

Caretech Community Services (No.2) Limited

Mildred Avenue

Inspection report

136 Mildred Avenue
Watford
Hertfordshire
WD18 7DX

Date of inspection visit:
30 April 2019
09 May 2019

Date of publication:
31 May 2019

Ratings

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

Summary of findings

Overall summary

About the service: Mildred Avenue is a care home. Mildred Avenue provides a service for up to six adults with a learning disability. At the time of the inspection there were four people living at the service. Accommodation is provided in one large detached two storey house and over two floors. People have access to communal areas.

People's experience of using this service:

Some people who lived at the home were able to communicate verbally. For people who were unable to speak to us, we observed staff supported them with a range of communication aids, which included sign language and interpreting people's body language with regards to meeting their needs and wishes.

People who lived at the service were safe. Risks in relation to people's health, safety and welfare had been identified and action taken where appropriate. Staffing levels were appropriate to meet the needs of the people using the service. Medicines were safely managed. There were systems in place to monitor incidents and accidents and learn from these.

Staff were competent and knew the people they supported well. People's care, health and cultural needs were identified so staff could meet these. People had their nutritional needs met. People were supported to maintain good health. Staff made referrals to health professionals when required. Staff worked within the principles of the Mental Capacity Act (MCA) 2005 and ensured people consented to their care.

People received care from staff who were kind and caring. People's privacy and dignity was protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences. One relative said, "[name] loves living at Mildred Avenue as it's like home from home, the best of both worlds."

We found that care plans had improved since the last inspection was carried out and now gave a comprehensive picture and record of how people would like their needs met. People took part in a range of group and one-to-one activities depending on their preferences. Information was displayed on how to make a complaint and in a pictorial format, that could be easily understood. Relatives also told us they knew how to complain.

At the last inspection the service did not have a registered manager in post. However, at this inspection we found that a manager had been appointed and registered with the Commission in July 2018. People, visitors and staff told us the service was well managed and had an open and friendly culture. Staff said the service had a family atmosphere and they felt well-supported. The registered manager and staff worked in partnership with other agencies to ensure people got the care and support they needed. One staff member said, "I think [manager] is a very competent and professional. They are one of us and make us feel valued and respected for the job we all do."

Rating at last inspection: Requires Improvement (report published 25 April 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well- Led findings below.

Good ●

Mildred 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection over the course of two days.

Service and service type: Mildred Avenue is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they 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 used our planning tool to gather relevant information and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sends us saying how they are meeting the regulations and any plans for improvement. We also reviewed all information received from external sources such as the local authority and reviews of the service.

During the inspection we:

Spoke with the registered manager of the service.

Gathered information from three care files which included all aspects of care and risk.

Spoke with three people who lived at the service

Spoke with three staff employed by the service.

Looked at three staff files including all aspects of recruitment, supervisions, and training records.
Health and safety records.
Records of accidents, incidents and complaints.
Audits and surveys.

Following the inspection, we reviewed further evidence sent to us by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The staff received training on safeguarding adults and abuse awareness.
- Staff said, "We have good training in safeguarding and whistleblowing. I know the process to follow if I have any concerns about the welfare of people at Mildred Avenue."
- One relative told us that they felt their family member was very safe at Mildred Avenue. If they had any concerns about abuse, they would approach the registered manager and call social services.

Assessing risk, safety monitoring and management.

- The registered manager wrote, reviewed and updated detailed risk management plans.
- The registered manager directly communicated changes in people's care needs to staff to ensure understanding.

Staffing and recruitment

- The registered manager had robust recruitment policies and processes in place to ensure that staff were suitable for the role.
- The staffing levels were based on people's assessed needs and were safe. When the service had staff vacancies, these were filled with regular and reliable agency members of staff.
- Staff had the right skills and experience for the role.

Using medicines safely

- The provider had a detailed system in place for the monitoring and auditing safe management of medicines.
- Staff were trained and assessed in medicine administration and theory to ensure competence.
- Each care plan had information on the medicines used and known side effects to better inform staff.
- One relative told us, "The staff give (name) their tablets as they are not able to do this for themselves." We carried out a check of the medicine administration records (MAR) for all four people and found these to be accurate and up to date, with no gaps found. The registered manager also carried out regular audits of people's medicines to ensure any discrepancies are found at the earliest possible stage.

Preventing and controlling infection

- One staff member confirmed to us, "Gloves and aprons are provided to prevent the spread of infection and we then dispose of these safely in the appropriate bins, when necessary."

Learning lessons when things go wrong

- The service has not yet experienced incidents. However, the registered manager had a good understanding of processes for learning from when things went wrong.

- The registered manager also researched the latest concerns and developments in the wider care environment and used these to shape the quality of care provided.
- The registered manager told us, "We always minimise the risks to people by ensuring that all the documentation is up to date and has been reviewed. If errors are made, for example with the administration of medicines, we have a robust procedure to follow which includes staff members having their competencies checked, monitored and reviewed, to avoid further errors occurring."

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

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.

- There were thorough systems in place for conducting initial assessments of people's care needs.
- Assessments covered aspects of choice, preference, beliefs, health and wellbeing.
- The provider wrote people's care plans and risk assessments in line with their assessed needs.

Staff support: induction, training, skills and experience.

- The provider used a robust induction program for new staff including shadowing and being observed and assessed as competent before they worked unsupervised. One staff member commented, "I had a full induction before I started here and also shadowed a more experienced member of staff before I worked on my own. This gave me the confidence to work unsupervised, when I had completed my induction."
- Staff were provided with training in all areas required for their role. The registered manager provided evidence that each member of staff had completed their mandatory training within the required timescales.

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

- People's weights were monitored and any other dietary needs. When required, health care professionals were referred to for guidance; for example, when people were at risk of choking.
- One person told us, "The food here is great." We observed the main meal being prepared and served by a staff member and one person who lived at Mildred avenue. This person took great pride in cooking for everyone and told us, "I love cooking and I am very happy that people eat what I have cooked." Everyone told us that this meal was both tasty and fulfilling. One person said, "This is one of my favourite meals."
- One relative told us that the standard and choice of meals was very good. They said, "[name] always has one main meal a day which is always freshly cooked." Two people we spoke with confirmed that they could choose what they liked to eat and drink. One person was very proud to tell us that they had attended a course that supported them to lose weight.

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

- There was clear evidence of referrals being made to a range of health care professionals and their guidance was included in the care plans. The GP practice was close to the home and people could access it easily when required.
- Relatives told us they felt informed when healthcare advice was obtained. One relative said, "Staff always keep in touch if (name) has any health problems and we are always confident that staff will take them if they are feeling under the weather or for any medical problem. I have no concerns about that."
- The registered manager acted as a liaison with health professionals to ensure that the correct equipment was assessed and accessed.

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

- The home had a variety of communal areas which people could access. When people required specialist chairs and equipment, we saw that these were made available.
- People were able to personalise their own bedrooms and were also involved in choosing the colour schemes for the communal spaces.
- Some areas of the service required re-decorating and updating, this included chipped paint and areas of disrepair. However, we were informed by the registered manager that the service is due to be re-provisioned and the model of care changed to 'Supported living'. Therefore, all repairs and maintenance issues would be incorporated and rectified when the new building work is carried out in the next two months.

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 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.

The application procedures for this in care homes and hospitals are 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 were being met. Where people did not have capacity to make decisions, they 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. We found that the service had made appropriate applications to the local authority where it felt a person's liberty needed to be deprived in order to keep them safe.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. For example, we saw each care plan recorded the person had consented for their photograph being taken, the administration of their medicines and for their care plan to be shared with significant others. Throughout our inspection we observed staff obtained consent from people before they provided any support or care. This also included knocking on people's bedroom doors before they entered.
- People we spoke with confirmed that staff asked for their consent before any care was given. One staff member told us, "I would never attempt to do anything with a person before I asked them if it was ok and obtained their consent. All our training about consent and people's capacity focusses on making sure we always get the person's permission before we support them."

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.

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

- People's personal beliefs and cultural preferences were respected.
- One relative told us, "Everyone at Mildred Avenue shows great respect towards (name). It's a lovely home."
- One person told us that staff were 'Kind and fun'. Another relative also confirmed that they had always found staff to be respectful, honest and caring.
- Staff received training on equality and diversity. The registered manager assessed staff's knowledge through both one to one supervision sessions and refresher training.

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

- Relatives we spoke with confirmed they were involved at all stages of care planning for their family members. Where possible, people who used the service made their own decisions about their care.
- Documents reviewed showed evidence of both relatives and people's involvement in their initial assessments. We also saw evidence that formal reviews of people's care had been carried out within the past six months.

Respecting and promoting people's privacy, dignity and independence.

- Staff received training on confidentiality and information governance.
- The registered manager securely stored all paper and electronic records.
- Review of care records showed that people's dignity and independence was promoted and maintained.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Personalised care.

- Staff knew people's likes, dislikes and preferences. They used this detailed information to care for people in the way they wanted. For example, they had details around how a person preferred to spend their leisure and social time.
- People were able to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- People's needs were identified, including those related to protecting people's choices and preferences.
- An individual pictorial activities programme was available, and people told us that various activities took place.
- Activities included trips to the local pubs, shopping centres and social clubs, as well as a trip to the coast during the summer months. People also attended local day centres during the weekdays to take part and enjoy the various activities, for example art and craft sessions, gardening and cookery sessions. We saw that one person was regularly supported to go to watch their chosen football team play at both home and away games with a member of staff. One relative was very complimentary about the opportunities their family member was given to access social events within the local community, as well as being supported to visit their family at home. They told us, "We love [name] seeing them happy to be going back to Mildred Avenue because they see it as their other home."

Spacing

Improving care quality in response to complaints or concerns.

- Pictorial information on how people could make a complaint about the service was displayed throughout the service.
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to and complaints acted upon in an open and transparent way by management, who would use any complaints received as an opportunity to improve the service. One relative said, "I think the staff and manager do listen if I have a concern or issue and I feel that I can always pick up the phone and I will receive a response and resolution. However, I have never had to complain in all the time [name] has been here."

End of life care and support

- People and their relatives were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate. End of life care plans were written in simple terms and provided clear guidelines for staff to follow. For example, we reviewed a section within one person's care plan entitled 'My wishes after death'. This document had been sympathetically devised and covered all aspects of both the planning of the funeral, the person's wishes regarding if they wished to be cremated or buried, the flowers they would like, the choice of denomination, what music they would like and who they wished to carry the coffin. This document had been produced in pictorial format which ensured the person was able to fully comprehend

the information recorded.

- Staff understood people's needs, were aware of good practice and guidance in end of life care.
 - The service was able to access specialist equipment and medicines at short notice to ensure people were comfortable and pain free.
 - The service supported people's relatives and friends, as well as staff, before and after a person passed away. There were no people living in the service that required this level of support at the time of this inspection.

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

The service was managed and well-led.

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

- The registered manager and care staff were all caring and committed to ensuring they provided good quality, person-centred care.
- The registered manager and the team had a good understanding of their responsibilities.
- The registered manager showed an open and honest approach to care provision.

The registered manager and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team were all able to define their roles and how to put these into practice.
- The registered manager and staff team understood the impact of good care on the people they were supporting.
- The registered manager showed a good understanding of legislation and the requirements and their responsibilities within the governance role.
- Risks were understood, safely managed and used to empower people and develop their skills and confidence.

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

- One person told us, "I love living here and the staff are fantastic."
- Staff told us, "The manager we have is very approachable and open. If I have a problem or query about a person, the manager's office is always open." Another staff member we spoke with said, "(name) is very professional and I have learnt so much from them since I first started working at Mildred Avenue."
- People and staff gave positive feedback about the manager and care staff.
- Information was in formats suited to the individual need.

Continuous learning and improving care.

- The registered manager used audits and feedback to develop and improve the service and relayed this to their staff team.
- The service used knowledge of the wider care industry to learn when things had gone wrong and evaluate how to avoid the same concerns at Mildred Avenue. The manager had worked hard to improve the service since the last inspection. Care planning, staff training and quality monitoring have all improved. We found all records and documentation was well organised and effective in ensuring people at Mildred Avenue received the care and support they deserved and were also supported to live full and meaningful lives.

Working in partnership with others.

- The registered manager showed how they worked with others and external health professionals to help improve the quality of life for people. For example, the local community learning disability team.
- The service provided a contact record for health professionals so that important updates can be added into a person's care plan or risk assessment.
- The registered manager told us that they would also attend local networking groups and liaise with other teams to share ideas and find innovative ways to improve the care they provide, if and when possible.