

Avenues South East

Avenues South East - 4 Westhall Park

Inspection report

4 Westhall Park
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Westhall Park is a care home which provides care and support for up to six people who have a learning disability, such as autism. At the time of our visit there were five people living at the home, all of whom were male.

On the day of our inspection there was no registered manager in post but there was a new manager who was in the process of applying to become registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC 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. The manager assisted us with our inspection on the day.

We carried out an inspection to this home in May 2016 where we identified seven breaches of the HSCA (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. These breaches related to staffing levels, a lack of staff support and training, a failure to comply with the legal requirements in relation to consent, a failure to show people respect and dignity, person-centred care and safe care, a lack of good quality assurance and a lack of notifying CQC of important events. Following that inspection the provider issued us with an action plan to tell us how they planned to address our concerns. We undertook this fully comprehensive inspection to check that the provider had taken appropriate action to address the concerns we had identified.

Individualised activities for people had improved within the home and the manager told us the next step was to start working towards getting people out more to participate in external activities that were meaningful to them. Care records in relation to people were detailed and generally up to date. The manager explained that the care plans were a work in progress and were continually being reviewed to help ensure they were accurate. Information about how to complain was made available to people.

There were enough staff on duty to meet people's needs. Staffing levels had increased since our last inspection and we observed that people received the support they required when they needed it. We saw that people were enabled to go out with staff, but with a sufficient number of staff left in the home to attend to people who remained indoors.

Accidents and incidents were recorded although the manager told us there had been no incidents since our last inspection. We found where potential safeguarding issues had been identified, appropriate notifications had been submitted to CQC.

Where there was a risk to people this had been identified and staff were knowledgeable about these risks. Staff were aware of their responsibility to safeguard people and knew what steps they should take if they suspected abuse. There was an effective recruitment process carried out by the provider's head office which helped ensure that only suitable staff were employed to work in the home.

People's care would continue in the event of an emergency, such as a fire or the home having to close as the provider had a contingency plan in place. Staff carried out fire drills and an external fire assessment had recently been carried out.

Staff were provided with regular training to assist them with carrying out their role. The new manager had started to meet regularly with staff to check they were following best practice, or to discuss any aspect of their work.

Staff had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where restrictions were in place decision specific mental capacity assessments had been undertaken and appropriate applications made to the local authority.

People were cared for by staff who treated them with respect. They were caring and attentive towards people and clearly knew them well. People's bedrooms were individualised and it was easy to see people's interests from how their rooms were decorated.

Quality monitoring was carried out in different aspects of the service and any actions identified addressed. Relatives and other stakeholders were asked their views on the service provided and people were involved in the running of the home as the manager had introduced 'house' meetings.

Staff were involved in aspects of the home as staff meetings were held. staff told us they felt valued and supported by the new manager who had made a positive difference since commencing at Westhall Park.

People were given freedom around nutrition and meal times. People were able to choose the foods they ate and they could eat at a time that suited them.

Good medicine management procedures were followed by staff and if people were unwell staff ensured they had access to external healthcare professionals.

The provider had been very proactive in response to our last inspection. They had taken action immediately to address many of the concerns we had found. We received regular updates and a senior management team had been placed in the home to oversee improvements. With the recruitment of the new manager improvements had continued as we found he had a good management oversight of the service and had provided a positive approach towards making changes and supporting staff. It should be noted however that at our last inspection the service was rated as 'Inadequate' in Safe and Well-Led. Until we can be satisfied that the improvements made by the registered provider are sustained, we cannot award Westhall Park a 'Good' rating in these domains.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and it is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was safe.

There were enough staff to meet people's needs.

Staff followed good medicines management procedures.

Accidents and incidents were recorded and risks to people identified and guidance put in place for staff.

Staff understood what abuse was and knew how to report it should they suspect it. Appropriate recruitment processes were followed.

People's care would not be interrupted in the event of an emergency.

Is the service effective?

Good ●

The service was effective.

Staff understood and followed the requirements of the Mental Capacity Act 2005 and where people were restricted DoLS applications were completed appropriately.

Staff were provided with support in relation to their role through supervisions and training.

People were enabled to eat foods of their choice and could eat their meals when it suited them.

People had access to healthcare services when their needs changed.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff who knew them.

People's rooms were personalised and staff recognised people's

individual hobbies, likes and dislikes.

Relatives told us they were supported to maintain contact with their family member.

Is the service responsive?

The service was not consistently responsive.

People had access to activities within the home, but external activities required further individualisation.

Care plans were detailed and people received care that was responsive to their individual needs.

Complaint information was made available to people.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Quality assurance systems were in place and where shortfalls were identified action was taken.

People and staff were involved in the running of the home as meetings were held and people could make suggestions.

Staff felt supported and valued by the manager and felt they worked well as a team.

Statutory notifications had been submitted to CQC as per the requirements of registration.

Requires Improvement ●

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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 was an unannounced inspection which took place on the 12 January 2017. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed the information we had about the service. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Instead we reviewed all of the notifications of significant events that affected the running of the service. A notification is information about important events which the service is required to send us by law. We also reviewed the inspection report from our inspection in May 2016 together with the registered provider's action plan.

As people living at Westhall Park were unable to tell us about their experiences because of their complex communication needs, we observed the care and support being provided and talked to relatives and other people as part of the inspection.

During the inspection we spoke with the provider's area manager, the manager, three staff and a health care professional. We looked at a range of records about people's care and how the home was managed. For example, we looked at two care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We obtained feedback from two relatives and one healthcare professional following the inspection.

The last inspection of Westhall Park took place in May 2016 where we identified some breaches of Regulations.

Is the service safe?

Our findings

We asked relatives if they felt their family member was safe living at Westhall Park. One relative told us, "He's safe because he's been there a long time and I don't worry that staff are not nice to him." Another said, "He's really, really well looked after and he gets on with staff."

At our inspection in May 2016 we found there were insufficient members of staff to meet people's needs which meant there was an actual risk for people particularly during the night. At this inspection we found action had been taken and staffing numbers had been increased.

People were cared for by staff who were suitably deployed and in sufficient numbers. The manager told us that four staff were on duty throughout the day and at night there was one waking and one sleeping member of staff. They said they had adjusted the rotas so that two people in particular had one to one staffing throughout the day. Other people did not require constant one to one but would require two staff when going out. Our observations on the day supported what we had been told. We saw a sufficient number of staff and those who needed one-to-one support received this. Other people received the attention they required without delay and when one person wished to go out there were enough staff to allow this to happen.

The manager went on to say that he had recruited a further three staff members which meant that once these staff commenced at the home the use of agency staff would reduce. He told us, "Staffing levels are working." In addition the new recruits would all be able to drive the home's vehicle so this would increase the opportunity for people to go out of the home. One staff member told us staffing was, "Absolutely fine. We used to get a lot of agency but after the old manager left this changed. We are recruiting new staff and we use more permanent staff." Another said "Staffing levels have improved. We have resolved the nights with the sleep in and waking night." A professional said, "I always see lots of staff."

At our inspection in May 2016 we found there was a lack of safe care to people in relation to potential risks and recording of accidents and incidents. At this inspection, we found improvements had been made.

Potential risks to people had been identified and guidance was in place for staff to help reduce any risk to a person. One person had a larger bed purchased for them as they were at risk of injury in their old bed due to possible seizures. Another person smoked and a thorough risk assessment was in place around ensuring this person's safety when they had a cigarette. The furniture in the lounge of the home had been replaced which meant people could get in and out of chairs more safely. One staff member told us, "Staff are familiar with the risk assessments. We get staff to sign and read the risk assessment if they want to take people out. If any problems arise we deal with it on the day and update the risk assessment." Another said, "If the floor was wet we would make sure people were careful not to walk on the wet floor." We saw staff used portable signs to cover any wet areas on the floor.

Where accidents and incidents occurred these were recorded on a central IT system and monitored by the registered provider. The manager told us they had very few incidents happen in the home. A staff member

said, "I would make sure the guys are safe and call an ambulance if needed. I would put them at ease. If something changes as a result of the incident I would record this in the care plan and leave a note in the communication book for staff."

A fire risk assessment had been carried out on the home in November 2016. Actions identified during the assessment had been carried out by the manager, such as moving the waste bins away from the parked cars. In the event of an emergency there was a contingency plan and each person had their own personal emergency evacuation plan (PEEP) in their support plans.

Peoples' medicines were managed and administered safely. Each person had a medicines administration record (MAR). We noted MAR charts contained relevant information about the administration of the medicines and we found no signature gaps in people's MAR charts. Where people took 'as required' (PRN) medicines, there were separate protocols in place which detailed why they may require the medicine, what dosage should be given and the maximum dosage they could have in a 24-hour period. There were also guidelines in place for staff should they have to take medicines outside of the home. For example, if a person was going to an external activity for the day. Medicines were stored securely and the temperature of the cabinet and the fridge were checked and recorded to help ensure medicines were stored appropriately. We found staff had received training in medicines management and this was refreshed each year.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

People were safeguarded from the risk of abuse as staff understood their responsibilities in reporting any concerns they had or any suspected abuse. Staff were able to describe to us incidents which would constitute abuse. Staff knew that they could contact the local authority's safeguarding team if they did not wish to report their concerns to the manager and told us, "I would whistleblow. People's safety is paramount. If staff are doing anything I would report it" and, "If there is any abuse I would report it. I would never keep quiet. Residents are our priority."

Is the service effective?

Our findings

At our inspection in May 2016 we found the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were not always being implemented appropriately. The MCA protects people who may lack capacity and ensures that their best interests are considered when decisions that affect them are made. The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. DoLS ensure that people receive the care and treatment they need in the least restrictive manner and only in their best interests.

At this inspection we found the manager had reviewed each person's mental capacity assessments and carried out decision-specific assessments. Staff were able to describe the principles of the MCA. One told us, "It's the ability to make decisions for themselves. Never assume they can't make a decision." Another said, "You assume they have capacity, support their decisions. If they don't have capacity then you have a best interest meeting to make sure that the decision is for the best for them."

Where people had restrictions in place, such as locked wardrobes in bedrooms or the locked kitchen door, the provider had followed the required processes such as mental capacity assessments and best interest discussions as well as submitting applications for DoLS authorisations to the local authority. A staff member told us, "You cannot deprive people of making their own decisions."

People were cared for by staff who were provided with training to enable them to carry out their role. We found from records that staff had a range of training which included moving and handling, basic life support and autism. Staff confirmed they had access to the training they required. A staff member told us, "Staff training is very good; training is always being updated." Another said, "I never stop learning. It's the best training you could ever have."

Staff were able to meet with their line manager to discuss any aspects of their work and concerns they had. The new manager had started to carry out supervisions with staff every six weeks as this was a practice that had not always happened previously. This was confirmed by staff. A staff member told us, "I have one to one meetings with my manager. You get asked how you feel and if there is anything they want us to improve upon." People had access to a range of foods and could choose what they wanted to eat and when people asked for more food staff provided this. There was sufficient fresh fruit available for people which we saw people having during the day. We observed at lunch time some people had different meals from others. One person in particular liked to eat as soon as the food was ready and staff respected this and allowed them to do so. Another person made it clear to staff they did not wish lunch and again staff respected this. Others chose when they came into the dining area and had their lunch. No one living in the home had any specific dietary needs. However a referral had been made to the Speech and Language Therapy team in respect of one person. Staff were looking for ways in order to support this person to eat at a slower pace to reduce a possible risk of choking. Staff were aware of the risk to this person.

Where people's health needs changed, staff ensured they had access to the appropriate healthcare professional. One person had a chesty cough and the doctor had been called who had prescribed antibiotics. Each person had a Health Action Plan which contained all necessary health information in relation to them. This included which health care professionals were involved in their care, when they attended appointments (such as to the dentist or chiropodist) and the timescales for future appointments. We read evidence that staff worked in liaison with healthcare professionals. For example, in the case of one person discussions were taking place around reducing this person's medicines. A relative told us, "They (staff) give me a call if he's unwell."

Is the service caring?

Our findings

We asked relatives for their opinion of how caring staff were who supported their family members. One relative said, "He's really well looked after. The staff are kind and caring towards him." Another relative told us, "He has a good bond with staff and they know his ways." A third said, "We're happy with Westhall Park. It's a very nice place and (name) is happy."

At our inspection in May 2016 we found that people were not respected by staff as staff had not ensured people lived in an environment which was well cared for or homely. We found at this inspection improvements had been made.

People's rooms were personalised to them. We noted that people's rooms contained items of interest to each individual. It was easy to see from people's rooms what interests they had. One person liked music and they had guitars hanging on their walls and a picture of a keyboard. The garden of the home had been tidied up and the trampoline which we found in a poor state at our previous inspection had been replaced by a new one. The conservatory area of the home had been tidied up and contained more relevant age-specific items for people to use. We did note however that some of the internal paintwork was chipped and the kitchen was dated. The manager informed us that there was a refurbishment plan in place for the whole house and the work would commence in March/April this year. This would involve a complete redecoration with new kitchen and bathrooms.

People were treated with respect by staff who clearly knew them well and understood their ways of communicating. We heard staff use people's first names when addressing them and noted they always knocked on people's doors before entering. One person had a certain amount of speech and we observed staff taking time to listen to the person and prompt them with gestures or objects to ensure they understood what they were saying or asking for. Some staff in particular were 'tuned' in to this person and had a very good understanding of their speech. Other people used some elements of Makaton (a form of sign language) and staff responded either by using Makaton in return or because they knew immediately what the person was asking for. A staff member told us, "I understand people's responses if they are not verbal." A professional told us they had seen staff engage with respect and care with people.

People were encouraged to be independent. During the day one person was sweeping the communal areas of the home supported by a member of staff. One person had a plate guard on their plate at lunch time to help them eat independently. Another person made their own hot drinks and a third was encouraged by staff to put milk in their mug to prepare their drink. People were enabled to move around the house as they wished, either to access the garden or return to their rooms. A relative told us, "They (staff) do encourage him to do more things for himself."

People were shown attention by staff and were made to feel as though they mattered. One person liked to rest their cheek against a staff's cheek so staff could sing to them. We saw this happen regularly throughout the day. It was done instinctively which indicated to us that staff did this routinely. We saw the person smiling when staff were singing to them. This person regularly went into the manager's office and we

observed the manager take the person's hands and do actions whilst singing their favourite song which really pleased the person. Another person liked to look at photograph albums but one had come apart at the seams. A staff member had helped them tape the album together and when we were giving our feedback to the manager this person came into the office with their repaired album to show them. We watched as the manager put the person first and asked us to wait whilst they looked at the album and commented that this person had done a very good job at repairing it. They then accompanied the person to their room in order to find another album for them. Whilst we spoke with staff during the inspection they were regularly interrupted by people. Without exception on each occasion staff put the person's needs, rather than ours, first.

People could have privacy when they wished it. We saw people go into their rooms when they wished to. One person was seen lying on their bed looking through their photograph albums and another regularly went into the conservatory area as they liked to play the keyboard. A staff member told us, "If they are in their rooms then I give them space and knock on their door."

Staff spoke fondly of the people they supported and spoke positively about their work. One told us, "I love working with the guys. It's like home here. I feel part of them. They mean so much to me." Another staff member said, "I love the people here. It's really nice." We saw staff sit at people's level to talk to people and on several occasions one person in particular was heard to laugh as a result of the interaction between them and staff.

People were supported to maintain relationships with people who mattered to them. One relative said they were unable to travel to Westhall Park anymore, but staff regularly took their family member to see them. They told us he always looked well-presented and they had no worries at all about how he was being looked after.

Is the service responsive?

Our findings

We asked relatives if they felt there was enough for people to do whilst living at Westhall Park. One relative told us, "Yes, he has enough to do. He loves his music." Another said, "He seems to get quite a lot of stimulation."

At our inspection in May 2016 we found people were not provided with individualised meaningful activities. We found at this inspection that individualised interests were recognised by staff when people were within the home, however there was further work to do on ensuring people had all the opportunities they could to access external activities. The area manager and manager told us that this was their next focus and, although work had already started, they knew they had more work to do.

We found at the last inspection that some people did not leave the home for days and any activities they undertook were inside only. We noted that people were now accessing the outdoors more and that staff were regularly taking people out. This was partially due to the increased numbers of staff in addition to the manager trying to ensure that most days they had a staff member on duty who was authorised to drive the home's vehicle. One person had gone out during the morning at their request with staff and returned carrying their favourite drink. We read in one person's support plan that they liked knitting and they were keen to show us they had a ball of wool tucked in their jumper as they were going to do some knitting later in the day.

Daily records held for other people showed they were taking trips out of the home more often than they used to. The manager told us about one person who had not been out of the home for several months. They described how, by taking things slowly, they had encouraged this person to take a walk up the road. The manager said these walks were done only when the person indicated they were comfortable putting on their shoes and a coat and going outside. We heard the manager ask the person during the day if they would like to go out and respected when they indicated they did not wish to. A staff member said, "Activities are improving here, but there is work to do. We are going to do some walks at the local aerodrome." Another told us, "Instead of a walk today because of the rain I took (name) shopping. Staff shouldn't let the weather put them off of taking people out."

People received the care they required. Support plans were detailed and contained guidance and information for staff in order to know exactly what people's needs were and the care and support they required. Although there was not a lot of information in people's support plans about their life history, staff knew people well particularly as some people had lived at Westhall Park for a number of years. A staff member told us that they spoke with staff and families to understand the needs of people and told us, "Being around people all the time helped as well." The staff member was able to tell us in detail about people's needs.

Where people displayed particular behaviours these were recorded in their care plans. One person showed unhappiness by, 'slaps his head and bites his fingers and hands'. Another had a note that they would get anxious if someone raised their voice with them or kept them waiting too long following a request for

something. A staff member said, "If (name) slams the doors you know he wants to go out." A professional told us, "Staff have a good understanding of people's needs and behaviours."

Each person had a one-page profile which outlined who they were, what they liked and disliked and what care they required. This was a quick reference for staff in order to get to know people and particularly useful if agency staff were working in the home. Support plans covered all areas of a person's care, such as their mobility, sleep, continence, personal care requirements and the support they required when going outside of the home. A relative told us, "They (staff) ring me up and ask me about his care plan, but they know him best so I tend to leave it to them."

Complaint information was available to people in a way they would understand. For example, in pictorial format. In addition, the manager had discussed abuse at a recent 'house' meeting to inform people what they should do if they were unhappy or felt staff were not treating them well. The manager told us they had not received a complaint since they had commenced at the service three months ago. A relative said, "I would speak to staff." Another told us, "I would know how to complain. I have spoken to them (staff) in the past."

Is the service well-led?

Our findings

Following our last inspection we found the registered provider was extremely proactive in working towards ensuring that all concerns we had identified in May 2016 were addressed as quickly as possible. We received weekly updates from a senior manager and the manager told us in the three months they had been at the home he felt fully supported by senior management in his endeavours to continue to make improvements. He told us, "I couldn't have asked for more. I see a big difference in the staff. I have positive feedback (from staff)."

At our inspection in May 2016 we found the registered manager had not submitted statutory notifications to CQC as per the requirements of registration. Prior to this inspection we reviewed the notifications we had received from the manager and found these were in line with what we would have expected to be informed of.

At our inspection in May 2016 we found that records in relation to people were not contemporaneous and quality assurance audits were not regularly carried out by staff. We found at this inspection improvement had been made.

The provider undertook regular quality assurance audits to check the quality of care being provided at the home. Actions identified in these audits were addressed. In-house audits included infection control and health and safety. We also noted that peer review audits were taken by managers of the provider's other homes. For example, medicines audits. A finance audit was carried out and checked and signed off by another of the provider's managers.

Provider audits of the home were also carried out each month and we read that these focused on a particular CQC inspection domain each time. Actions identified were completed. The last audit carried out in November 2016 highlighted the need for a fire risk assessment to be completed and we were shown this was done later that month. Other actions from previous audits such as to 'redo the mental capacity assessments' had also been completed.

People were given the opportunity to be involved in the running of the home. The manager told us (and we viewed the minutes) that the first 'house' meeting had taken place. He said that tea and cakes were on offer and four people attended. We read from the minutes that the manager talked about abuse and how it was wrong as well as the planned renovations of the house. The minutes were in pictorial format.

The new manager had good management oversight of the home and a good knowledge of the people who lived there. The manager was able to tell us about individual people's characteristics and ways of communicating. Throughout the inspection we observed people coming into the manager's office and their body language indicated this was a normal event. The manager took time to talk to people and calm people when they became anxious due to having strangers in the house (the inspectors). A professional told us, "There is more structure in place since the new manager started. I've seen positive changes." A senior manager said, "He (the manager) is very good at managing staff to be person-centred." A professional told

us they had been impressed at the level of effort and determination from the manager.

Staff told us they really liked the new manager and felt he had made positive changes in the short time he had been at the home. One told us "If we need help we know we can go to our manager." Another said, "I feel supported by the manager and my colleagues. I feel listened to. What we ask for, we get." A third staff member told us, "Staff are getting more harmonious. Management support me and I feel listened to." Staff told us that team work had improved since our last inspection. One staff member said, "We work as a team. If we succeed, we succeed as a team."

Staff felt valued. One staff member said, "Avenues made me 'employee of the month' which motivated me. The manager always wants to listen to you. He is the kind of man who wants to listen to his staff." Another told us, "I got an award from the head office. It made me feel so good."

Staff were asked for their views at team meetings. Staff told us they had staff meetings, and we saw evidence in the form of the minutes. The last meeting was in December 2016 where seven staff members had attended. Discussions were held on supporting people, the refurbishment, the MCA and DoLS, team work, safeguarding and health and safety.

Staff understood the values of Avenues South East. One told us, "We are here to support the clients with daily activities. Make sure they are safe. We are here to give them support and give them a feeling of belonging." Another said, "Make sure they have a good life. They need support and help. Do it to the best of our abilities."

Relatives and other stakeholders were invited to give their feedback on the service that was provided. The manager told us that due to the changes in management, the 2016 survey had only just been sent out and the results had yet to be collated. In the meantime he had developed a short questionnaire which he asked visiting professionals to complete. We looked at the responses so far and read that professionals involved in the home felt people were receiving, 'good, safe care with their health needs being met.' They thought staff were knowledgeable and staff were 'very friendly and helpful'. One professional had commented, 'Service users are well looked after'.