London Borough of Richmond upon Thames

London Borough of Richmond upon Thames - 3 Tudor Avenue Residential Care Home

Inspection report

3 Tudor Avenue
Hampton
Middlesex
TW12 2ND
Tel: 020 8979 2696

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Ratings

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

Summary of findings

Overall summary

We carried out an inspection of 3 Tudor Avenue on 21 September 2015. The inspection was unannounced. At the previous inspection of 17 October 2013 the home had met all the required standards.

3 Tudor Avenue is a home for up to six people who have learning disabilities, some of whom have additional physical disabilies. At the time of our inspection there were six people living in the home.

The home had a registered manager. 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.

People who lived at the home were protected from the risk of abuse happening to them. People who were able to told us they felt safe and well cared for at the service and that they felt comfortable with the staff. Other people were able to demonstrate through their body language and interaction with staff that they felt safe and well cared for.

We saw that people's health and nutrition were regularly monitored. There were well established links with GP services and other community health services such as occupational therapists, dieticians and speech and language therapists.

Care records were individual to each person and contained information about people's life history, their likes and dislikes, and information which would be helpful to hospitals or other health support services.

Staffing levels were managed flexibly to suit people's needs so that people received their care when they needed it. Staff had access to information, support and training that they needed to do their jobs well. The provider's training programme was designed to meet the needs of people using the service so that staff had the knowledge and skills they required to care for people effectively.

There was an open and inclusive atmosphere in the service. People who used the service and staff told us they found the manager to be approachable and supportive. Staff were able to challenge when they felt there could be improvements.

The provider carried out regular audits to monitor the quality of the service and to plan improvements. Action plans were used so the provider could monitor whether necessary changes were made.

Summary of findings

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. People who lived at the home were protected from the risk of abuse happening to them, supported by clear policies and staff training. There were clear policies and procedures in place relating to safeguarding and whistleblowing.

Risk assessments of people's activities, including the premises and environment supported people to be safe.

There were sufficient numbers of staff on duty to keep people safe.

Medicines, including controlled medicines were safely and securely stored in a locked medication cupboard and staff had received up to date training .

Is the service effective?

Good

The service was effective. People who lived in the home received care from staff who had had appropriate training and who were aware of good care practice. Staff received appropriate support and supervision.

Staff understood the requirements of legislation relating to the need for people to give consent and to act in their best interests when consent could not be given. People were involved in day to day decisions about their care.

People were supported to have sufficient food and drink. Staff had received training and were skilled in ensuring people with complex dietary needs were supported to enjoy their meals. People's cultural and religious needs were appropriately catered for.

People were supported to have good access to health care, including specialist health care teams where appropriate. Staff were skilled and trained to ensure that people's day to day health was monitored and supported.

Is the service caring?

Good

The service was caring. People had positive relationships with staff. People's needs, including their health, disability and cultural needs were understood and supported by staff.

People were supported to express their views and make their own decisions. Staff were able to use a variety of approaches for those people who had difficulty communicating.

Staff respected people's privacy, dignity and human rights. People had their individual wishes respected and families and visitors were able to visit. People's individual support needs and how they liked to be supported were documented in up to date care records.

Is the service responsive?

Good

The service was responsive. People received personalised care that was responsive to their needs. People's needs were assessed and support plans drawn up which included the views and contributions of people.

Summary of findings

Accidents and incidents and concerns expressed by people were recorded and monitored. These were shared with all staff and discussed with a view to addressing issues and improving the support provided to people.

There was a full programme of personalised activities for people which were prominently advertised and displayed. These were reviewed monthly.

The home had a complaints procedure that was understood by people. People told us that they felt confident to talk to staff about any problems.

Is the service well-led?

Good

The service was well-led.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

People and staff were positive about the culture and atmosphere in the home.

The manager and staff maintained a focus on keeping up to date with best practice through participation with groups such as Skills for care and meetings or forums for providers. Records and information were stored securely and safely.

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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 21 September and was unannounced.

The inspection was undertaken by one inspector. Before the inspection we looked at information about the home that we had. This included previous inspection reports, information provided by the home, the provider information return (PIR) form, correspondence and notifications.

During the inspection we spoke with four people living in the home. We also spoke to the manager and four members of staff.

We looked at the home's policies and procedures, four care records and four medicines administration records. Staffing records were held centrally by London Borough Of Richmond upon Thames.

We also spoke to a sample of external professionals who provided support to the home, for example the community health teams and received their feedback.

We observed the care practice at the home, tracked the care provided to people by reviewing their records and interviewing staff.

Good

Is the service safe?

Our findings

The service was safe. People who lived at the home were protected from the risk of abuse happening to them. People who were able to comment told us they felt safe and well cared for at the service and that they felt comfortable around staff.

Staff were supported with information and training to guide them in the event of a safeguarding concern being identified and all staff spoken with were able to describe the sort of issues that would require raising a safeguarding alert. We looked at the home's safeguarding policies and procedures and saw that they were reviewed and updated regularly. These included safeguarding, complaints and whistle blowing procedures.

We saw that safeguarding alerts had been raised and acted upon appropriately by the home and that safeguarding procedures had been followed, including working with the local authority safeguarding team. This demonstrated that the provider would respond appropriately to any allegation of abuse with the aim of keeping people safe.

Staff were knowledgeable about the different types of abuse and the signs which indicate abuse may have occurred. Staff told us they had completed up to date training in safeguarding and records confirmed this.

Risks to people's health, safety and welfare had been assessed and where appropriate a risk management plan had been put in place for aspects of people's care and support. Risk management plans covered aspects of care such as, nutrition, mobility, physical and emotional health and medication and they formed part of the person's care plan. Where appropriate other agencies input was considered, such as community mental health team and occupational therapist to provide additional support and guidance.

Risks to people's safety during day to day activities, or outdoor activities had also been assessed and a support plan put in place. Staff were aware of the risks associated with individual activities and these were also clearly documented in people's support plans.

The provider had a staff recruitment and selection policy and procedure. Recruitment procedures ensured that people were protected from having unsuitable staff working at the service. Recruitment checks were undertaken by the local authority and these included reference checks and details of previous employment as well as checks made under the Disclosure and Barring Scheme (DBS). This ensured staff were fit and suitable to work in a care setting.

There were enough staff on duty to care for people, with three care staff on duty at each shift during the day in addition to the manager. At night there were one waking staff and one sleeping-in staff. The care team was supported by domestic staff.

Medicines, including controlled medicines were safely and securely stored in a locked medication cupboard. The medicines cabinet was locked and could only be accessed by a key which was held by the senior staff member on duty. There was a system in place for ordering and delivery of medicines in blister packs on a four weekly basis by the local pharmacy. Medicines were disposed of safely with a system in place for counting, returning to the pharmacy and signing where medication needed to be disposed of.

We observed medicines being administered and saw that staff had a good knowledge of procedures and took care to ensure people felt comfortable. We checked an example of someone's medicines administration record and saw that it was correctly completed and provided a clear audit trail that enabled the provider to monitor medicines and their safe use.

We saw that the home was clean, free from odours and well maintained. The layout and décor was that of an ordinary domestic home, although care had been taken to ensure that areas were free from hazards and that people could have access to all areas of the home in a safe way. Surfaces were clean and areas such as kitchen and toilets had suitable hand-washing and infection control equipment and materials. The kitchen was clean and safely maintained and staff were familiar with food hygiene regulations and practices. Where people wished to make a meal or a drink staff were present to provide appropriate and safe support.

Good

Is the service effective?

Our findings

The service was effective. People who lived in the home received care from staff who had had appropriate training and who were aware of good care practice.

People's needs were assessed and support plans were put in place which took into account people's wishes, their support needs and their lifestyle and culture. Some staff acted as a Key Worker for people and ensured that people's views were included when reviewing their support needs.

Staff told us they received sufficient training and felt supported by the manager. Some staff had worked at the home for several years and knew the people well. Training records showed staff were appropriately skilled and experienced to care for people safely. In addition to mandatory training covered by the 15 standards contained in the Care Certificate, some staff were developing their training further and were taking national vocational qualifications. In addition the service had good links with specialist support services who provided guidance and training to staff in the areas of using hoists, speech and language, eating and drinking via Percutaneous endoscopic gastrostomy (PEG) and Radiologically Inserted Gastrostomy (RIG).

Care staff received regular supervision and annual appraisals. Supervision was carried out every six weeks and allowed the opportunity for staff to discuss any work related issues and to receive feedback about their performance.

The registered person had suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The Mental Capacity Act (MCA) 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. At the time of inspection five out of the six applications had resulted in a DoLS authorisation being granted.

Staff understood the requirements of legislation relating to the need for people to give consent and to act in their best interests when consent could not be given. People were involved in day to day decisions about their care. We saw training records that showed staff involved in both learning about the MCA and DoLS. Staff told us that they were aware of their responsibilities on a day to day basis when working with people who use the service to help them understand their care and treatment including gaining their consent.

Staff were knowledgeable about people's dietary needs and preferences. People were encouraged and supported to prepare their own meals as far as they were able. There was a five day menu on display and in a format that people could understand and make choices from. Staff had taken care to ensure that individual preferences were included in the menu.

People told us that they enjoyed the food. Staff were responsible for the meals and took care to ensure that any particular dietary need was met in accordance with the care plan. We saw that people had access to the kitchen and could have snacks and drinks whenever they wished, unless their health support needs meant they required more supervision. Where people were unable to make drinks or snacks these were provided by the care staff.

We saw that people's health and nutrition were regularly monitored. These were discussed at staff handover sessions and recorded in care plans and daily notes. There were well established links with GP services, dieticians, occupational therapists, speech and language therapists and other social and health services.

Good

Is the service caring?

Our findings

People who were able to told us they felt staff were caring. People who were not as able in communicating verbally were nevertheless able to express how they felt about staff.

We observed staff interaction with people and observed people interacting with each other. People were treated with respect and kindness. We saw that people were comfortable around the staff and that staff spoke to them in a friendly but respectful way. Some people were unable to communicate verbally and staff were aware of people's body language and signs they used to communicate their needs. Staff showed knowledge about the people they supported and were able to tell us about people's individual needs, preferences and interests. These details were included in the care plans.

People were supported to maintain relationships with their families and friends. Families would either visit or staff would support people to visit their family home.

We observed staff always knocked on doors before entering people's rooms. Staff respected people's private space and always made sure they spoke to people in a respectful manner, for example, by ensuring that they faced someone who was in a wheelchair rather than speaking from behind.

Care records were individual to each person and contained information about people's life history, their likes and dislikes, cultural and religious preferences. The staff had received guidance on how to avoid using institutionalised language in their reports and records and information about people was written in a personalised way.

People were involved in decisions about the running of the home as well as their own care. This happened mainly through daily contact with people as well as monthly meetings.

One staff member told us, "This is their home and during our working time here we need to make sure that what we do is for them and not for us".

Good

Is the service responsive?

Our findings

We saw that staff attended promptly when people needed their support. At the time of our inspection people were engaged in separate activities, for example one person was quite actively interested in staff activities, another was listening to music in the bedroom, and others were in the lounge reading magazines or watching TV. Staff were able to respond to people's individual needs in a caring manner.

People's needs were fully assessed prior to becoming resident in the home and at monthly intervals thereafter with a full review taking place annually. We looked at care records and saw that they contained assessments relating to mobility, healthcare including medicines, eating and drinking, behaviour and independence.

People's diverse needs were understood and supported. These included food preferences, interests and cultural background. We saw that people had the equipment they needed for meeting their physical needs, such as wheelchairs, hoists, adapted baths and showers. All staff had undertaken training on equality and diversity which enabled them to respond to people's needs in a way that was most appropriate to the person.

People had individualised care plans which highlighted their various interests and this was reflected in the variety of activities which they took part in. Some people attended a club in the evening, while others participated in the activities programme in the home. People could rise and go to bed as they wished and arrange their day as they pleased. The home had its own transport for group outings and staffing levels were such that they could respond to people's individual support needs.

People were supported to maintain their relationships with family, relatives and friends and the home had an open policy for visitors. We saw in people's care records that the views of family and significant people were welcomed while planning or reviewing people's care.

In order to listen to and learn from people's experiences the home had monthly meetings with people, regular keyworker meetings and staff meetings where people's experiences and views were discussed.

Accidents and incidents and concerns expressed by people were recorded and monitored. These were shared with all staff and discussed with a view to addressing issues and improving the support provided to people.

The service had a complaints procedure and we saw that there had been no complaints made in the previous 12 months.

Good

Is the service well-led?

Our findings

The service promoted a positive culture that was person-centred, open, inclusive and empowering for people. We saw that people were supported to have as much independence and autonomy as they were able to, or wished and that this support was underpinned by good practice and clear policies and procedures.

The policies and procedures of the home described a vision and a set of values that included the importance of involvement, compassion, dignity, independence, respect, equality and safety. Staff we spoke with understood these and we saw that staff promoted these values in their work. The manager kept these under review through regular supervision, carrying out internal and external audits and ensuring that staff training was kept up to date.

We spent time observing the interaction between staff and the people living in the home. There was an atmosphere of openness in the home, where people felt able to approach staff directly and have free access to all areas of the home. At the same time, staff were able to speak freely with people, advise and support them appropriately and safeguard them from harm if necessary.

Staff we spoke with told us they felt comfortable about discussing issues at team meetings and at supervision and were aware of the whistle blowing policy and procedures.

The service demonstrated good management and leadership through ensuring that it complied with the requirement to have a registered manager in place. There was a clear staff structure and hierarchy which was underpinned by clear policies and procedures and regular supervision of staff.

The service aimed to deliver high quality care through a mix of performance management of staff, engaging people who used the service to share their experiences of the service and through internal and external audits of the service.

The manager and staff maintained a focus on keeping up to date with best practice through participation with groups such as Skills for care and meetings or forums for providers. They also received support from specialists in the areas of nutrition, speech and language and physiotherapy which ensured practice and knowledge was up to date.

Internal audits were carried out on all aspects of the service, including health and safety, medicines, the quality of people's rooms, staff training and care records. External audits and monitoring were undertaken by the local authority quality assurance team, although due to some organisational changes and staff sickness these had not taken place for two months. The Head of commissioning explained that service issues were discussed at monthly manager meetings and at individual supervision meetings with home managers.

Records in the home were held securely and confidentially.