could have privacy when they wished it. We were aware of people returning to their room at their will. A staff member said, "We have to respect people's wishes." A visiting professional told us, "The individuals I had visited were well dressed, appeared happy, relaxed, keen to talk to me and maintained eye contact. Staff allowed me to have a chat with the individual without them hovering around allowing the individual to be free to express 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 received responsive and appropriate care. This included changing routines for one person whose mobility had deteriorated and for a second person whose dietary needs had changed. A relative told us, "They tailor everything to his needs."
- People's support plans contained sufficient information to help ensure staff knew what care people required. People had lived at Kenilworth for many years and staff had also worked at the service for a number of years so everyone knew each other well. This helped with staff's understanding of people.

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.

- Information around the service was presented in a way that could be understood by people. This included a pictorial complaints procedure as well as pictorial support plans.
- Communication care plans were in place for people. One person was living with dementia and as such staff were reminded to use short instructions of two or three words. Support plans also outlined people's individual ways of communicating such as one person who would take staff's hand to lead them to what they wanted. A staff member said, "They all have their own individual way of communicating. They do their own form of Makaton (a type of sign language)." We saw this being used on the day.

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

- There was evidence of people maintaining relationships which were important to them. People met up with or spent time with relatives on a regular basis.
- There were opportunities for people to attend activities which suited their own individual interests. One person went to a horticultural club and they mentioned to us the flowers and bulbs they liked. Another person regularly attended companion cycling and the registered manager said over time they had become so confident and proficient they could pedal and brake the cycle independently. A professional told us, "Staff had supported one of the residents to access public transport and they had enjoyed the experience."
- Other people attended day services, went out for lunch, shopping, coffee mornings at others of the provider's services and to the cinema.

Improving care quality in response to complaints or concerns

- There was a clear complaints procedure in place. No complaints had been received since our last inspection. A relative said, "I haven't made a complaint, but I would know where to go. We would just talk things through." A second told us, "I do know who to speak to if I had concerns."
- We did however, read compliments received by the service. These included, "A very happy, warm welcome from the staff. [Name] very happy at Kenilworth and receives all the care and attention she needs. Thank you so much for all their tireless support, care and love."

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

- We found records at the service were not always contemporaneous. On two occasions staff rotas had not been completed giving the impression no staff had been on duty. We knew this would not have been the case and the registered manager confirmed this. Following our inspection, the registered provider confirmed they had address this with staff.
- Records relating to people's activities were not robustly completed. We reviewed daily records for everyone and read that activities consisted mainly of, 'drives out'. The registered manager told us this was not the case and was able to demonstrate where people had participated in different activities. However, this was not evident from the records.
- Where one person had had a fall, the accident record stated staff should refer to the person's sleep care plan as this had been reviewed. However, we found this had not happened. The registered manager said there was little change needed hence no changes had been made. However, this meant the accident form was misleading.
- One person's needs had changed and yet their mobility care plan did not reflect their current situation as it indicated the person was mobile using a zimmer frame which they no longer were.
- Regular audits and checks took place. These included weekly fire alarm checks, monthly fire extinguishers checks and a health and safety review.

We recommend the registered provider reviews documentation to check it reflects the most current situation in relation to people.

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

- Staff put people at the forefront of the service which meant people could lead the life they wished, attend activities and relax within their home spending time participating in their favourite pastimes. For example, one person was seen with their colouring pens and notepad.
- The registered manager understood their requirements of registration. Notifications of safeguarding concerns or significant incidents had been reported to CQC.
- Relatives told us communication was good, meaning staff acknowledged when relatives needed to be told of people's changing needs or accidents and incidents.

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

- Relatives felt involved in the service. One told us "We do get sent a survey to fill in." We read a compliment a relative had left stating, 'I always feel there is a great support for him and good communication'.
- Staff had regular meetings. These were used to discuss a range of topics relating to the service as well as individual people and their needs.

Continuous learning and improving care; Working in partnership with others

- The service had worked closely with other agencies to improve the service for one person living at Kenilworth. This person's needs had changed and as such staff had engaged professionals to advise and support them to enable the person to remain in their home.
- Other people had the support from an outreach service to enable them to access additional activities.
- The service worked closely with the community learning disability team who had expertise in caring for people with this type of care need.