First Choice Care Services Ltd

63 Eton Avenue

Inspection report

63 Eton Avenue
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We conducted an announced inspection of 63 Eton Avenue on 3 March 2016. The service provides care and support for up to three people with learning disabilities, Autism and behaviours that challenge the service. There were two people using the service when we visited.

At our last inspection on 13 December 2013, the service met the regulations inspected.

The service had a registered manager in post. 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.

We did not find appropriate Deprivation of Liberty Safeguards (DoLS) in place for people who used the service. Staff were trained in the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. However staff did not demonstrate sufficient knowledge and understanding of their responsibilities.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported. The registered manager and staff had received training on safeguarding adults and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Safe practices for administering and storing medicines were followed. Records were kept when medicine was administered. The registered manager ensured that medicines administration had been audited frequently to ensure people who used the service were administered the correct medicines.

People and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only people who were suitable worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with a range of training to help them carry out their duties. Staff received regular supervision. There were sufficient staff deployed in the service to meet people's needs.

People were supported to eat and drink and their nutritional needs were monitored. People were supported effectively with their health needs and had access to a range of healthcare professionals. People were involved in making decisions about what kind of support they wanted.

Staff and people who used the service felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was an effective complaints policy and procedure in place.

The service carried out regular audits to monitor the quality of the service and to plan improvements. Where concerns were identified action plans were put in place to rectify these.

We found one breach of regulations 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. Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and appropriate actions were taken to prevent the likelihood of risks occurring.

Enough staff were available to meet people's needs and we found they had been recruited safely.

Safe practices for administering medicines were followed.

Is the service effective?

Requires Improvement

The service was not always effective. The provider did not ensure that that people's liberty had not been restricted and staff were not clear about the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff received training to provide them with the skills and knowledge to care for people effectively. Staff were supported through regular supervision to meet people's needs.

People received a variety of meals and the support and assistance they needed from staff with eating and drinking, so their dietary needs were met.

Is the service caring?

Good

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support.

Is the service responsive?

Good

The service was responsive. People and their families were involved in decisions about their care. Staff understood how to

respond to people's changing needs.

People knew how to make a complaint. People were confident that their concerns would be addressed.

Is the service well-led?

Good

The service was well-led. The service had an open and transparent culture and staff reported they felt confident discussing any issues with the registered manager.

Systems were in place to ensure the quality of the service people received was assessed and monitored. We saw evidence of regular auditing. Where improvements were required, action plans were put in place to address these.

63 Eton 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.

We undertook an announced inspection of 63 Eton Avenue on 3 March 2016. 48 hours' notice of the inspection was given because the service is small and we needed to be sure that people who use the service and care workers would be in.

The inspection was carried out by a single inspector.

Prior to the inspection we reviewed the information we had about the service, these included notifications, safe guarding alerts and enquiries

People who used the service were only able to partially communicate verbally. However, we were able to talk to two people who responded with one letter words and gestures. Throughout our inspection we observed care provided and interactions between people who used the service and care staff.

During the visit we spoke with two members of staff, the registered manager, deputy manager and registered provider. We also contacted one relative following our inspection of the home to get their view in regards to the care provided. We spent time observing care and support in communal areas. We also looked at a sample of two care records of people who used the service, six staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

One relative told us that their relative was safe living at the home. The relative told us, "I believe he is safe at the home, when I ask him if he wants to move back home, he tells me that he is happy here." One person replied "yes" when we asked him if he was safe.

Staff understood how to recognise potential abuse and how to report their concerns. Staff members gave examples of the possible signs of abuse and correctly explained the procedure to follow if they had any concerns. Staff told us, and training records confirmed, they had completed training on safeguarding adults within the last two years, and they were aware of the provider's policy on safeguarding.

Risk assessments were based on people's individual needs and lifestyle choices and included actions for staff to reduce or prevent the risk. We found risks to individuals were managed appropriately in accordance with written guidance. Risk assessments covered generic risks, which included those relating to the person's physical health, and also specific risks relating to the individual person. We saw detailed risk assessments were completed in relation to the person's mental health or behaviour. We noted that these assessments included detailed targets with timeframes, which were intended to aid the person's recovery. Some risk assessments were updated on a monthly basis and others were updated every three months with the targets reviewed.

Staff received annual first aid training and were able to explain how they would respond to a medical emergency which included making correct records of any accidents or incidents. We looked at records that had been made of previous incidents and saw that these were recorded appropriately with clear instructions for further actions to be taken and by whom. Care staff told us all accidents and incidents were discussed in team meetings to identify any further learning. The registered manager also told us that he monitored accidents and incidents to see if he could identify any trends or lessons learned as a result monitored accidents and incidents. This helped to improve the service and reduced the probability of similar incidences reoccurring.

The relative we spoke with told us there were enough staff available to meet people's needs. They said, "There's staff around all the time'- there's always someone around when I visited," and "there's enough staff at Eton Avenue." Staff told us that there were enough of them available for people. We spoke with the registered manager about numbers of staff. They explained that they assessed people's dependency when determining staffing numbers and if people's needs changed, they would respond by scheduling extra staff.

We looked at six staff files and we saw there was a process for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Enhanced Disclosure and Baring checks were carried out to confirm that newly recruited staff were suitable to work with vulnerable people.

Safe practices for administering and storing medicines were followed. The home used a monitored dosage system for medicines for each person. A tray of weekly medicines were pre-dispensed into sealed pots for

named individuals by the local pharmacy. Medicines were stored safely in a locked cupboard. Copies of prescription forms were kept with the medicines administration record (MAR) charts to enable staff to check the correct medicines were being given to people.

We checked the MAR charts for two people in the previous week and for the day of our inspection. We saw these had been fully completed. Daily records were completed by the person administering medicines. We counted the medicines for two people and saw that the numbers tallied with the records kept.

We saw records of monthly medicines audits being carried out by the deputy manager, which included a physical count of medicines as well as other matters including whether enough medicine was available, whether medicine was stored appropriately as well as a room temperature check, which was recorded and showed medicine was stored within a safe temperature.

All staff had completed medicines administration training within the last year and this included a test of their competency. When we spoke with staff, they were knowledgeable about how to correctly store and administer medicines as well as which records they kept.

Requires Improvement

Is the service effective?

Our findings

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that 63 Eton Avenue was not meeting the requirements of the MCA 2005. We found that care records did not always record where people did not have capacity to make decisions. We were told by the registered manager that he had contacted the local authority to arrange capacity assessments; however the registered manager had been told that these were not required. We also found that while people were under 24 hour supervision and were not able to access the community independently due to their disability a DoLS had not been obtained by the registered manager. This meant that people's liberty was unduly restricted. We acknowledged that as a response to this discussion and shortfall the registered manager obtained urgent DoLS authorisation for the lengths of one week. This meant that people's liberty was not restricted for this period of time. However people required a standard DoLS authorisation, which was not in place.

Staff had received training in DoLS and MCA; this was confirmed by training records viewed and staff spoken with. However, when we asked staff what DoLS and MCA meant to them when supporting people who lacked capacity. Care staff were not able to provide us with appropriate examples and how to support people appropriately who lacked capacity.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service received effective care as staff had the necessary knowledge and skills to meet their needs. The relative we spoke with told us that staff understood and knew how to meet people's needs. They said, "The staff know how to help my son," and "The staff are really good and kind." Staff said that the training they received enabled them to meet people's needs effectively. A member of staff who had recently started to work at the service confirmed they had received a detailed induction. The training matrix showed that all staff had completed the necessary mandatory training (for example, infection-control, food hygiene and first aid). Refresher training had also been planned so that staff maintained their skills and knowledge in these areas.

The registered manager explained that staff received supervision every six weeks. This was in line with the

service's policy on supervision. The five staff records we looked at showed that staff had received regular supervision. This had focused on their developmental needs and the work they were doing with people who used the service. Staff confirmed that they had regular supervision and this enabled them to better understand and meet the needs of people. One member of staff said they were "well supported" through their regular supervision sessions.

People told us that they liked their meals. We asked both people we spoke with they had enjoyed their lunch and both people replied "Yes". One relative told us, "In the past I brought food in for my son, but I no longer need to do this, he gets in this home the food he likes and needs." Staff explained that meals were prepared by them and people were able to choose their meals. We observed that staff asked people what they wanted to eat before preparing their meals. Where people had diets that reflected their cultural religious backgrounds meals were prepared that met their needs. People's nutritional needs were assessed and when they had particular preferences regarding their diet these were recorded in their care plan.

Where necessary we saw that people had been referred to the dietician or speech and language therapist if they were having difficulties swallowing. People's weight was being recorded in their care plans. Where people needed support with their nutritional needs their fluid and food intake was being monitored.

Records showed us that people had access to their general practitioner (GP) when they wanted. Staff gave clear information about the needs of people to the GP. One relative told us, "I have no concerns that my son's health needs were not met. I can also see that since he lived at Eton Avenue he has become less aggressive."

People were able to access the medical care they need. Care records showed that the service liaised with relevant health professionals such as GP's, consultant psychiatrist and district nurses. Care plans showed that other health professionals, for example, dentists, opticians and chiropodists had been consulted about people's needs. People's care plans showed that they had access to the medical care they needed.

Good

Is the service caring?

Our findings

One relative told us, "My son is well cared for, I know he is happy at Eton Avenue, he always tells me he does not want to live back at home with me. He is also always very well dressed when I visit him." One person replied when we asked him if staff care well for him "Yes [name of person] is nice."

The interactions we observed between staff and people living at the home were sensitive and caring.

Staff were able to tell us about people's communication needs and all the methods used and were aware of how best to communicate with each person. Staff were able to explain how they used objects of reference, such as communication boards and pictures and Makaton, which is a form of sign language. We observed this throughout our visit on a number of occasions and saw that staff communicated effectively with people. For example one care worker was reading a book together with one of the people who use the service and encouraged the person to repeat words and asked if the person understood the meaning of the word. We saw that the care worker used different forms of communicating with the person, which included Makaton, pointing at pictures, symbols or making noises specific to the pictures he was pointing at when reading the book. It was a very good example of positive interaction with people who have complex communication needs and it was evident by the smiles and laugh we observed how happy and engaged the person was.

Staff spoke positively about using various communication techniques. Staff told us the provider ensured all permanent staff were adept in various techniques of non-verbal communication. Our observations and conversations with staff showed that people were treated with kindness and compassion and supported to be involved in their care as much as they were meaningfully able to do.
We spoke with the registered manager and other staff about how they protected people from the possibility of discrimination. The registered manager told us and we saw from records that people were asked questions about any cultural or other requirements they might have. The registered manager told us and care workers confirmed that they had access to local religious leaders where required and were aware of other services, for example, specialist food shops to meet people's religious needs.

People's individual care plans included information about their cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how personal care should be provided. We found that staff knew about people's unique heritage and had care plan's which described what should be done to respect and involve people in maintaining their individuality and beliefs.

We found by looking at care plans that relatives had been included in their family member's decision making as had associated professionals. We were told by one relative that the staff team always "respond well" to their visits.

People's independence was promoted. On the day of the inspection there were two people using the service. People went in the morning for a trip to Euston to view the trains; this was requested by them during the residents meeting held on the Sunday before. We asked one person if he liked going to Euston and he replied "Yes".

During our visit people were assisted to engage in activities both inside and outside of the home. We found that the service continued to place a lot of emphasis on maximising people's right to maintain as much autonomy as they could.

Good

Is the service responsive?

Our findings

One relative told us "I think staff asked me to come and meet them, but I am no longer able to drive, which makes this difficult for me. I will tell the staff if there is anything my son needs and I am confident they will be dealing with it."

We saw that care plans covered personal, physical, social and emotional support needs. Care plans were updated at regular intervals to ensure that information remained accurate and reflected each person's current care and support needs.

Care plans reflected the needs of people, and these were linked to risk assessments. Care plans and risk assessments were reviewed regularly. Staff understood the importance of recording changes in people's needs. We found that timely and appropriate referrals were made to health professionals this ensured that changes to people's needs were addressed.

We asked staff how they can ensure personalised care and were told, and each were able to describe people using the service in a lot of details as well as what their individual care and support needs were.

Staff were able to demonstrate how the service supported people to maintain important relationships, particularly with members of their family.

People were also involved in wider decisions about the service through regular meetings. Minutes of these meetings showed that people were able to make their views known about how they wished the service to be managed. Staff made sure that the people were able to share their concerns and they acted quickly to resolve any issues.

Care records showed people's involvement in activities. The registered manager told us they worked with family members to keep people active by encouraging them to participate in activities they enjoyed and where they had concerns, they would discuss this with the person to formulate a workable solution. We saw in weekly residents meetings, that activities form part of the agenda and people were consulted of what weekly activities they wanted to do. We also saw that people had a set activity plan, which included going to the gym, cooking sessions, going for walks, listening to music or engaging with building blocks. This showed that people were supported and encouraged to engage in meaningful and stimulating activities.

The complaints system allowed people to make a complaint to anyone working at the home or to the provider directly. The complaints information gave details about what action would be taken to resolve a complaint, who would take the action and what people could do if the remained dissatisfied with how their complaint had been handled with.

The home did not receive any complaints over the past two years. The relative told us that they knew how to make complaints. One relative told us "I would talk to the manager if I had any concerns and he will sort it out."

Good

Is the service well-led?

Our findings

A relative who we contacted said that they thought there could be more done to arrange events such as BBQ's, parties and suggested to provide a newsletter about what was happening at the home. The registered manager told us that he actively tried to make contact with some relatives, but this has proved to be difficult.

We asked staff about the leadership and management of the home and were told, "The team work really well together, we are a solid team", "We communicate well and it's a pleasure coming to work" and "The registered manager and deputy manager are very supportive, if I have any problems I can come and talk with them anytime."

There was a clear management structure in place and staff were aware of their roles and responsibilities. Staff told us they felt comfortable to approach the registered manager and deputy manager. Staff we spoke with had worked at the home for a number of years.

Supervision records showed that staff training and development needs had been identified. Any issues identified in staff supervision were discussed by the management team and plans were put in place to address these issues. Staff told us that the supervision they received enabled them to understand and improve the way they met people's care needs

We found that there was clear communication between the staff team and the registered and deputy manager of the service. Staff views about how the service operated were respected as was evident from conversations that we had with staff and that we observed during our inspection. Staff told us that there were regular team meetings, which we confirmed by looking at the minutes of the most recent two months staff meetings, where staff had the opportunity to discuss care at the home and other topics.

Staff knew where and how to report accidents and incidents. There had been two incidents in the past year. These had been reviewed by the registered manager and action taken to make sure that any risks identified were addressed. One of these incidents showed that, where necessary, people had been referred to their GP or the district nurse for further treatment and review. Accidents and incidents were monitored so that the risks to people's safety were appropriately managed.

The provider had a system for monitoring the quality of care. The home undertook regular monthly monitoring reports. These included peoples care plans, risk assessments, medicines administration, environment, complaints, incidents and accidents, falls prevention, lighting, electrical and gas safety. Written feedback survey questionnaires had been developed and people were asked to contribute to these surveys in December 2015. We saw that the provider analysed the feedback received and implemented an action plan to address improvements suggested by people who used the service. For example one person suggested gaining greater independence by moving into more supported living. The registered manager told us that this person had a care plan approach meeting arranged on 10 March 2016, were this suggestion will form part of the discussion.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person did not act in accordance with the Mental Capacity Act 2005 and DoLS when people who used the service lacked capacity. Regulation 13 (5).