

South Yorkshire Housing Association Limited

Larch Avenue

Inspection report

1a Larch Avenue
Auckley
Doncaster
South Yorkshire
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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

The inspection took place on 2 October 2018 and was unannounced. The last comprehensive inspection took place in April 2016 when the registered provider was rated good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Larch Avenue' on our website at www.cqc.org.uk. At this inspection we found the service had remained good.

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

Larch Avenue is a care home situated in Auckley, Doncaster. It provides care for to up to 6 people living with a learning disability. The accommodation and housing support is provided by South Yorkshire Housing Association and the care staff are employed by Rotherham Doncaster and South Humber NHS Foundation Trust.

At the time of our inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider was working within the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were safeguarded from the risk of abuse. Risks associated with people's care had been identified and were managed appropriately. People were supported by sufficient staff to keep them safe. The service managed people's medicine in a safe way. The service had a safe recruitment procedure.

People had their assessed needs and choices met by staff with the right skills, knowledge and experience. Processes were in place to ensure there were no discrimination, including the protected characteristics under the Equality Act. People were supported to maintain a healthy, balanced diet. People had access to healthcare professionals. Consent to care was sought in line with legislation. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We observed staff interacting with people and found they were kind, caring and compassionate. We saw staff respected people's privacy and dignity.

People received personalised care which met their needs and took into consideration their preferences. People accessed the community and took part in activities of their choosing. Complaints were listened to

and used to improve the quality of care.

There were systems in place to monitor the service. People had a voice and had opportunities to contribute to the service. Staff found the management team approachable. Lessons were learned and improvements made when things went wrong.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Larch Avenue

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.

The inspection took place on 2 October 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the 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. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We met all five people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with staff including care workers, the registered manager, and the deputy manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

We spoke with five members of staff, including a senior support worker, support workers and the registered manager.

After the visit we spoke with two people's relatives by telephone, to gain their views about the service.

Is the service safe?

Our findings

At our last inspection this key question was rated good. At our recent inspection we found the registered provider had maintained this rating.

We spoke with people who used the service and their relatives and they told us the service was safe. One relative said, "If it wasn't safe [my relative] would not live there."

The service had systems in place to safeguard people from the risk of abuse. Staff confirmed they received training in this area. Staff were able to explain what they would do if they suspected abuse. One staff member said, "I would be able to recognise abuse and would report it immediately to the manager."

Risks associated with people's care were identified and managed appropriately and in a way which did not unnecessarily restrict their freedoms. Care records we looked at had risk assessments in place which detailed how best to support people. For example, one person had a risk assessment in place for choking. The care plan detailed how this should be managed by cutting up food in to bite size pieces, providing finger foods and ensuring staff were present while the person was eating.

People had a personal emergency evacuation plan (PEEP) to ensure they were appropriately supported in an emergency. Staff and people were regularly involved in fire drills. The PEEP set out specific physical and communication requirements to ensure that they could be safely evacuated from the service in the event of an emergency.

The provider ensured there were sufficient staff to support people and keep them safe. We saw people were supported to do what they wanted to do and there was enough staff available to facilitate people on trips in to the community. For example, on the day of our inspection two people were supported to go to a garden centre, two people chose to stay at home and one person attended a day centre.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly.

The provider had systems in place to ensure people's medicines were managed in a safe way. We found medicines were stored safely. Temperatures were taken of the medication room and fridge on a daily basis to ensure medicines were stored in line with best practice guidelines. A stock check was completed frequently to ensure medicines were accounted for.

Each person had a medicine administration record (MAR) where staff recorded what medicines people had been given. This was a clear account which evidenced people received their medicines as prescribed. Some people were prescribed medicines to take on an 'as and when' required basis. We saw PRN protocols were in place to ensure staff knew when to administer them.

The registered provider learned lessons and made improvements when things went wrong. We saw that accidents and incidents were recorded and monitored by the registered manager to ensure trends and patterns were identified. Any serious incidents triggered a structured review where senior managers within the company, reviewed the incident to identify if anything could have been done differently.

The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at staff recruitment files and found they contained relevant checks.

The service had an effective induction process which incorporated training and shadowing experienced staff. The registered manager told us that all new employees who had not previously worked in social care, would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Is the service effective?

Our findings

At our last inspection this key question was rated good. At our recent inspection we found the registered provider had maintained this rating.

We spoke with people who used the service and their relatives and found that people's care needs and choices were assessed and appropriate support was provided. People had an assessment which was holistic and where healthcare professionals were involved as required. We saw technology was used to promote people's independence. For example, one person used an iPad.

Staff received appropriate training which assisted them to carry out their roles and responsibilities. We saw the registered provider ensured staff received training in areas such as manual handling, safeguarding, emergency first aid, food hygiene and Mental Capacity Act 2005. The registered manager kept a training record which indicated what training had been provided and identified training required. Training was provided by eLearning and face to face sessions. Staff we spoke with told us the training was useful and helped them keep up to date with their skills and knowledge.

Staff told us they felt supported by the management team and said there was always someone available to support them and to talk to if they had a problem. However, we looked at supervision records and found these had not always taken place in line with the registered providers policy and procedure. This had been identified by the registered manager who had ensured staff received a supervision session in September 2018. The registered manager had also devised a schedule to ensure regular supervision commenced.

People were supported to maintain a healthy and balanced diet whilst incorporating choice and ensuring people had their preferences met. The menus were planned a week in advance by staff and people who used the service. Each person had the opportunity to select their favourite meal which was included in the menu planning.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Consent was sought in line with current legislation. Decisions made on behalf of people who lacked capacity had been considered in line with their best interests.

We also saw staff interacting with people and offering choices and waiting for people to respond. We saw people's choices were respected. Staff had an awareness of the MCA and had received training in this area.

People had access to healthcare professionals when required and were supported to maintain good healthcare. Care records we looked at evidenced that people had been referred to healthcare professional such as, Speech and Language Therapist (SALT), therapists and GP's. We saw that advice given by healthcare professionals was acted upon and included in their care records.

Is the service caring?

Our findings

At our last inspection this key question was rated good. At our recent inspection we found the registered provider had maintained this rating.

We spoke with people who used the service and their relatives and they told us the staff were caring. One person said, "Staff are good. I have my favourites but I like them all." Other people living at the home indicated by facial expression and body language, that they were happy and comfortable in the presence of staff.

During our inspection we spent time observing staff interacting with people. We found they had a good relationship with people and evidently knew people really well. Staff were caring, supportive and patient. On the day of our inspection one person was extremely happy about going out. Staff acknowledged people's preferences and choices and assisted them in a friendly manner.

Staff sought ways to communicate with people. People communicated using body language and staff understood what they were saying. For example, one person blew kisses to say goodbye as they left the service to participate in social activities. Staff had the opportunity to attend communication courses such as Makaton, to improve their skills.

Care records we saw also explained how staff supported people to communicate. For example, one person's care file indicated that they used gestures and non-verbal communication as methods to converse with people. For example, if the person was upset they would scowl or grumble to themselves and if they were happy they would smile and laugh.

People who used the service were assigned a member of staff who was their 'special interest worker.' Their role was to ensure the person's support was person-centred to meet their individual needs. They communicated with families where needed and supported people to fulfil their interests.

We spoke with staff who were passionate about the care they provided. Staff know how to preserve people's privacy and dignity. One staff member said, "It's important to explain what you are doing and to guide them. I make sure I close the doors and curtains to maintain their dignity." Another staff member said, "It's important to respect the person's wishes while maintaining their safety."

Is the service responsive?

Our findings

At our last inspection this key question was rated good. At our recent inspection we found the registered provider had maintained this rating.

We spoke with people who used the service and their relatives and found that people were involved in their care. We observed staff interacting with people. We found people received care which was person-centred and met their individual needs. Staff knew people well and responded to their needs appropriately.

Prior to people receiving support from the service the provider completed a thorough assessment process. This included finding out if the home could support their needs and if the environment was appropriate for them.

We looked at people's care records and found they reflected the care and support people required. Support plans were easy to read and the use of photos and symbols were used to help people understand them. Support plans were reviewed on a regular basis to ensure they were current and an accurate reflection of people's current needs.

People who used the service were supported to follow their interests and take part in activities which were socially and culturally relevant and appropriate to them. Care records we looked at included care plans for leisure activities. This was to enable people to pursue activities of their choice. For example, one person liked to go out on trips and watching films. We saw from the person's care records that these activities had taken place frequently.

The provider had a complaints procedure in place which was displayed in the entrance of the home. The registered manager told us they had not received any complaints over the past 12 months. The service had a system in place to deal with complaints appropriately if received.

People we spoke with and their relatives told us they would raise concerns with the management team. One relative said, "It's a lovely place, I have nothing to complain about."

Is the service well-led?

Our findings

At our last inspection this key question was rated good. At our recent inspection we found the registered provider had maintained this rating.

At the time of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management team consisted of the registered manager, deputy manager and senior staff. Staff we spoke with told us the management team were supportive and always available. One staff member said, "I feel supported by the manager, the senior staff are lovely and approachable." Another staff member said, "The manager is available anytime." Staff meetings were held frequently and staff felt involved in the service and valued.

The management team and staff provided good quality care and support where people had a good experience and met their outcomes in a positive way.

The provider had a system in place to continuously learn, improve, innovate and ensure sustainability. Monthly audits were completed by the provider which included looking at complaints, accidents and incidents, environmental issues, medication and records. Each monitoring visit also had a specific focus. For example, the audit completed in August 2018 focused on staff supervision and training. This audit identified that supervision needed to be addressed and we saw that action had been taken by the registered manager. This showed the audit system was effective.

The service encouraged open communication with people who used the service and their relatives. A range of forums were available for people to voice their opinions. For example, people attended house meetings and minutes were available in an easy to read format. In addition to these meetings the registered provider held focus group meetings. These were meetings where one person from each of the registered providers homes attended. These were held monthly and were used to capture people's views and include them in reviewing the service. People's views and ideas were acted on and used to shape and improve the service.