Avenues South East

Avenues South East - 56 Oakwood Road

Inspection report

56 Oakwood Road
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Date of inspection visit:
09 August 2016

Date of publication:
01 December 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

56 Oakwood Road provides care and accommodation for up to six males with a learning disability and other associate health conditions. These included autism and epilepsy. At the time of our inspection six people were living at the home.

This was an unannounced inspection that took place on 9 August 2016.

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 and associated Regulations about how the service is run. We were assisted by the registered manager during our inspection.

Staff understood the main principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS). However we found that not all decisions made had been reached through a best interest process.

Some care records did not contain the most up to date information about a person, although staff did provide appropriate and relevant care due to their knowledge of people.

People were made to feel as though they mattered and staff had taken time to get to know people in order to develop close relationships with them. People were treated with care and dignity and their individual characteristics recognised and respected by staff. People were encouraged to be independent and do things for themselves wherever possible. People's rooms were homely and personalised.

Care plans were comprehensive and written in a person-centred way. Accidents and incidents were monitored and action taken to help ensure that further accidents did not happen.

There was a range of activities for people to participate in both within and outside of the home. Staff supported people to have a balanced diet and people who had a specific dietary requirement received their food in an appropriate way.

There were procedures and risk assessments in place that staff implemented to reduce the risk of harm to people. Staff understood the signs of abuse and knew what action to take should they suspect it.

People received the medicines that were prescribed to them. There were a sufficient number of staff on duty which meant people did not have to wait to be supported. In the event of an emergency there were arrangements in place to help ensure people's care continued with the least impact possible.

People were cared for by staff who were recruited through a thorough recruitment process. Appropriate checks were carried out on applicants before they began to work with people. The majority of staff were

experienced care workers who had the skills, knowledge and experience to care for people appropriately and safely. Staff felt supported by the management through relevant training and supervision.

People's healthcare needs were met by suitably qualified staff as people had access to healthcare professionals when required. Regular health checks were carried out to monitor people's well-being.

People, their relatives and other stakeholders were encouraged to give their feedback. A complaints policy was available in an easy-read format should anyone wish to make a complaint.

Staff were encouraged to participate in the running of the home. They said the registered manager had made positive changes to the home since they had been there. Quality assurance procedures were carried out to monitor the quality of the service.

During the inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 knew how to recognise abuse and how to report any concerns.

There was a sufficient number of staff to care for people.

The management of medicines was carried out safely.

Risks to people had been identified and action taken to reduce reoccurrence.

The provider undertook robust recruitment processes.

A contingency plan was in place should the home need to be evacuated.

Is the service effective?

Requires Improvement

The service was not always effective.

Although mental capacity assessments had been carried, some decisions had been made for people without staff following the legal requirements.

Staff had the knowledge and skills required to carry out their roles and staff received support from management through supervision and appraisal.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet.

People had access to a variety of external healthcare professionals and services.

Is the service caring?

Good

The service was caring.

Relatives were complimentary about the care their family member received and the respect and dignity shown to them by

staff.

People were made to feel as though they mattered and staff took the time to get to know people.

People could make their own decisions and staff respected these decisions.

People were encouraged to do things for themselves.

Families were provided with up to date information about their relative.

Is the service responsive?

Good

The service was responsive.

Care plans contained sufficient guidance to staff to ensure people were looked after in line with their care needs.

There was a range of activities available to people and the registered manager had plans to make activities more meaningful and individualised.

People could make a complaint if they wished as there was information available for them in how to do so.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Although care plans were comprehensive and people received effective, responsive care, some information was not always up to date.

There were systems in place to monitor and assess the quality of care people received.

People, relatives and staff were encouraged to give their feedback about the home through meetings and surveys.

Staff felt supported by management and it was evident there was a good working relationship between all staff.

Avenues South East - 56 Oakwood Road

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 checked 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 was an unannounced inspection that took place on 9 August 2016.

Due to the size of the home our inspection team was made up of one inspector. This was to help reduce the possibility of causing people living at 56 Oakwood Road anxiety due to strangers in the home.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had not been sent a Provider Information Return (PIR) on this occasion. This was because we carried out an inspection to the home sooner than we had planned. A PIR 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.

As part of our inspection we were unable to speak to anyone living at 56 Oakwood Road. This was due to their profound communication difficulties. Instead we spoke with the registered manager, the deputy manager, two staff and two relatives. We observed staff carrying out their duties, such as supporting people around the home and helping people with food and drink. We also sought feedback from three health care professionals as part of the inspection.

We reviewed a variety of documents which included two people's care plans, four staff files, training

information, medicines records and some policies and procedures in relation to the running of the home.

We last inspected 56 Oakwood Road in October 2013 where we identified some concerns. This was followed up by a focussed inspection in February 2014 when we found the provider had taken appropriate action to address our concerns.

Good

Is the service safe?

Our findings

We asked relatives if their felt their family was safe living at 56 Oakwood Road. One relative said, "Yes, absolutely safe." Another told us, "He is well looked after, the home is well maintained and there is good security in place."

People were protected from the risk of abuse because the home had safeguarding and whistle-blowing policies and procedures for staff to follow if they had concerns that a person was at risk of abuse. Staff understood the vulnerabilities of the people they cared for, for example, their lack of ability to communicate and their dependency on staff. Staff were familiar with the procedures and how they could report their concerns. Staff told us they would report any concerns immediately and felt the registered manager would act without delay.

People had personalised risk assessments which identified their individual risks and gave detailed information to staff on how to manage these. The risk assessments balanced protecting people with respecting their freedom. People liked to go out in the home mini-bus but some were at risk of causing others harm whilst sitting in the vehicle. Risk assessments had been written to guide staff on the appropriate places people should sit in the vehicle to reduce this risk. Other people liked visiting the local railway station and they had personalised risk assessments to enable them to do this in a safe way. People who had epilepsy had risk assessments based on their health needs.

People were protected against the risks associated with the unsafe use and management of medicines. People had Medicines Administration Records (MARs) which clearly recorded the medicines they were required to take, as well as how and when these should be administered. We found no gaps in the MARs which meant people had received the medicines they had been prescribed. Those people who had PRN (as required) medicines had a protocol in place which gave information on the medicine, maximum dosage and signs a person may display to indicate they needed it. Staff received appropriate training and there was a signature sheet to identify which staff member was qualified to carry out medicines administration. Audits were carried out regularly by staff to check medicine stock levels were correct and that the necessary recording of medicines was in place and accurate.

Accidents and incidents were recorded and action taken to prevent reoccurrence. All incidents were logged and we read detailed information and action recorded by staff. The registered manager reviewed each incident to enable them to identify trends and take further action if required. Appropriate external health professional support was sought if relevant following an incident.

People were cared for by an appropriate level of staff. We were told that three care staff would be on duty each morning and either three or four during the afternoon depending on people's individual activities. Staff told us they felt there was enough of them to care for people safely as well as to enable them to take people out to their chosen activities. Staff did say however that an additional member of staff on occasions would allow them to spend more interactive time with people whilst in the home. However, our observations told us that people did not have to wait for staff to support them and staff did take the time to talk to people and

engage with activities. A relative said, "I've never had issues about a lack of staff."

The registered manager told us that some staff had recently left or had moved to other homes which had left them short staffed at times. However, she said she had access to bank staff and (consistent) agency staff to cover during these periods. The registered manager assured us that on these occasions there was no impact to people's care or their ability to access their external activities.

People were protected from being cared for by staff who were inappropriate for the role as the provider used a safe recruitment practice. This included appropriate checks before staff began to work with people. Records demonstrated that references and confirmation of an applicant's right to work in the United Kingdom were obtained. Criminal record checks were also carried out.

People would continue to receive care in the event of an emergency with the least impact possible. There was a contingency plan in place which included individual information about people and what support they would need in the event of an evacuation. Staff were aware of this because they reviewed people's evacuation plans. A recent fire risk assessment had been completed and no actions had been identified.

Requires Improvement

Is the service effective?

Our findings

Staff did not always follow the legal requirements in relation to the Mental Capacity Act 2005 (MCA). The 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.

Where people lacked capacity good practices were not always being followed. Although staff were able to describe the principals of the MCA to us and care plans held mental capacity assessments for people, it was not clear whether or not some decisions had been made within the legal requirements. One person had a locked wardrobe and drawers in their room. However there was no record of a best interest discussion in relation to this decision. Another person had a listening device in their room but there was no evidence that any discussion had taken place to decide whether or not this was in this person's best interest. However, a healthcare professional told us, "The staff are really good at supporting people and participating in discussions around people's best interest. For example, in relation to medicines."

The failure of follow legal requirements in relation to consent was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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). The registered manager had made appropriate DoLS applications for people following best interest meetings. These included for the locked front door and locked kitchen door.

People were cared for by staff who had received training in the areas relevant to their work and there was a system in place to check staff undertook refresher training when necessary. Staff received training in areas such as health and safety, first aid, de-escalation techniques and epilepsy. Staff new to the role underwent an induction period followed by a period of shadowing a more experience member of staff. Staff received regular supervision where performance was reviewed and their training needs discussed. A staff member said, "Very, very good training." Another staff member told us, "I never thought I would be able to do this job, but I can because of the training I've received."

Staff confirmed they had the opportunity to meet with their line manager regularly for supervisions. They said they had supervision regularly. A staff member said, "Most times I don't have to wait for my supervision. I can go straight away and talk to the registered manager if I want to discuss something."

People received a choice in the food they ate, could make their own decisions in relation to their meals and were provided with sufficient amounts to eat and drink. Although there was a weekly menu developed by staff on a daily basis people were asked what they would like to eat. Staff visually showed people different options to aid their ability to choose. Staff provided people with drinks regularly throughout the day and

during the morning several people went out with staff for a drink and a snack.

People who had specific dietary requirements were recognised by staff and appropriate health professional input was sought. This included people who may be at risk of choking. We saw that staff followed guidance given in relation to these people during the lunch time.

People were supported to maintain good health. People were regularly weighed and received an annual health check from their GP. There was evidence in people's care plans that they had been supported to have regular dental, hearing and eyesight tests and other professional involvement had been sought for individuals such as the district nurse, chiropodist or psychiatrist. A healthcare professional told us, "The staff are really prepared for an appointment and always make sure they bring the correct paperwork. Staff always check if they are concerned about anything and look for alternative ways to reach the same outcome. They follow guidance I give and keep up any observations needed." They added, "Staff are very forthcoming and supportive of the things we look at during a person's [health] review."

Good

Is the service caring?

Our findings

We asked relatives if they felt their family member was looked after my staff who showed kindness and care. One relative told us, "Staff are very kind and do an amazingly good job." Another relative said, "From what I gather he's having the happiest time he could have in a super situation." They added, "He is always kept well-dressed and I have full confidence in them [staff]".

A health care professional told us, "It is a good home. People always look well cared for and happy. I've never had any concerns and I've been coming here for years."

People were cared for by staff who knew people individually. The majority of staff were long standing within the home and therefore knew people well. It was evident from observing the interaction between staff and people that staff understood how people communicated and the signs they displayed to show whether or not they were happy. A relative said, "There is a great deal of affection shown [by staff]."

People responded to staff requests and questions by hand signals or making sounds to indicate their consent. One person was restless during the morning and kept pulling staff towards the front door. Staff recognised this was their way of saying they wished to go out so a staff member escorted them into town for a drink and snack. A relative told us, "They understand him and really seem to like him. They know he likes a swing and when the swing broke, they bought him another one." A healthcare professional said, "The staff know people really well."

People were made to feel as though they mattered as staff spent time with them in a patient way. One person liked to look at photographs and staff sat with them discussing each picture and repeating names or the occasion during which the picture had been taken. Another person liked listening to music and staff supported them to wear their headphones so they could sit quietly enjoying the music. A healthcare professional told us, "Whenever I've visited I've always seen people being interacted with by staff."

People were supported to be independent and make their own choices. We watched how people were encouraged to assist with doing their own laundry or helping to empty the dishwasher or prepare the lunch. Staff consistently asked people if they would like to help in the household chores and when their requests were turned down by people, staff respected people's decision not to participate.

People were given their privacy. We saw people choose where they wished to spend their time. This was either in communal areas, their bedroom or out in the garden. Staff let people sit quietly on their own without being disturbed. A staff member told us, "I let people relax." A relative told us, "He is given plenty of freedom within the house."

People were shown respect and dignity by staff. We heard staff calling people by their preferred name and supporting them to retain their dignity by checking their clothing was appropriate after they had used the bathroom for example. Staff spoke to people in a respectful manner always addressing them by name and often making sure they had the person's attention before they spoke with them. A relative said, "He is

treated like a human being and [staff] talk about him as a human being."

People were able to maintain relationships with those who were close to them. Staff told us that most people did not have family members who were able to visit, but instead they ensured regular contact was maintained by telephone or letter. A relative said, "I ring on a regular basis but staff always tell me things or send me photographs so I am kept part of him." A health care professional told us, "Staff always involve the relatives."

Good

Is the service responsive?

Our findings

People had access to a range of activities both within and outside of the home. However, the registered manager told us they were aware that more work could be done to ensure people had access to individualised, meaningful activities which were tailored appropriately. She said that at present the activities programme was based around long-standing activities which were not always relevant and in reality what people did on a daily basis was decided at the time based on a person's mood or wishes that day. The registered manager said she was in the process of planning weekly timetables which would focus more on individual needs and recognise where people's needs had changed or activities no longer appropriate. This would also enable staff to follow up on any activity a person particularly liked participating in.

We recommend the registered provider completes this piece of work promptly to ensure people have access to activities that reflect their personal interests.

There were a few activities within the home, but from records and our observations it was evident that people spent a lot of time outside of the home. Some people attended day services and others enjoyed trips to the local parks or town. Two people in particular enjoyed trains and staff had worked with them and supported them to make a short train journey between two nearby towns. The home had a mini bus and although this could not fit everyone in for a group activity staff told us should they all choose to go out together they were able to draw on additional transport to facilitate that. People were supported and encouraged to develop relationships with people living in other homes run by Avenues South East as coffee mornings and joint events were held. A relative told us, "He's had more holiday's than I've ever had." A healthcare professional told us, "I am really happy with the level of involvement staff show and people are either being interacted with or out when I visit."

Care plans demonstrated that people's history, likes and dislikes had been taken into account when they had been developed. One person liked trousers with a draw string top and we saw they wore these during the day. People's care plans were detailed and were generally written in a person-centred way. They included information about each individual and conveyed to staff what was important to each person and described the support to be provided.

Care records covered areas such as a person's medicines, health needs and communication. Where people had specific needs, such as a particular health condition like epilepsy, separate care plans had been developed. These were detailed and guidance for staff included.

Staff held a communications book which helped ensure staff were aware of any changes to a person. Staff told us that if they had been absent from the home for a period of time they would always read the communications book and diary before starting their shift. A staff member said, "The care plans are easy to follow and I would read the communications book if I'd been off."

People's care was person-centred and responsive. People were discussed individually at staff meetings and actions taken forward when appropriate. Each person had a keyworker (a member of staff responsible for

ensuring the person received the most appropriate care and support) and reviews of a person's care was carried out between them and the person. Goals were set for each person and we read of people's progress towards achieving these goals. This included arranging a holiday, a train journey or taking part in tasks within the kitchen such as making toast or a drink for themselves.

Where people had behaviours that may be challenging information had been completed in good detail in their care plan. Triggers had been identified and strategies developed to reduce the emotional stress identified leading to a person's agitated or distressed behaviour. One person required staff to walk beside them when outside and there were clear instructions for staff around the best way to hold this person's arm. Care staff were able to describe the techniques and strategies used to help calm people.

People and their relatives were provided with a complaint policy should they need to make a complaint. This was available in an easy-read format. Staff told us they would support someone to complain should they wish to. The registered manager told us they had received no formal complaints.

Requires Improvement

Is the service well-led?

Our findings

Although people received appropriate responsive care because staff knew them well, care plans did not always reflect the most up to date information about a person. One person suffering from epilepsy did not have up to date information in their health action plan. It stated they last had seizures in 2014, however we noted from the records they had suffered a seizures late 2015 and early 2016. Another person had detailed information in relation to their lunch time routine however staff told us this no longer applied. This same person's behaviour support plan, although reviewed, had not been updated with the outcome of medical checks they had undergone and they had no risk assessment in relation to their 'night plan' despite the care plan recording that they did. A third person had shown an obsession with drinking coffee when they moved into Oakwood Road. However, due to staff support, this was no longer the case but their care plan did not reflect this.

People had individual fire evacuation plans and although the deputy manager confirmed they had reviewed these in May 2016, the last review date was shown as April 2015.

The lack of contemporaneous records held for each individual was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were appropriate arrangements in place for checking the quality of the care people received. Management and staff regularly checked care plans, medicines, infection control and health and safety in the home. Where actions were identified we saw these were acted upon. For example in relation to recent leaks in both of the upstairs bathrooms.

The provider carried out monitoring visits to 56 Oakwood Road. From the last audit we noted there were few actions but where an action had been identified such as updating the cleaning schedule or arranging a staff meeting these had been addressed.

There was an open culture within the home. This was led from the top down. Staff told us the registered manager was, "Fair" and, "Makes you feel nice as she always takes time to thank me for my work." They told us they felt valued by the registered manager. Staff were happy working at 56 Oakwood Road and felt supported. One staff member said, "[The registered manager] always makes the time to talk to me. I get lots of support."

There was good management structure within the home. Upon our arrival the registered manager was not available and we were assisted by the deputy manager. The deputy was knowledgeable in their response to our questions and able to address all of our enquiries. The registered manager assisted us with the latter part of the inspection and she was able to provide us with all of the relevant documentation we asked for promptly.

Relatives and professionals were happy with the management within the home. A relative said, "She [the registered manager] is great. She loves her job which is absolutely evident. She cares for and understands

the people." A social care professional said, "The registered manager has turned it [the home] around. It is much more homely now."

People were involved in the running of the home. There were residents meetings where staff met with people to talk about all aspects of the home. Minutes of these minutes were completed in pictoral format and discussed with people following the meeting.

Relatives and other stakeholders were encouraged to give their feedback. The last feedback survey had been completed in early 2015 and we read that the care was deemed as 'excellent' or 'good'. Comments included, 'Feel being cared for in a helpful and friendly environment' and, 'I'm happy he is in a place which is more like home'.

Staff held regular meetings which allowed them to discuss all aspects of the home and hear about any provider updates. Each person living in the home was discussed during the meeting and any actions required of people's individual keyworker noted. We read from the last meeting that keyworker actions were to repair one person's door that banged and to purchase some additional clothing for another person. The registered manager told us that both of these had been completed or were in hand.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had failed to follow legal requirements in relation to consent.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure that there was a contemporaneous record held for each person.