

Avenues South East Heathlands

Inspection report

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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?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Heathlands is a care home which provides care and support to six people with learning disabilities. The home is situated in a residential area with accommodation over two floors.

This inspection took place on 7 April 2016 and was unannounced. The inspection was carried out by two inspectors.

There was a registered manager in post who assisted us with our inspection on the day. 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.

People received support with their healthcare needs although systems to manage and record appointments were not consistent which had led to delays in people receiving the healthcare they required. Professional advice was not always followed. For example, staff were unaware of and had not followed guidelines for one person who had been assessed by professionals as requiring a pureed diet to reduce the risk of choking.

People's needs were not always responded to in a responsive manner. Behaviour support plans were not appropriate which led to inconsistencies in the support provided.

There was a lack of managerial oversight of the service. The registered manager was responsible for the running of two services which limited the time they were able to dedicate to the management of the service. Quality assurance systems were in place but had not identified and addressed concerns within the service. Records were not stored in an organised manner which meant that information was difficult to access.

A range of activities were available to people. However, these were not always planned or provided in a consistent manner so people were unable to predict and anticipate their routines or follow their chosen activities regularly.

Risks to people's safety and well-being were assessed and control measures implemented to keep people safe. Medicines were managed safely and staff understood the process involved in supporting people with their medicines. Maintenance of the premises and equipment were monitored and health and safety checks of the environment were completed.

People were supported by sufficient numbers of staff who had received training in their role and recruitment checks were completed to ensure they were suitable to work at the service. Staff were aware of their responsibilities in relation to safeguarding people from abuse.

Care plans were person centred and recorded people's needs and preferences and people were actively encouraged to participate in the running of their home. Staff knew people well and supported people with

courtesy and kindness.

People's legal rights were respected as the principles of the Mental Capacity Act 2005 were followed. People's capacity was assessed and where restrictions were in place applications to deprive people of their liberties had been submitted to the local authority. There was a complaints policy in place which was displayed and available in an easy read format.

Regular staff and resident meetings took place and staff told us they felt supported by the organisation.

During this inspection we identified five 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.

There were sufficient staff deployed to support people's needs.

Staff were knowledgeable regarding their responsibilities to safeguard people from abuse and recruitment checks had been completed to ensure staff were suitable.

Risks were assessed and control measures implemented to keep people safe and medicines were managed safely.

Contingency plans were in place to ensure people's care would not be interrupted in an emergency. Health and safety checks of the premises were completed regularly.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's were supported with the healthcare needs although appointments were not tracked appropriately which meant appointments had been missed.

Guidance from professionals was not always followed with regard to food preparation which put people at risk of choking.

People's legal rights were protected.

Staff received training and support to carry out their role.

Is the service caring?

Good ●

The service was caring.

People's privacy was respected.

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

Staff promoted people's independence by actively encouraging people to be involved in daily living tasks.

Is the service responsive?

The service was not always responsive.

People's changing needs were not always responded to in a consistent and timely manner.

Activities plans for people were not always consistent although people did have access to a range of activities.

Care plans were person-centred and contained information about what was important to the person.

There was a complaints policy and procedure in place which was displayed in an easy read format.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There was a lack of managerial oversight of the service.

Quality assurance systems did not always identify concerns and were not used to ensure consistent improvements.

Accident and incident forms were completed by staff but trends were not acted upon in a timely way.

Records were not organised to enable staff quick access to information.

Staff told us they felt supported by the organisation. Regular team meetings and resident meetings took place.

Requires Improvement ●

Heathlands

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 inspection took place on 7 April 2016 and was unannounced. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We had not asked the provider to complete a Provider Information Return (PIR) on this occasion as we inspected the service early than 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. We gathered this information instead before and during the inspection.

As people living at Heathlands were not able to tell us in detail about their experience we observed the care and support provided. We spoke to the registered manager, three staff members and two relatives following the inspection.

We reviewed a range of documents about people's care and how the home was managed. We looked at three care plans, medication administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits that had been completed.

The service was last inspected on 10 September 2013 and there were no concerns identified.

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. One person said, "I feel safe, (staff member) keeps me safe." A relative told us, "Yes, they're safe, always very well looked after. I've no concerns."

Risk to people's safety were assessed and control measures implemented to keep people safe. Risk assessments addressed people's health needs and activities people took part in both in the community and at home. For example, we saw one person who was at risk of falls had a sensor mat in place to alert staff if they moved from their chair so they could offer assistance. Another person had a risk assessment in place regarding travelling in the car due to their anxiety and mobility. Detailed guidance was available to staff regarding where the person should sit and how many staff members should support the person. Staff were aware of the guidance in place and were able to describe how support was provided safely.

Peoples' medicines were managed and administered safely. Medication Administration records (MAR) included photographs of people and a list of medicines prescribed. There were no gaps in the recording of medicines administered meaning people had received their medicines in line with prescribed guidelines. Guidance was available to staff regarding PRN (as required) medicines to ensure staff were aware when they should be administered.

Medicines were stored securely and stock checks were completed on a weekly basis. Systems were in place for the ordering of medicines and the return of unused medicines. A staff signature list was available in the medicines folder to identify which staff members had administered medicines. Liquid medicines were labelled with the date they were opened to ensure they were used within the recommended timescales. The local pharmacy had recently completed an audit of medicines protocols and had not identified any concerns.

People were safeguarded because staff were knowledgeable about what action to take should they suspect abuse was taking place. They were able to tell us about the different types of abuse, how to identify abuse and how to report it. They understood the role of the local authority safeguarding team and had contact details available. Staff told us they received regular safeguarding training and records confirmed this. Information regarding safeguarding was displayed prominently in communal areas and we saw concerns were reported when required.

There were sufficient members of staff deployed to meet people's needs. We observed people going out for lunch and on other activities with staff support. There were enough staff to support people who chose not to go out and remained at home. Staff told us they felt there were enough staff to offer personalised support and rota's confirmed there had been consistent staff levels in the three months prior to the inspection. The registered manager told us that due to staff vacancies and sickness there had been an increase in the number of shifts covered by agency staff. The service had responded to this by asking a staff member from a different home to transfer on a temporary basis and requesting regular agency staff to minimise the impact on people.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Staff recruitment files included an application form, details of past employment, a face to face interview, two references and evidence that the person was legally entitled to work in the UK. All staff had a completed Disclosure and Barring System (DBS) check in place. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People lived in a safe environment because routine maintenance and checks were completed and recorded. Staff completed regular visual checks on the safety of wheelchairs and health and safety checks around the building. Equipment was regularly serviced including safety inspections of the portable appliances, gas boilers, electrical installations and moving and handling equipment. The fire alarm was tested weekly to ensure it was in working condition and an up to date fire risk assessment was in place. The service had developed a contingency plan to ensure that people would continue to receive their care in the event of an emergency. Staff were aware of how to access this information and regular fire drills were completed.

Is the service effective?

Our findings

Relatives told us they felt that staff had the skills needed to do their jobs and that their family members received support with their healthcare needs. One relative said, "The staff know what they're doing, they let me know if anything's wrong." Another relative told us, "They always go to appointments and they tell me what's happened."

People were not always supported to eat in a safe manner. One person had been assessed by the Speech and Language Therapy team (SALT) in 2013 as requiring a pureed diet. The guidelines produced by SALT as to how the person's food should be prepared were displayed on the kitchen wall. We spoke to one staff member about how the person's food was prepared, they told us they cut the person's food into small pieces but did not puree the food. Records of what the person had eaten in the last month detailed foods unsuitable for a person on a pureed diet such as crisps and toast. The person's support plan stated, 'I like food to be chopped into small pieces and some to be liquidised, e.g. fruit and vegetables'. However, staff told us they rarely liquidised any foods for the person. Not following professional advice and guidelines to support people with the diet meant the person was at risk of choking.

We spoke to the registered manager and another staff member about our concerns, they also told us they were unaware of this guidance and said the person had not had a subsequent SALT assessment where guidelines had been changed. The registered manager and senior staff member took immediate action on the day of the inspection to ensure the person received their food in a safe manner and requested a further SALT assessment.

Not ensuring that people received safe and appropriate care to eat safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People were involved in planning meals and choices were offered. There was a menu plan in place which offered a range of foods with varied options. We observed people being offered choices and staff were able to describe people's likes and dislikes which matched with those found in people's care plans. One staff member told us, "We always tell people what's on the menu but if they choose something different we make it." We observed that people were offered a choice of light meals at lunchtime and people told us they enjoyed the food.

People were not always supported appropriately with their healthcare needs. Records showed that people had access to healthcare professionals including GP, dentist, chiropodist and opticians. However, appointments were not always tracked and monitored to ensure people received healthcare at the required intervals. One person's records showed that they required a follow-up appointment with the dentist after six months; the appointment had been cancelled due to staffing issues. The appointment had been rescheduled for some months later which meant the person would be waiting a year between appointments. Another person had seen the chiropodists in September 2015 and was asked to return in 12 to 14 weeks. Staff confirmed that no appointment had been made which meant the person had not seen the chiropodist for over six months.

We recommend that systems are implemented to ensure people's health appointments are tracked, monitored and arranged appropriately.

Records for other people showed they were supported to attend healthcare appointments on a regular basis and that when people showed signs of ill health they were supported to see medical professionals. Care files contained care passports meaning that information could be shared easily should someone need to go to hospital.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

People's legal rights were protected as records evidenced that people's capacity had been assessed regarding particular decisions and where appropriate DoLS applications had been submitted to the local authority. For example, the external doors to the property were locked and a code was required to exit the property. This had been assessed as being in the best interests of people due to their vulnerability should they leave the service without staff support. DoLS applications had been submitted to the local authority and were awaiting authorisation.

Staff were inducted into the service and received training to support them in carrying out their role. One staff member who had recently started work told us they had received an induction which included learning about people's needs, systems and where everything was kept. They were shadowing other staff to ensure they were aware of people's needs and preferences before being placed on the rota. A training plan was in place which included mandatory health and safety training, safeguarding and medication. We saw training records which highlighted when staff had completed training and tracked when they were due to have refresher training. Staff told us they found the training useful in enabling them to carry out their role. For example, we observed staff using safe manual handling techniques when supporting people to transfer between seats. Records showed that staff received supervision in line with the providers policy. Staff reported they found these useful as it enabled them to discuss any concerns, team work and training.

Is the service caring?

Our findings

We observed people were relaxed in the company of staff and requests for support were acted upon quickly. Relatives told us they felt the staff were caring. One relative said, "They have a lovely life and the staff are so nice, would do anything for them."

During the inspection we observed staff respecting people's privacy and individual needs. Staff addressed people appropriately, using their preferred name and were discreet in the way in which they supported people. Personal care was undertaken in private and we observed that staff knocked on people's doors before entering. However, due to significant changes in one person's mobility they were no longer able to use the stairs safely. Staff had responded by moving the person's bedroom to the conservatory area as a short term measure to keep the person safe. As the conservatory was adjacent to the lounge this arrangement did not offer the person the privacy they required. The provider informed us they had sought and gained agreement from the person's relatives and all the relevant professionals involved in this person's care to use this facility as a temporary arrangement. Following the inspection the provider informed us that the person was no longer at the home and the conservatory was no longer used as a bedroom.

People were actively encouraged to take part in daily living tasks and independence was encouraged. People's care files contained detailed guidance for staff in the level of support people required with different tasks such as vacuuming, washing up, making drinks, washing and dusting. Plans were written in a person centred way with photographs of the person completing the task. We observed that this was consistently implemented by staff. For example, rather than being asked if they would like a drink, people were asked if they would like to make a drink and encouraged to make one for others. People were encouraged and prompted to make their own lunch with staff support and to do their own washing. This meant that people were supported to take responsibility for their own home and staff respected this.

People were supported by staff who knew them well. We observed people responding positively to staff and there was a relaxed and friendly atmosphere. We heard the tone staff used when speaking to people was kind and encouraging and staff sat next to people to ask them a question or chat with them, rather than standing over them. People were offered gentle encouragement to complete tasks or to join in activities but were not pressured. Staff were able to describe people's needs and preferences in detail and it was clear they understood the level of support people required. We observed staff supporting one person to move from their wheelchair using a hoist. There was constant communication with the person to put them at ease and reassurance was given throughout.

Is the service responsive?

Our findings

Relatives told us that they were involved in the family members care and would feel confident in discussing concerns. One relative said, "I'm always invited to reviews. They know (family member) and do their best for everyone there." Another relative said, "I've never had a problem but would tell if there was anything I was worried about." We observed that people were involved in their care through the use of photographs which were incorporated into care plans.

People's changing needs were not always responded to in a timely and appropriate manner. Records showed that one person's behaviour had changed significantly but appropriate guidance for staff on how to support and respond to the person had not been implemented. Staff told us they had struggled to know how to support the person and that there had been a significant impact on other people. One staff member said, "It's really hard when someone's behaviour changes every day so the guidance changes. Other residents get anxious and complain. The management are really good but it's hard for everyone." The person had been referred to the provider's positive behaviour support team who had completed observations. The registered manager told us they had concluded that a more consistent approach from staff was required. The person's care file contained guidance for staff which stated they should tell the person to stop then withdraw support in the hope that they would realise the behaviour would not gain them attention. Further guidance recommended staff should engage with the person to prevent the behaviour from escalating. The most recent guidance for staff was not held in the person's care file and recommended that they should be ignored, even if they attempted to apologise. We spoke to a member of the positive behavioural support team who acknowledged this intervention was inappropriate and may be perceived as a punishment by the person. They informed us they would discuss these concerns with the team and agree a more positive and consistent approach for staff to follow.

Not responding to people's needs in a timely and appropriate manner is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Care plans were completed in detail and in a person centred manner. Plans highlighted people's likes, dislikes, what was important to the person, how support should be offered, social and health needs. Each person had a communication passport in place to ensure staff could communicate in a manner appropriate to people's needs. Photographs were included to demonstrate the activities people were involved in. We observed staff understood communication signs from people and spoke in a relaxed manner and at a pace which was appropriate to people's levels of communication.

People were supported to take part in a range of activities although these were not always provided and recorded in a structured and consistent way. Activity plans displayed in the office, communal areas and within people's care files all differed and staff told us that activities varied depending on the staff on duty and if drivers were available to support people. This meant that people did not always have access to activities that were important to them and impacted on people making positive links within the community. For example, one person's care plan stated they liked to attend church on a Sunday. Activity records were viewed for the previous two months which did not evidence the person had been supported in this area. We

spoke to the registered manager who told us, "They do go to church when possible but not always to the same one. It depends what else is happening."

During the inspection we observed people take part in a range of activities including going out for lunch, attending day service, shopping and art work. Activity records showed these activities were regularly offered and community facilities were used such as the local pub. However, there were gaps in recording where no activities had been entered and no explanation given as to why activities had not taken place.

We recommend that activity plans and recording are implemented to ensure people have consistent support in this area in line with their needs and preferences.

There was a complaints policy and procedure in place which was also displayed in an easy read format to enable people to understand how to raise a concern. Relatives told us they had not had cause to raise a complaint but would feel confident in doing so should they have concerns. A complaints log was in place although not complaints had been received within the past year.

Is the service well-led?

Our findings

The provider had not ensured that consistent management support was available to people and staff. The registered manager told us that they were responsible for the management of two services. They said that this had a significant impact on their ability to know what was happening in the service and to provide consistent support to staff due to the demands on their time. On average they were able to spend one or two days each week at the service. One staff member told us, "(Registered manager) is approachable and does his best but you can't be split in half and be in two places at once." The deputy manager took day to day responsibility for the service and staff told us they felt supported. However, the lack of consistency in supporting people and staff with behaviour management, delays in addressing accommodation needs and inconsistent record keeping demonstrated a lack of managerial oversight.

It was clear from speaking to staff that changes in people's health and behaviours had meant the service had experienced a stressful and turbulent time over the past year. Although the registered manager and senior management team had taken action to address some of the issues by involving other departments, external professionals and transferring staff from other services this had been done in a reactionary manner rather than implementing a planned and timely response. Processes designed to ensure that action was taken to identify and resolve issues were not used effectively to ensure that people's needs were responded to. For example, staff completed incident forms to record people's behaviour. These were reviewed within the service but had not been used to identify patterns in behaviour and inform support plans for the people involved. The registered manager and a senior manager told us that in hindsight action to support people and staff regarding the concerns within the service should have been taken earlier and as part of a more planned response involving all available resources.

Records were not reviewed in a timely way and were not stored in an organised manner. For example, personal emergency evacuation plans had not been reviewed for one person who required additional support due to changes in their mobility or for the person using the conservatory. The house emergency evacuation plan review was also overdue. Although people's care records had been reviewed the original care plans had not been changed which meant staff could not easily access the most up to date information.

Quality assurance audits were completed by a senior manager within the organisation and assessed areas including staff interaction, care files, environment, supervisions and complaints. Visits were recorded and action plans implemented which were reviewed on the next visit. Records showed that there were no outstanding actions for the service. The concerns identified during the inspection had not been addressed as part of the audit process which meant that the process was not effective in ensuring the quality of the service provided was monitored and the required improvements made.

The lack effective recording and quality assurance processes is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People and staff had the opportunity to contribute to how the service was run. Regular staff meetings were

held and staff told us they felt able to raise concerns and felt listened to. One staff member told us, "We said in a meeting that we needed more regular staff and they transferred someone to help." People were also involved in meetings regarding the support offered. Minutes showed that discussions included the day to day running of the service, activities and menu options. Information gained from feedback was used to improve the service. For example, the service was developing pictorial menus to support people in making choices.

Staff told us they felt supported by the organisation and the management of the service. One staff member said, "(Deputy manager) is very supportive to the staff. They run things day to day but can always email or contact the registered manager or other managers if there's a problem. (Registered manager) is approachable and easy going; we can always speak to him about any concerns."

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 9 HSCA RA Regulations 2014 Person-centred care People's changing needs were not always responded to in a timely manner
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not supported to eat safely
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure managerial oversight of the service. Records were not organised to allow easy access to information.