Lifeways Community Care Limited

Flaxman Avenue

Inspection report

77 Flaxman Avenue
York
North Yorkshire
YO10 3TW

Tel: 01904414719

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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?	Requires Improvement

Summary of findings

Overall summary

Flaxman Avenue is a six bed residential home providing short break support for younger and older adults with Learning Disabilities or Autistic Spectrum Disorder. It supports other needs such as sensory impairment, mental health or physical disabilities. The home is registered to provide accommodation without nursing. All rooms are on the ground floor with wide corridors and entrance areas to allow easy access for those using mobility scooters and wheelchairs.

The home is located on the outskirts of York city centre, in a residential area, with good access to the city`s services and amenities. There is parking available to the front of the home and an enclosed garden at the back of the property.

At the last inspection in September 2015 the home was rated 'Good'. At this inspection we found the home remained 'Good'.

Relatives had expressed that they wanted to meet every three months, this had not been implemented during our visit. One health professional felt that partnership working including communication could be improved by the home.

The registered manager had quality assurance systems and audits in place. We found that the maintenance audits and health and safety checks had identified work that needed to be completed, but no follow up actions had been noted.

The registered manager told us they would commence three monthly relatives meetings in 2018 and make plans to improve their partnership working with external agencies such as the local authority.

In view of the above information we recommended that the registered manager reviews record keeping to ensure all actions identified in audits or any other checks are fully completed and recorded.

The registered manager had systems in place to record and monitor safeguarding concerns and accidents and incidents; they had taken appropriate action when required.

Recruitment processes ensured appropriate checks were completed so that suitable people were employed to work with people accessing short breaks at the home. People living at the home were supported to ask their own questions during interviews and their feedback was taken into account when making recruitment decisions.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant that they were working within the law to support people who may lack capacity to make their own decisions.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the home support this practice.

Risk assessments minimised the potential risk of harm to people living at the home. These were reviewed every six months or sooner if there were any significant changes to people's needs.

Care plans included information that was important to people, such as their likes, dislikes and preferences. Staff had knowledge of promoting dignity and respecting people's choices. They knew the importance of gaining people's consent and involving appropriate health professionals, family members or representatives should a best interests meeting need to be organised to reach decisions.

Staff had received training to administer medicines safely and these were stored appropriately.

We were unable to observe meal times as the residents were attending day centres where they had their meals. One person had eaten breakfast at the home in the morning prior to our arrival. The registered manager told us that people had food and drinks available in the kitchen should they need it and staff supported them with preparation and cooking to promote their independence.

The registered manager told us that activities were led by the people living at the home. They told us they accessed a local park and Museums in the City of York.

Relatives and representatives told us they knew how to make a complaint if they needed to. The complaints procedure was available and on display during our inspection.

We could see that people's health care needs had been met whilst at the home and any concerns about people's well-being were immediately reported and appropriate advice sought. Staff involved relatives or representatives of people living at the home and communicated information to them.

The registered manager had been in post since July 2016 and had been working alongside the local authority to improve service delivery. Part of the improvements that had been completed were to update all care plans so that information was current and reflective of people's needs. The registered manager had completed regular internal audits of the home, held staff and relatives meetings and distributed survey questionnaires to seek the views of those that used the home.

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?

Requires Improvement

The service was not consistently Well-Led.

Quality assurance systems and audits were in place. However, we found that follow up actions were not always documented when issues were identified.

Records had been updated in people's care plans to ensure that relevant information was included to meet individuals diverse needs.

Staff felt supported by the registered manager and that there was an open and transparent approach within the service. We received mixed reviews from relatives as some had met the registered manager and others did not know who they were and health professionals felt that partnership working could be improved.

Flaxman 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.

This was a comprehensive inspection and took place unannounced on 30 October 2017.

We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger and older adults who are often out during the day. We needed to be sure that someone would be available to speak with us.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for people with a learning disability or autism and older people who use regulated services.

Prior to the inspection we reviewed the Provider Information Return (PIR) which details important data about the service, what has been working well, improvements made since our last visit and future plans for driving improvements. We reviewed notifications from the provider. Notifications are submitted to inform us about significant incidents or changes that happen at the service. We contacted the local authority and other health professionals for their feedback about the service.

Feedback was mixed, issues were highlighted that required further improvements and some positive feedback has been reflected in this report. The local authority told us they had been working with the service and we could see the benefits of the improvements made to record keeping and in the way the service supported people's independence.

During the inspection we spoke with one person using the service, three relatives, three members of staff and the registered manager. We carried out general observations at the service and reviewed three people's care plans and other records relating to the management of the service. The expert-by-experience spoke to

one relative during the inspection and contacted two relatives for their views after the inspection.

Good

Is the service safe?

Our findings

People living at the service indicated that they felt safe. Four relatives of people living at the service told us they felt their loved ones were safe. Comments included, "The staff are good with [Name], [Name] enjoys going." "Very happy and safe there" and, "The care [Name] receives is good."

Policies and procedures were in place to minimise the potential risk of abuse or unsafe care. Staff had a good awareness of potential signs and types of abuse and how to report them. Safeguarding training had been completed for all staff and annual refreshers were scheduled. Staff told us they would be confident to raise concerns with the registered manager or external agencies such as the local authority. They were aware of the whistle blowing policy that was in place and felt their confidence would be maintained should they need to use it.

Recruitment procedures were thorough and included checks to ensure people were suitable to work with vulnerable adults. People living at the service were actively participating by asking potential employees questions about what was important to them.

Care plans were person centred on people's needs and detailed preferred routines, levels of independence and support required. Risk assessments had been completed and detailed how people would like staff to support them with risks to ensure their safety. There was a risk assessment for bathing to ensure people were not scalded. This recorded the control measures that were in place to reduce the risks such as, staff monitoring temperatures before people had their baths.

Accidents, incidents and near misses were clearly recorded including actions that had been taken by staff and detailed whether or not there were any injuries. One incident following a fall advised no injuries had been sustained. Staff had monitored through the night to ensure people had no ill effects or symptoms at a later time.

Personal Emergency Evacuation Procedures (PEEP) detailed people's conditions and the support they required to safely evacuate from the premises. Policies were in place to ensure people were not discriminated against and staff had a good knowledge of how to promote people's human rights.

We looked at how medicines were recorded and administered. The registered manager advised that medicines received and returned from the service were recorded by staff in the medicines file. Medicines were stored safely and daily temperature checks completed. Staff had received medicines training and the registered manager had checked their competency before they could administer medicines on their own. Staff had to sign to acknowledge they had read and understood the medicines policy.

The relatives we spoke with told us they were happy with the support provided to people who received their medicines whilst at the service. We looked at medication administration records for two people, where medicines were time specific staff had noted the times each medication was given. Records were kept of where on the body patches had been placed to avoid re application to the same areas which could

potentially cause soreness. Medicines had been signed for and people had received them as prescribed at the right time. We saw medicines audits had been completed by the registered manager to help identify any errors.

The premises were clean and free from unpleasant odours. Hand sanitising gel, paper towels and bins were visible for staff to use throughout the building. We found equipment had been serviced and maintained. Regular checks were carried out in relation to fire safety equipment and water temperatures were documented to ensure people were kept safe in line with health and safety guidelines.

During our inspection staffing levels were observed to be sufficient to meet the needs of people who were staying at the service. The registered manager told us that bank staff were available if needed at short notice and that staff levels were reviewed at the start of each week and were dependant on the needs of people accessing the service. One staff advised, "There is usually three staff on each shift depending on client's needs." This ensured people's needs were met in a timely way.

Disciplinary procedures were in place and we could see these had been utilised from viewing staff records.

Good

Is the service effective?

Our findings

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had a good awareness of the MCA and DoLS. One staff member told us, "We have training on MCA and DoLS. Each person's capacity is assessed and the assessment is kept within their file." We could see that assessments had been completed and records kept within the principles of the MCA. We did not observe people being restricted or deprived of their liberty during our inspection.

During our visit people were attending day centres and had already eaten breakfast prior to us arriving. Staff told us that they understood people's likes and dislikes and how they communicated what they would like to eat or drink. Staff understood the importance of giving choices to people and encouraging a healthy balanced diet. We could see from daily notes that staff recorded when they had supported people to prepare and cook meals. Drinks and food eaten were also recorded so that staff could ensure people received sufficient amounts of food and fluids.

Relatives told us they felt involved with the planning of their loved ones care. One relative told us, "We have spoken to staff about [Names] needs." Another said, "I've had a say in [Names] care plan." Care plans detailed food and fluids that people liked or disliked and any specific requirements or preferences. For example, some 'mealtime support' plans stated plate guards and straws for drinks were required or blended food. This information was regularly reviewed and any changes updated by staff. Records showed involvement from other professionals such as speech and language therapists.

Arrangements were in place to support people if they needed to see health professionals while staying at the service. We saw that information relating to health and well-being appointments was documented and advice updated into the appropriate care plans.

Daily handover sheets were in place to ensure all duties were logged and any information of concern was passed to the next shift team. The sheet included daily tasks such as; medicines administered, clean mattress, change bedding, record communications, food packed up for day centre and checks of slings and hoisting equipment.

We looked at the building and grounds and found they were appropriate for the care and support provided. Large bedrooms and wide corridors could accommodate hoisting equipment and wheelchairs. There were different lounges for people to make a choice of where to spend their time and we observed people moving around the building freely with staff supervising them.

Good

Is the service caring?

Our findings

During our inspection we observed people were happy, relaxed and looked comfortable interacting with the staff. We confirmed this by talking with people and reading non-verbal communications. Staff were seen to treat people with respect and understood their needs. One person was supported by staff to speak to us and they allowed them to express their own views as far as they were able to. We spoke to their relative who told us, "[Name] has come on since they started going there (the service)."

People were given space to be independent when possible and staff were sensitive to individual preferences. For example, one person had expressed their feelings of being uncomfortable when staff carried out certain support in front of others. The staff member told us they ensured that the person's choice was respected and privacy/dignity promoted by ensuring they carried out certain support in their bedroom with the door closed where they felt more comfortable and relaxed.

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity.

We could see from looking at care plans that people had been involved in planning their own care and support. Staff told us that they had regular discussions with people staying at the service and their relatives to ensure any changes in needs were documented and that they were happy with the service being provided.

A keyworker was provided for each person staying at the service; this gave relatives and representatives a person of contact to liaise with and enabled staff to consistently communicate information to them.

Policies were in place to support the maintenance of people's privacy and confidentiality and new policies had been introduced. For example, a dignity and respect presentation had been completed in one of the team meetings. Staff had completed worksheets to confirm their understanding of the information and we found staff to have good awareness of how to use this to enrich people's lives.

Staff supported people to make their own meals, manage their monies and other everyday choices, whenever this was possible. One member of staff told us, "Some people need visual prompts for support with choosing what to wear and others will get clothes out themselves." Staff had a good awareness of people's capabilities so they could maintain people's life skills and promote their independence. Staff explained how they worked with people to ensure they led meaningful lives in line with the aspirations noted in their care plans.

We received feedback from health professionals who told us they felt the service put the needs of people as a priority. They felt staff were sympathetic in attitude and tried to follow best practice.

Staff encouraged visits from people's friends and relatives during their stay at the service. Some relatives collected their loved ones whilst we were visiting and had transported them to the day centre facilities. Staff

told us they had regular communications with relatives and representatives involved in people's care and support. We could see from records that relatives were regularly in contact with the service to check how people had been that day or the staff contacted them if any changes had been noted.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered provider had information that could be provided to people and their families if this was required.

Good

Is the service responsive?

Our findings

Relatives told us they felt the registered manager and staff were responsive and met people's needs. A complaints process was in place and people knew how to use it should they need to make a complaint. One relative told us, "If I needed to complain I would talk to a member of staff." Another relative said, "I've never had to complain but I'm sure if I needed to the staff would listen."

We looked at care records for three people to see if their needs had been assessed and consistently met. An admissions form had been completed with a check list sheet to ensure all aspects of people's needs were recorded. Where possible each person and their family or professionals involved with them had helped to identify the support they required. One relative told us, "I have spoken with the staff about [Name] needs" and another relative said, "There is a consistent staff group."

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked individual's needs in relation to mobility, mental and physical health and medicines. Any specific requirements for each individual had been identified, for example, people who required assistance with moving and people who were at risk in the community when crossing roads.

The provider had been responsive to the needs of people who accessed their services. For example, the service provided accommodation to people who had more complex needs. Relatives had expressed a need for a more flexible system when booking accommodation for short breaks during times they were on holidays or working. The service had changed their booking procedures to accommodate these requests. This meant that relatives were able to make bookings in three monthly slots instead of for the whole year; this gave people more flexibility to plan. It also provided support to individuals who may require emergency accommodation during unforeseen circumstances.

The service had considered good practice guidelines when managing people's health needs. For example, we saw people had hospital passports in place. Hospital passports are documents which promote communication between health professionals and people who cannot always communicate for themselves. They contained clear direction on how to support a person and included information about whether a person had a DoLS in place, their mobility, communication levels, dietary needs, and medicines.

People had been actively encouraged and supported to maintain local community links. For example, we saw one person who had been supported to maintain contact with their relatives and to continue accessing day care facilities in the community. This helped to maintain continuity for the person.

During our visit we did not observe any activities as the residents were attending the day centre. We asked relatives of people that lived at the service whether they felt happy with the level of activities provided. Comments included, "She goes to and from there like she does at home," "She goes out with the staff if the weather is good," "They just take her to the park' and, "They said they would take her into town but it isn't often."

One relative told us, "From talking to [Name] it seems that not a lot happens there. I would like them to do activities especially at the weekend and offer care during the day during school holidays."

We discussed activities with the registered manager and they told us that in light of the feedback we received they would develop an activities board for the customers and their relatives to visually see what the service has to offer.

We were advised that many activities were available such as; a large range of sensory equipment, summer house and large garden, baking, pamper nights, Ipad's, video's, outings to York, trips to the local pub, meals out, visits to local museums, cafes and cinemas and discos nights within the service.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager employed at the service. 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.

During our last inspection in September 2015 we recommended that all care plans were kept up to date and routinely checked to ensure they contained all relevant information.

The registered manager told us they were in the process of reviewing all care files to ensure current information was up to date and any old care plans were taken out to avoid confusion. We could see from the files we viewed that information had been updated to reflect people's current needs. All relevant information for staff to provide person centred care to meet people's diverse needs was within the care plans.

Staff we spoke with told us they felt supported by the registered manager who had a very open and transparent approach. One staff member told us the registered manager was, "Very friendly and approachable and I can go to see [registered manager] at any time."

Some relatives told us they did not know who the registered manager was. However, some relatives were aware and one told us, "I've met the manager and the place seems to be well managed." Staff told us they had set up relatives forums this year to allow people to give feedback openly so that the service could take their views on board to improve on people's experiences.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. Health professionals we spoke with told us that when the registered manager was not present it was not clear who took on the responsibilities of that role in their absence. This meant that partnership working with external organisations could be improved upon. We discussed this with the registered manager who told us this was an area they were looking to develop further. Following our visit they were to ensure a clear management structure was in place so that staff could support any external organisations to communicate effectively with senior management when they needed to.

Staff meetings were held every two months and meetings for people living at the service were held on a monthly basis to ensure any changes were documented. A relatives meeting had taken place in August 2016, the registered manager told us they were to be held every three months from 2018.

Minutes of meeting which had taken place were up on the noticeboard for people to read or they were given copies to take home with them. In addition staff and 'relative/family' surveys were carried out regularly alongside the relative's forums which had been introduced within the last twelve month period. Comments were analysed by the registered manager and improvements made.

We saw people and staff were consulted on the daily running of the service and any future plans. People living at the service had expressed a wish to be involved in the recruitment process and this had been respected. Staff supported people to work on their own individualised questions and collate feedback following the interview process. This showed us that the registered manager wanted to make improvements within the service and engage people and their families as a priority.

The registered manager had auditing systems to assess the quality assurance and maintenance of the building and any equipment in use. We found regular audits had been completed by the registered manager. These included medicines, the environment, care records, accidents and incidents and infection control. However, we could see that follow up actions in relation to maintenance issues were not always documented. One example of this was a wheelchair that had been visually checked in May 2017. The action plan noted the waist strap was loose, but no details of when this was completed or actions taken to mend the strap. Also health and safety checks had identified that a fire door was not closing, some windows not opening and that three shower rooms required work completing. No details were recorded of the action taken, during the visit the registered manager emailed the maintenance person to ensure these were addressed.

We found some policies and procedures were due for review such as the fire safety policy which was dated August 2014 and notes advised to be reviewed after twenty-four months. The registered manager confirmed that all policies and procedures were in the process of being reviewed and we could see from looking at other documentation that this was a work in progress.

The registered manager was aware that further work was required in relation to records and documentation and assured us this was being addressed and updated in line with best practice guidance.