

Really Flexible Care Ltd

Avon's House

Inspection report

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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

About the service:

Avon's House is a small service which provided personal care to five people living with a learning disability or autism at the time of this inspection. Two people lived at the service and three people used the service when they needed to as respite. People had their own bedrooms and shared facilities such as the kitchen, the bathrooms and the garden.

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:

People were positive about their care. One person told us, "I love it at Avon's House because it is such a great place. The staff are all very kind, polite and caring."

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

People were supported with kindness, respect and compassion by a staff team who had gotten to know people as individuals. There was a focus on people making choices about their support and the staff team promoted people to be as independent as possible. People received personalised care and were communicated to in their preferred communication methods.

People were supported to take part in a wide array of community-based activities and to take part in daily living skills in the home. Staff members encouraged people to try new things and to be involved in choosing how they spent their time. The manager and staff team had a passion for promoting people's involvement in the local community.

People were protected from harm and abuse in all areas including medicines and infection control, by systems put in place at the service. People had assessments in place which enabled them to take positive risks. There were enough trained and knowledgeable staff to support people safely and to enable people to

do what they wanted throughout the day.

People were positive about the way they were supported with food and drink, and how they were involved in cooking and preparing meals. People were supported to see health care professionals where this support was needed. People had access to a detailed complaints procedure which was available in accessible formats if people needed to make a complaint.

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 manager completed audits to monitor the quality of the service. However, the manager acknowledged that these did not always happen as regularly as the provider said they would. The manager told us that they would ensure that this was improved upon.

People and their relatives were encouraged to feed back about their care and support and were involved in service delivery at all levels. The manager and the staff team worked with other organisations to ensure good outcomes for people using the service. People were positive about the management of the service. The manager was passionate about putting plans in place to continue to improve the way people were supported.

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

Rating at last inspection:

This service was registered with us on 08/09/2017 and this is the first inspection.

Why we inspected:

This was a planned inspection based on when the service first registered with the Care Quality Commission.

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 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 ●

Avon's House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Avon's House 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 who had not yet 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:

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We received feedback from the local authorities 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 this information to plan our inspection.

During the inspection:

We visited the service on 29 August 2019. We spoke with three people who use the service about their experience of the care provided. We observed interactions between staff and people who used the service. We spoke with two staff members, one relative, the deputy manager, the manager and a visiting healthcare professional.

We reviewed a range of records. This included two people's care records which included all aspects of care and risk. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed. On 2 September 2019 we spoke to one relative about their experience of the service.

After the inspection:

The registered manager sent us further evidence in relation to training data and quality assurance records.

Is the service safe?

Our findings

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

At this inspection this key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us, "I feel very safe because all of the staff look after me." A relative said, "I feel [family member] is very safe at Avon's House."
- Staff received training in safeguarding people from abuse and had a good understanding of how to keep people safe.
- People and staff had access to information about how to report any concerns to the correct authorities.

Assessing risk, safety monitoring and management

- People had risk assessments in place depending on their needs and what activities they chose to take part in. These risk assessments covered areas such as epilepsy, behaviours that may challenge, swimming and accessing the community. Staff updated these risk assessments following events that meant people's needs had changed.
- People had risk assessments in place for emergencies such as a fire or extreme staff shortages at the service.
- Staff members completed health and safety and fire safety checks to ensure that the service was safe.

Staffing and recruitment

- People told us there were enough staff at the service. One person said, "No problems with staffing. There is always someone about."
- Staff told us that there were enough staff on shift to support people safely. The manager ensured that there was always a 'float' staff member on shift. This ensured that people who required extra staff support in the community could access the community whenever they chose to do so.
- The provider completed robust recruitment checks for all staff members to ensure that they were suitable to work with people at the service.

Using medicines safely

- People were supported safely with their medicines. One person told us, "The staff give us our medicine. This is good because it saves us seeing the doctor or calling 999." We saw people being supported with their medicines in ways which they preferred, and staff followed good medication administration guidelines.
- Staff received training and competency checks in medicines administration. The staff team and the manager completed audits to ensure that there were no medication errors.
- People had protocols in place for 'as and when requires' (PRN) medicines which told staff when a person may need these medicines.

Preventing and controlling infection

- Staff kept the service clean and the service was fresh and well-maintained. One person said, "It's fresh and always seems clean here. The floor is clean, not like the last place I lived."
- Staff had training in infection control and we observed staff following good hygiene practices such as wearing gloves and washing hands throughout the day.
- Staff completed regular checks in areas such as legionella, fridge and food temperatures.

Learning lessons when things go wrong

- The manager and deputy manager reviewed incidents and accidents and updated people's care plans if any lessons were learned. These lessons were shared with the staff team in supervisions, handovers and team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At this inspection this key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they began living at the service. Assessments focused on people's emotional needs and preferences as well as their physical care needs. One relative said, "I was involved in the transition for [person] to this service. We came one evening and staff had a social story ready for [person] to help them understand what was happening. It was brilliant."
- The manager and staff team had a good understanding of current guidance such as registering the right support and person-centred care. This was evident throughout our inspection.

Staff support: induction, training, skills and experience

- Staff had training in areas such as safeguarding, supporting people with behaviours that may challenge, supporting people who use different forms of communication and health and safety. One person told us, "The staff know how to do everything from medicines to personal care. I think staff are very well trained and are superb."
- The manager showed us that refresher training had been booked for some staff whose training had expired.
- Staff received an induction when they started at the service. One staff member said, "I had induction for one week and did all the training and worked alongside other staff members. Everyone was really helpful."
- Staff received regular supervisions and competency checks and told us that they could request more of these if they felt they needed more support.

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

- People were positive about the food at the service. People said, "We all make a menu and staff always ask what you want for dinner. Staff cook all the things I like." and, "The food is lovely. I get a choice of what I want to eat, and I can eat whenever I want."
- People were involved in creating menus and we observed that meal times were relaxed, and people could choose when to eat their meals.
- Staff had a good understanding of how to promote people's choice whilst also supporting people to follow a healthy and balanced diet. Staff monitored people's weight and referred them to dieticians if there were any concerns.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health professionals such as GP's, psychologists and dieticians depending on their needs. One person told us, "Staff will ring the doctor and take me to appointments if I need them

to."

- One relative spoke to us about how the service had linked with health professionals to resolve an issue with their family members medicines. This had a positive impact on the person.
- People discussed living healthy lives and accessing appointments with staff on a daily basis.

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

- People told us the service met their needs. One person said, "There is lots of space here which is nice. I know I should keep my bedroom cleaner, but staff do not push me to do this as it is my space."
- People were happy to show us their rooms. These were personalised and people who used the respite rooms were encouraged to decorate it for the duration of their stay.
- All the areas of the service were large and spacious which allowed people to cook or clean if they chose to do so. The manager acknowledged that the garden area needed some maintenance and told us that this would be dealt with by the provider's maintenance team.

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 told us that staff always asked for consent before supporting them. One person told us, "[Staff] always ask and make sure that we are happy with what they are doing. The manager makes sure they do this as well."
- The previous registered manager had completed capacity assessments and best interest decisions with people who may lack capacity. These were decision specific in area such as medicines and accessing the community.
- People either had a DoLS in place or had a DoLS applied for where this was necessary. One person said, "I can go out whenever I want and go wherever I want to go with the staff."
- Staff received training in the MCA, however knowledge in this area was sometimes limited. The manager told us that they would organise refresher training for staff and discuss this with staff in the next staff meetings.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At this inspection this key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were positive about the care they received. People said, "[Staff] are very kind and very nice. They know what is important to me." and, "[Staff] are all lovely and joyful." A relative told us, "[Family member] has developed some great relationships. [Family member] is so happy when I pick them up and always gives me a massive thumbs up."
- Staff knew the people they were supporting well. People were happy and relaxed when communicating with the staff team. Staff members knew people's likes and dislikes and clearly knew how to support people throughout the inspection.
- People's care plans and daily records were written in a kind and respectful manner and gave a good overview of how people liked to be supported.

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

- People told us they could make choices about their care. One person said, "It all depends on my choices. I can choose the staff, when to go out, what to eat and what I watch on TV."
- People and their relatives were involved in updating care plans. One person said, "I am not sure if I update the care plan myself but me, the manager and the staff do sometimes meet and talk about my care." Staff recorded people's choices and updated care plans monthly.
- People's choices were respected, and we observed staff supporting people based on the choices that they had made throughout or inspection.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "The staff respect my privacy and they always knock on the door." Staff members responded to a person with a specific health condition in a kind and respectful way and ensured that the person's privacy and dignity was maintained.
- People's independence was promoted. One person told us, "The staff help me do everything myself and will only get involved if I need them to." We saw staff supporting people to complete daily living skills independently during the inspection.
- Staff had a good understanding of how to promote people's independence and there was detailed information about how to do this in people's care plans.

Is the service responsive?

Our findings

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

At this inspection this key question has been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their individual support needs. The manager showed us that incidents where people had become upset or anxious had decreased significantly since they began using the service because of the care that was in place.
- One relative said, "There has been a real difference in [family member] since he started using the service. [Family member] is in such a happy mood now and is communicating better with the rest of the family."
- People were put at the centre of their support. People could choose the staff that supported them daily and there were always extra 'float' staff available. This meant that people could decide to access the community or do an activity that required extra staff support at any time of the day.
- People's care plans were detailed with regards to people's likes dislikes and preferences. They also identified what people's strengths and interests were as well as areas where they may need more support. Staff members used this information to support people in a non-intrusive way.

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.

- People were communicated with in their preferred communication methods. A relative said, "[Family member] uses sign language, pictures and an iPad to communicate. The staff really understand all of these communication methods."
- People's care plans had been produced in formats that people could understand easily. This was also true for information and policies such as safeguarding and complaints which were all available in accessible formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they took part in activities they enjoyed. One person said, "I like going to the shops and going bowling, but I try lots of different things really. The staff do whatever I want to do really."
- One relative told us, "[Family member] had not been out in the community for a number of years, but here they worked with [family member] and supported them to go out straight away. I am so happy that they are out and about again now, and they love swimming."
- Another relative told us that they had suggested things that their family member might enjoy. Staff members were willing to try these but also respected their family members choices if they did not wish to

take part in an activity.

- People were able to access the community and were encouraged to do so by staff members throughout our inspection.
- Relatives were able to visit their family members at any time.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place at the service and this was available in a variety of formats for people to use.
- People had not made any complaints at the service but told us that they knew how to do so. One person said, "I've never had to make a complaint. If there was a problem I would talk to the manager."

End of life care and support

- People had been asked if they wished to record their preferences for end of life care and had chosen not to do this. The people using the service were young and did not wish to discuss this.
- The manager told us that they would organise training for staff in end of life care if people chose to put these plans in place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- There was a manager in post who had started the process to register with the Care Quality Commission.
- The manager and deputy manager completed audits to monitor the quality of the service. However, these were not being completed as regularly as the provider stated they should be. The manager acknowledged that some of these audits had been missed recently and that they were going to make improvements to rectify this.
- The previous registered manager was completing audits specific to areas focused on in CQC inspections. These had been used to create a service improvement plan and the manager told us they would be updating this.
- There was a white board in the entrance corridor which displayed people's personal appointments. This meant that this information was available to all visitors to the service as well as other people using the service. We asked the manager if this was people's choice and were told that it was, however this was not recorded. The manager told us that they would look in to this and record if this was people's choices or not.
- Staff had plans in place for emergency situations such as a fire at the service or staff shortages.
- The manager reported all notifiable incidents to the proper authorities. Information was shared with people and the staff team following any incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and the staff team promoted a positive culture at the service. Throughout the inspection it was clear that people were treated in a person-centred manner and that they were involved in all aspects of their support at the service. People were encouraged to feedback about their support regularly throughout the day.
- People had achieved positive outcomes since being supported at the service and this had been commented on by relatives and professionals involved in people's support.
- People were positive about the management of the service. People told us, "The manager is doing a good job." and, "The manager is doing a grand job. Absolutely no worries here."
- The manager told us that there had been a lot of changes in the staff team recently and that they were monitoring this carefully. The manager was passionate about supporting the staff team to become more confident and to work in partnership with each other going forward.

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

characteristics

- People were regularly involved in feeding back about the service in one to one meetings with staff and with the manager. One person said, "The manager often comes around and asks if there is anything that could be done better."
- Relatives were positive about the way the manager and staff communicated with them. One relative told us, "Communication is great. The staff always ring and update me about how [family member] is getting on." Another relative said that communication had improved recently.
- Staff members were encouraged to feed back about the service in supervisions and staff meetings. On staff member said, "I am able to feedback to the manager and I feel that my ideas are listened to."

Continuous learning and improving care

- The manager was passionate about continuing to improve the service and the skills of the staff team. The manager told us their plans included people accessing the community more frequently and that this was being achieved.
- The manager and deputy manager put actions in place following audits and completed these to improve the service.

Working in partnership with others

- The manager and staff team worked well with others to ensure good outcomes for people. This included health professionals, psychologists and local places of interest which people enjoyed visiting.
- The manager and staff team linked with an organisation called the 'discovery group' which encouraged and promoted people to try new activities. Pictures at the service showed that people enjoyed these activities.
- A visiting professional told us, "Communication is really good here. I give credit to the staff team- they follow advice and put plans in place. If they have any questions they ring up and ask for more support as needed.
- The manager felt supported by the provider.