MCCH

26a Sussex Avenue

Inspection report

26a Sussex Avenue
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

26a Sussex Ave is a service for up to ten people with learning disabilities and complex needs including physical disabilities. The service is a single storey property in a residential area of Canterbury. There were seven people living at the service when we inspected.

26a Sussex Ave 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a manager at the service who had submitted an application to CQC to register prior to the inspection. The manager was supported by a team leader and assistant team leader. 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 our last inspection in November 2016, we found concerns about works which needed to be completed at the service and a lack of consistent staff resulting in a reliance on agency staffing. At this inspection some improvements had been made. However, some larger pieces of work remained ongoing. The housing provider was in the process of becoming the provider for care services. Once this was completed, a plan for a complete refurbishment of the service would be actioned. People, families and commissioners had all been kept up to date with the plans and what would be happening. As a result some work at the service remained outstanding.

Agency staff were still used to cover shortfalls, but the number of permanent staff had increased. The manager had worked with the agency to build a core team of agency staff who worked at the service. There were enough staff and they had the training and support required to meet people's needs. Improvements had been made to how staff were allocated, which they told us helped them understand their responsibilities. Staff were recruited using safe procedures to ensure they were suitable to support people.

People's care was given in a person centred way; however people's care plans would benefit from more detail and information being displayed in a consistent way. There was a risk that staff may not know where to find some information as it was recorded in a variety of places in each care plan. One care plan had been updated as a pilot, this was much improved and there was a plan to replicate this for each person. We have made a recommendation about this.

Relatives told us they were asked for their views via surveys and felt able to complain. However, some

relatives did not feel that concerns raised had been addressed fully and to their satisfaction. They told us that although improvements had been made there was 'still a way to go' in resolving issues and communicating effectively. We made a recommendation about this

Staff understood their responsibilities in relation to keeping people safe and who they could report any concerns to. Risks to people and the environment were assessed and plans were in place which gave staff the guidance they required to minimise risks. Lessons were learned from accidents and incidents. For example, documents to record when people's health deteriorated had been updated as the result of a recent safeguarding. People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this. When people had limited communication staff used communication tools to support them to express themselves and where appropriate involved loved ones in making choices.

People had complex health needs; staff worked closely with local health care professionals to ensure people had the support they needed to remain healthy. When people had long term health conditions staff were proactive in seeking support. Relatives told us that communication about people's health had vastly improved. People's medicines were managed safely by trained staff, in the way people preferred. People had access to a range of food and drinks which they liked and which were presented in a way that met their health needs. People were encouraged to remain hydrated throughout the day.

People took part in a range of activities which they enjoyed including accessing local day services. Staff were working with people to expand their knowledge of things people enjoyed and to increase the range of activities they accessed. The service had been designed to meet the needs of people who required support such as wheelchairs, walking aids and hoists. Staff understood the need for infection control measures and were seen to use gloves and aprons when required.

There was a shared vision for the service and staff told us the management team were approachable and supportive. Systems had been implemented to support staff to improve communication with each other, relatives and other professionals. However, these were not yet embedded and staff were still adjusting to new ways of working. Audits were completed to monitor the quality of care provided to people and the environment. Any shortfalls formed the basis of an action plan which the management team completed. CQC had been informed about incidents as required and the service had displayed their rating in the entrance hallway.

This is the first time the service has been rated Requires Improvement.

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.

Staff were aware of their role and responsibilities in relation to safeguarding people.

Risks to people and the environment were assessed and staff had guidance to mitigate risks.

There were enough staff to meet people's needs and they were recruited safely.

People's medicines were managed safely and in the way they preferred.

Staff understood the importance of infection control measures and supported people in a way that protected them from infection.

Lessons were learned and improvements made as a result.

Is the service effective?

Good

The service was effective.

People's needs were met in line with best practice and legislation.

Staff had the training and support required to carry out their roles.

People were supported to have a balanced diet which met their needs.

People were supported to access medical professionals as required and advice received was followed.

Staff used a range of systems which promoted effective communication and ensured people's needs were met.

Staff asked for consent for people before supporting them and understood the principles of the Mental Capacity Act. (2005)

The premises had been adapted to meet the needs of people who used wheelchairs and required the use of hoists.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well and treated them with compassion and kindness.

Staff used a variety of communication tools to support people to express their views.

People were supported in a way which promoted their dignity and privacy.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care was given in a person centred way but care plans did not contain the information needed to support this.

There was a complaints policy which had been followed. However, relatives told us that they were not always satisfied that issues had been resolved in a timely fashion.

People took part in a range of activities which they enjoyed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Some improvements to the premises were awaiting the change of provider.

Audits had been completed and had identified some of the issues found at inspection. However, work to resolve shortfalls was ongoing.

Relatives told us that although communication had improved there were still issues with the timeliness of information being received.

There was a shared vision for the service which was based on the needs of the people supported.

Staff worked in partnership with professionals to ensure people's needs were met.

26a Sussex Avenue

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.

This inspection took place on 8 February 2018 and was unannounced. We carried out this inspection sooner than expected due to concerns being raised about how people's health conditions were being supported. The inspection was carried out by one inspector.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we inspected the service sooner than we had planned. We looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

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.

During the inspection we spent time with people who live at the service. We spoke with the registered manager, assistant team leader, the cook and two staff. After the inspection we received feedback from four relatives. We looked at two people's care plans and the associated risk assessments and guidance. We looked at a range of other records including three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

Good

Is the service safe?

Our findings

Relatives told us they felt that their loved ones were safe at the service. One relative said, "I don't have to worry I know they will be kept safe and looked after well."

Staff had received training in relation to safeguarding and understood their role in reporting any concerns. One staff member told us, "We are very aware that the people we support would not be able to tell us if they were being abused. So it is important for us to recognise changes and things we may see which would cause concern." The registered manager understood their role in relation to safeguarding and had worked with the local safeguarding teams to address any concerns. People were supported to live together well. Staff were aware of the impact people's behaviours could have on others and offered reassurance and distraction when required. Staff encouraged people to use their rooms or other communal areas to have space when they were distressed or impacted by other people's behaviour.

Risks to people were identified, assessed and mitigated. Risk assessments were person centred and gave staff the guidance required to keep people safe. For example, everyone at the service used mobility aids such as hoists or stand aids to move around. Each person's risk assessment detailed the equipment they used, the correct sling and how staff should support them. When people needed to sleep in a certain position supported by cushions a picture of how this should be laid out was displayed in their room and kept in the care plan. They also detailed people's preferences for how this should be carried out. During the inspection staff were supporting one person to move and used this as an opportunity to explain to a new staff member how the person like this to be done. They encouraged the person to join in the conversation and say if they agreed with what was being said.

Risks to the environment had been assessed and regular checks were completed of equipment used. Equipment used to help people move had been regularly serviced and checked by external professionals. Fire checks had been completed and drills were held on a regular basis. Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP gives details of the emotional and physical support each person would need to leave the service in the event of an emergency such as a fire.

Staffing levels were based on the needs of people and their planned activities. Shortfalls in staffing due to vacancies, sickness or annual leave were covered by staff from the provider's bank or a local agency. The registered manager ensured that any staff used at the service had experience of supporting people with complex needs. Staff were recruited using effective systems. Checks were completed to ensure people were suitable for their role. The checks included disclosure and barring checks (DBS), references, proof of right to work in the UK and proof of identification. DBS checks are used by employers to check a person's criminal history and if people are listed as being barred from supporting vulnerable people.

People's medicines were managed safely by staff who were trained. Staff's competency to administer medication was assessed prior to them taking on this role. People's care plans gave details of what each medicine was prescribed for, possible side effects and how the person liked to have it administered. Medicine administration records were completed fully. When people were prescribed medicines for use 'as

and when required' there was a protocol in place. The protocol detailed when the medicine should be offered, how often and the maximum number of doses in 24 hours.

Staff were aware of the need for infection control systems. One staff member told us, "The people we support have complex health needs which puts them at a higher risk of infection than you or I. We have to make sure to use the right PPE (personal protective equipment) and wash our hands between supporting people." Throughout the day we observed staff using gloves and aprons and reminding people to wash their hands when required. There was a cleaning rota in place the service was clean and smelt pleasant.

Staff and the registered manager reviewed incidents, accidents and people's periods of ill health to identify areas for improvement. For example, one person was at risk of low body temperatures. They were required to have their temperature monitored on a regular basis. Following a recent safeguarding incident, the registered manager had changed the way this information was recorded in order to make it easier for the senior staff member on shift to check it had been completed. The information was now recorded on the shift planner which was easily accessible. This had led to an improvement in recording and ensured senior staff were aware of any changes or drops in temperature.

Good

Is the service effective?

Our findings

People's relatives told us they were kept informed about any changes in people's health. One relative said, "This has improved and they usually call us quickly once they have dealt with the issue, which is the priority after all." Relatives also told us they were involved in supporting their loved ones when making decisions about their care.

People's needs had been assessed and their support was planned in line with good practice and current legislation. The registered manager told us they were kept up to date by the provider with information about any changes to legislation or good practice. Staff also worked with local health professionals to establish the best practice in relation to supporting people's needs. Any changes or guidance was then incorporated into people's care plans.

People were supported by staff who told us they had the support and training needed to carry out their roles. Staff had completed a range of core training courses related to subjects such as safeguarding and fire awareness. They also had training specific to people's needs including moving and handling and managing skin integrity. Agency staff who worked at the service had been invited to attend training courses run at the service to improve consistency in the support people received. Staff had regular one to one meetings with their line manager. This was a chance to voice their opinions, seek support and receive feedback on their performance. Staff told us they felt they could request support from the management team at any time.

People were supported to have a varied diet which met their health needs. The cook knew everyone's needs and preferences well and could tell us about what people enjoyed. People spent time with the cook preparing meals or baking which staff told us they enjoyed. There was a menu which was based on the likes and dislikes of people and people could choose to have something different if they preferred. The cook told us, "We have tried to expand what people eat. It can be challenging to do that when some people need their food to be soft or pureed, but we are getting there. People really seem to enjoy trying new things." When people required support to eat, staff took their time and spoke to the person throughout. They spoke about what the person was eating and generally chatted in a very relaxed way. People were encouraged to drink throughout the day and were given a choice of drinks to choose from. When people's drinks needed to be thickened to reduce the risk of choking, staff were aware of this and ensured drinks were the correct consistency.

Staff used a variety of systems to communicate and ensure that each staff member understood their allocated work for the shift. A shift planner was in place which detailed each staff member's role. There was also a board on the wall in the dining room which showed which staff were working and who they would be supporting. An additional board showed when people had appointments, the times and who was responsible for supporting this.

People at the service had complex health needs. Staff worked closely with local health professionals such as community nursing teams and speech and language therapists to meet people's needs. Some people had ongoing health issues and attended regular appointments at a local hospital. Staff stayed with the person

and supported them throughout the appointments. Relatives told us there had been an improvement in how people's health needs were supported. Staff now supported people when they were admitted to hospital to ensure that health professionals had all the information they needed and to offer reassurance to people. Staff spoke with confidence about people's health needs and how they knew people were unwell. Records showed appointments to seek support had been made quickly. Any advice received had been recorded and used to update people's care plans and risk assessments.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were in place and had been updated as required.

People's capacity assessments had recently been updated and improved. The assessments were completed in a person centred way which clearly highlighted how people could express choices. There were details of who would be involved in making any best interest decisions and if anyone had a lasting power of attorney. A lasting power of attorney is a legal document which names an attorney who can make decisions on another person's behalf. When decisions had been made in people's best interest records showed who had been involved in the decisions and the outcome.

The service had been designed specifically to support people who used wheelchairs, mobility aids and hoists. Bedrooms and bathrooms had overhead tracking to support hoists. The service also had additional hoists which could be used in case of an issue with the tracking system. All rooms and corridors in the service were kept clear and allowed space for people to move around safely. The kitchen was designed to enable people to be involved in food preparation with surfaces accessible to people who used wheelchairs. Furniture used at the service met the needs of people including recliner sofas to enable people to raise their legs when required. The garden area was accessible to people and had raised beds so people could take part in gardening activities. It also contained sensory items such as wind chimes and fragrant plants.

Good

Is the service caring?

Our findings

Relatives told us, "The staff are pretty good. My loved one will call us every day if they are unhappy. They haven't called with a worry in over a month so that tells me they are getting what they need from staff."

People were supported by staff who knew them well. Staff constantly interacted with people and often joked with them. People responded well to this by smiling or moving closer to staff. One person had recently been in hospital and staff checked on them frequently to ensure they were ok. When the afternoon staff arrived they spoke to them and told them how happy they were to have them home and to see them so much better. The person smiled at each staff member. Staff offered reassurance by touching people's arms or hands whilst chatting.

People had limited verbal communication and often used facial expressions or small movements to express themselves. Staff understood people's communication well and responded quickly. Experienced staff explained to new staff members how to understand what people were saying and encouraged them to spend time sitting with people chatting to get to know them. People's communication care plans were in the process of being updated, we were shown one which had been completed and this was very detailed. The registered manager told us this was going to be replicated for each person. The current plans in place contained a large amount of information but this was not always in an accessible format or recorded consistently. Information about communication was limited and would benefit from being more descriptive.

Staff spoke positively about each person and their personalities. Life stories had been compiled with the help of people's families. They detailed who was important in the person's life, and facts such as where they went to school. They also showed activities which they had enjoyed as a child: staff told us they were looking to find opportunities for people to try these activities again as adults. Staff spoke to people throughout the day about what was happening and what they were doing. They knew people's families well and spoke to them about their loved ones and upcoming visits. People's relatives could visit at any time and some people went to stay at their family home for visits. Relatives told us they felt very welcome at the service whenever they visited.

Each person's bedroom had been personalised, this included their preferred colours on the walls and pictures of their loved ones displayed. Some people had sensory equipment in their room such as lights. During the inspection some people chose to have a rest in their rooms. Staff supported them to have music of their choice and lights projected on the ceiling. People relaxed when this was switched on and smiled as the staff left them to rest.

People's dignity and privacy were promoted. Staff spoke discreetly to people about going to the bathroom. When people were being supported to have a bath or dress staff ensured that doors were closed. Staff knocked on people's bedroom doors before entering even when doors were open. Staff checked with people to ensure they were comfortable and to offer them the choice to move to a different chair, their bed or the water bed in the sensory room.

Requires Improvement

Is the service responsive?

Our findings

Relatives told us the service was sometimes slow to respond to their concerns and make changes as a result. They told us had become more noticeable since the upcoming change in provider had been announced. The manager told us that they felt the support from the provider had been consistent and they would raise this issue with the provider and aim to address these concerns.

People's care was given in a person centred way and in the way people preferred. However, their care plans did not always reflect this or give staff a full picture of their support preferences. This had been recognised by the management team and one of the senior staff had been allocated to review all care plans and update them. One care plan had been started and the information which was recorded was very detailed and person centred. The manager told us the plan was to use the first completed care plan as an example to be followed for each person's plan.

We recommend the manager review all care plans and update them to contain a complete picture of people's needs and preferences.

There was a complaints policy in place; no formal complaints had been received in the past 12 months. The manager told us that there had been previous concerns raised by families about communication in relation to health appointments, which had been resolved. People's relatives told us that although communication had improved they still felt the service did not always respond to concerns quickly. Relatives said the addition of a new member to the management team had been positive and that the staff member was proactive in contacting them. They were hopeful that their concerns would be addressed more quickly in the future.
We recommend the provider reviews their systems related to complaints to ensure that complainants are satisfied with outcomes and that improvements are sustained.

Staff told us they were aware of how the people they supported let them know they were unhappy. One person became unsettled during the inspection and staff spent time with them to identify what was bothering them. It was found they were bothered by the volume of the TV, so staff spoke to the person watching TV and they agreed to turn it down, at which point the person who had been unsettled relaxed.

People took part in a variety of activities which they enjoyed. Most people attended local day services for part of the week. Staff told us people looked forward to going to meet with their friends at the services and doing a range of activities there. During the inspection some people went out with staff for a local walk. They returned smiling and nodded when staff asked if they had enjoyed their walk. One person chose to watch one of their favourite TV shows which they had on DVD. Staff spent time with them supporting them to choose which programme they would like to watch. One of the rooms in the service had been adapted into a sensory room which included lights, music and a water bed. One person chose to have their afternoon rest on the waterbed watching a film.

Staff talked to us about how they were expanding people's activities. Staff had discovered by chance that

one person liked a certain type of film and staff were finding films of this genre for them to watch. Another person had a favourite musical group, on the day of the inspection a new CD arrived for the person. The person immediately let staff know they wanted to go to their room to listen to the CD. Staff supported them to lay on their bed and put the CD on for them. Another person had previously enjoyed hydrotherapy sessions; staff had contacted local hydrotherapy pools to identify an available slot for the person to book.

Requires Improvement

Is the service well-led?

Our findings

There was a manager in post who was in the process of registering with CQC. They were supported by a team leader and assistant team leader on a day to day basis. Relatives told us the manager was approachable.

At the last inspection there was a high reliance on agency staff which had an impact on the support people received. The provider had made an effort to recruit new staff and this had been partially successful. There was still high usage of agency staff, but the manager had worked with agencies to ensure the staff being utilised had the skills required to meet complex needs. The management team provided role models for staff and worked alongside them to provide support on a regular basis.

Some documents relating to people such as care plans were in the process of being reviewed and updated. The current plans were not always consistent in where they recorded information which could make it more difficult to access information quickly. For example, in some files information about how people preferred to have their medicines was recorded in their care plan section and in others it was in the risk assessments. The manager told us that the plans were going to be updated but this was taking longer than expected due to the lack of permanent staff.

Some works to the environment remained outstanding since the last inspection. There was a plan for a large renovation project once the housing provider had taken responsibility for providing the care. Staff managed around the works that needed doing to minimise the impact on people. Staff and families told us the provider had consulted them about the planned changes to the service and they had been kept up to date with decisions as they were made. Meetings had been arranged with the new provider in order for people to discuss any concerns.

There was a shared vision for the service which was focussed on people and their needs. Staff told us there had been a recent change to run the service as a whole rather than in two units. They felt this had benefitted people as they had more consistent support. One staff member said, "It really helps we can work together and share good practice. You really learn from your colleagues and that only helps the people we support." Staff told us they felt supported by the manager and other senior staff. They told us the management team were always available to listen and offer a hand when needed. Staff shared their ideas for improvements through team meetings and supervisions.

Regular audits were completed to monitor the quality of the service and to drive improvement. Audits were carried out monthly by team leaders at the service that were reviewed by the manager. Six monthly audits were completed by the provider's compliance team; these formed the basis of an action plan to address any shortfalls identified. External audits of the management of medicines were completed by the local pharmacist. No concerns were found at the last audit.

People's behaviours and interactions were monitored for signs they were unhappy with the support they were receiving. Staff worked with people's loved ones and professionals to identify what the issue may be

and address it. Relatives and professionals were asked for their feedback about the service. The responses were analysed and any issues addressed. A report was issued which gave the outcome of the surveys and any actions taken as a result.

Staff at the service worked in partnership with professionals to meet people's needs and improve the service they received. Support had been sought from the local authority commissioning and safeguarding teams to ensure the new documentation put in place, such as capacity assessments and care plans, were fit for purpose. Professionals were invited to deliver training sessions to staff with in the service based on the specific needs of individuals.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating.