

Meadowview Care Limited

# Aveley House

## Inspection report

6 Park Lane  
Aveley  
South Ockendon  
Essex  
RM15 4UD

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Date of inspection visit:  
18 September 2019

Date of publication:  
21 November 2019

### 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

### About the service

Aveley House is a residential care home providing personal care to five people living with a learning disability at the time of the inspection. The service can support up to seven people in one adapted building which was larger than most domestic style properties, however the building design fitted into the residential area.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People were safe living at the service. Staff had knowledge of safeguarding procedures and were clear about what actions to take to protect people from harm. Families were confident their relative was safe and were certain that if they reported a concern it would be dealt with appropriately.

Safe staff recruitment ensured people employed were suitable to work at the service. Staff received a comprehensive induction, training and supervision, and we found staff to be knowledgeable. Staff told us the training was good with courses that were relevant to meet the skills required to provide people with supportive care.

Staff interacted positively with people in a kind and sensitive way. People were treated with dignity and respect. People and staff worked together to create a caring atmosphere where people were encouraged and supported to be as independent as they were able.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was bright, clean and tidy. Aspects of people's lives were depicted in photographs in the communal lounge which showed their involvement in a variety of activities. People's communication needs were assessed and supported through verbal, pictorial, gestures and sign language. There was a keyworker system in place and staff knew the people well. One relative told us, "I can't fault them, it feels like a family unit."

The service worked closely with health and social care professionals to ensure people's mental, physical and social wellbeing was supported, and referrals were made in a timely manner.

Person-centred care plans and risk assessments provided guidance for staff on the provision of care and to minimise risk of harm, whilst allowing for the personal development of people as individuals.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Specific dietary needs were catered for and people were involved in their meal planning and purchasing of groceries, which provided choice. People were supported to attend to daily lifestyle chores which provided independence and developed skills.

Medicines were managed effectively, and infection control procedures followed to minimise the risk of infection.

The management team were compassionate and knowledgeable. There were systems in place to monitor the quality and safety of the service. Staff told us they felt supported and that the registered manager was approachable.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

#### Rating at last inspection

The last rating for this service was Good (published 26 January 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Aveley House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out the inspection.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

Prior to the inspection we reviewed the information we held about the service, including notifications of events the service is required by law to send us. We checked records on Companies House. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

The registered manager was not present on the day of inspection however we had an opportunity to speak with them afterwards. During the inspection we spoke with the locality manager, deputy manager, five staff

members, four relatives and one health professional. Not everyone living at the service were able to communicate verbally with us, however one person was able to tell us what it was like to live at the service. We observed the interaction between people and staff.

We looked at two care plans and risk assessments and the daily notes for five people including medicine records. We examined four staff recruitment records, including supervisions and training records. We viewed documents relating to the management of the service, audits, staff rotas, complaints and compliments.

After the inspection

We continued to seek clarification from the management team to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to safeguard people from the risk of abuse.
- Staff received safeguarding training as part of the mandatory training programme and had knowledge around safeguarding. Staff told us they would report any concerns to the registered manager and they were confident it would be dealt with appropriately.
- One person living at the service told us they would report any concerns to their keyworker or the management team.
- An information poster on the notice board in the corridor explained how to report allegations of abuse.

Assessing risk, safety monitoring and management

- Risk assessments were carried out by the registered manager or deputy manager for all daily living activities such as personal care and mobility.
- People were supported to participate in social activities and household tasks, such as cooking and cleaning. These were individually risk assessed, however risks were balanced against safety, maintaining dignity and the right to take risks to promote independence.
- Building risk assessments including fire, controlled substances hazardous to health (COSHH), and health and safety were undertaken monthly. Equipment and utility service maintenance checks were current such as gas, electricity and fire system. Weekly and monthly system checks were completed.
- Personal emergency evacuation plans (PEEP) to be used in the event of a fire or an emergency, were completed.

Staffing and recruitment

- There was sufficient staff on duty to meet the needs of people living at the service.
- The registered manager was supernumerary which ensured provision of care and management supervision.
- There were regular staff working at the service and we were told that any shortfalls due to sickness were covered in-house or staff from the company's other services assisted.
- Safe staff recruitment processes were followed, which included making the necessary checks to ensure staff were suitable to work with vulnerable adults.
- Allocation of staff through the keyworker system for each person, was chosen through observing interaction between staff and people who used the service. This provided people with a choice of keyworker through joint interests and relationship development, which promoted a positive culture. This was reviewed if needs or interests changed, when a reassessment of keyworker allocation would be made to ensure continued positive relationships.

### Using medicines safely

- Medicines were stored in a locked cupboard. The deputy manager audited the medicines. Patient information data sheets for each medicine was kept in a folder for reference purposes.
- PRN (as required) medicine information forms were clearly completed to provide guidance for staff on when and why medicines should be given.
- Body maps were used to demonstrate where on the body, prescribed creams should be applied.
- Medicine administration records (MAR) contained relevant personal information and photographs for the individual person.
- MAR charts had been signed and medicine trackers were used to ensure the tablet stock was correct. We checked some of the medicine box contents against the MAR charts and they tallied. This showed that people were receiving their medicines as prescribed.
- People who wanted to self-medicate would be risk assessed to ensure they were safe to do so. The service had one person who had chosen to self-medicate and they had been risk assessed as having capacity to do so.
- Staff had received medicines training and competency supervisions.

### Preventing and controlling infection

- The service was clean, tidy and odour free. People living at the service and staff worked together to undertake cleaning chores. One person told us they helped another person to tidy their room. The person was very proud of their domestic skills and how between everyone contributing, cleanliness was maintained.
- Staff had received infection control training and confirmed there were enough gloves and aprons available. Liquid soap and paper handtowels were available in the bathrooms and laundry area.
- The laundry room was clean and organised with both washing and drying facilities.
- There was a COSHH cupboard which was kept locked. The COSHH folder in the office provided information about the products used.

### Learning lessons when things go wrong

- Any concerns or incidents were shared as lessons learned with the staff at meetings or handover time.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A full holistic assessment was undertaken by the locality manager when a person was first referred to the service. The service worked closely with the social work team and relatives as well as the person during the assessment. The locality manager told us that the assessment was comprehensive to ensure the service was suitable for the person.
- When the placement was agreed, a flexible transition plan was prepared to provide appropriate support.
- Care plans were person-centred and encompassed people's physical, mental and social well-being needs, and their care and support delivered in line with legislation and standards to ensure effective outcomes.
- Due to the complex needs of people living at the service, a multi-disciplinary team approach was taken when reviewing people's needs to ensure the most appropriate care was delivered.

Staff support: induction, training, skills and experience

- Staff completed a full induction when they were first employed. The locality manager told us they were aware that staff had diverse learning styles and needs, therefore if staff required a longer period shadowing experienced staff, then this was made available. The importance of having skilled and trained staff to meet the needs of people living at the service was emphasised.
- Training was a combination of on-line, formal training both in-house and external, as well as a period of shadowing experienced staff. In addition to the mandatory topics, staff undertook training in subjects that were appropriate for the service, for example learning disabilities awareness, dementia awareness, risk management and behaviour management.
- Staff told us training was good, and they had sufficient training to be able to care effectively for people living at the service. One staff member told us, "The on-line system is good, I have just finished the one about Autism." Another said, "We can always ask if we want to do extra training."
- Staff new to care completed the Care Certificate. The Care Certificate is an identified minimum set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care.
- The registered manager was qualified to teach the nationally recognised accredited course which followed the positive behaviour support model, and all staff received training.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff and people using the service contributed to the preparing and cooking of meals. A four-weekly menu was decided by people living at the service, which promoted choice.
- People who were able, went with staff to shop for groceries. Food was purchased locally monthly, with additional supplies purchased as required.

- Some people were on specific diets including pureed food. For people who had dysphagia (difficulty with swallowing), referrals were made to the speech and language team (SaLT) for review. The locality manager told us that all staff had first aid training with an emphasis on dysphagia and risk of choking.
- On the notice board in the kitchen was a cleaning schedule. People took it in turns to wash-up dishes and clean the kitchen. This promoted independence and well-being.
- People's dietary and hydration needs were monitored to ensure they were receiving the correct nutritional balance. Weight recordings were undertaken monthly and action taken when required.

Staff working with other agencies to provide consistent, effective, timely care

Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with health and social care professionals including the GP, community nurse, learning disability nurse specialist, social workers and psychiatrists.
- People were referred to the most appropriate professional as required. One professional told us that the staff were kind and caring. They said the registered manager and deputy manager referred people to them in a timely manner and they found both managers to be extremely caring.
- The keyworker system was in place, which meant each person had an allocated member of staff who supported them in everyday activities, for example ensuring the person had enough toiletries and clothing. Their role also included assisting with the person's activities and they liaised with the relatives. One relative told us, "We always receive updates by phone or email."
- The deputy manager told us staff and people were matched to ensure the best possible interaction and support.

Adapting service, design, decoration to meet people's needs

- People had their own bedroom which was personalised. Some had en-suite facilities. All bedrooms were well decorated, clean and tidy. People, relatives and staff were involved in providing choice of décor and furnishings and some people had shopped for their own bedding. Personal items, including photographs and ornaments helped to make each room individual.
- The kitchen was well organised. Notices, pictures, wall stickers were on the wall. This added to the decoration of the kitchen whilst supporting people to identify with different kitchen items and where they were stored. Pictures were used on the calendar and laundry rota for easier recognition.
- To meet the need of those with visual or spatial awareness difficulties, the bricks along the edge of the steps leading from the patio door to the garden had been painted different bright colours. They looked aesthetically pleasing, whilst providing a safe environment.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being

met.

- People's capacity to make decisions about their care was assessed and documented.
- Care plans showed that consent was sought for care and social activities.
- Records were kept of the application of DoLS for each person and were diarised which ensured they would be reviewed and renewed in a timely manner.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people being treated with respect and kindness by staff and other people living at the service. One person told us how they helped another person to tidy their bedroom. There was a sense of working together. One relative told us, "It feels like a family unit." The deputy manager said, "We are coming into their home not a workplace."
- The staff spoke with compassion when talking about people they cared for. One staff member told us, "People are supported to express their needs." Other staff said, "It is nice to see them [people] making progress and doing different things every day," and, "Different working here. People are not rushed, and I don't feel rushed myself. People have choice."
- The service met the requirements of the Equality Act 2010 and provided good practice guidance on cultural and lifestyle choices which empowered people to live their life how they wished without fear of discrimination.

Supporting people to express their views and be involved in making decisions about their care

- People were treated as individuals and supported to express their views and make decisions at the time of care delivery or activity arrangements.
- Resident meetings were held where people could make decisions about aspects of the service they were unhappy with and provide suggestions for activities.
- People were assigned a keyworker who worked closely with the person and their relatives which enabled them to discuss aspects of their care.
- Review meetings were held with the person, relatives, management and health care professionals where any changes in care and social needs were discussed.

Respecting and promoting people's privacy, dignity and independence

- The lounge walls were dedicated to areas of interest. On one wall was a dignity tree where people and staff would write on paper leaves what dignity meant to them. Another wall displayed photographs of people enjoying activities they had undertaken in the service or experiences at external places of interest.
- People's privacy and dignity were respected. We saw on each bedroom door a sign presented as a picture and in writing, which reminded staff or visitors to knock on their door before entering.
- The weekly household chore rota included washing-up along with tidying bedrooms and lounge with the support of the staff. This helped people take ownership and encouraged people to live their life in the most independent way. One person told us with pride, "I do the housework and I enjoy it. I help others that can't do it." One relative commented, "They look after them [relative] really well, we are all family now. They

promote their [relative] independence."

- There was a laundry rota and people washed their own clothes with supervision and assistance from staff where needed. A large rotary hoist provided outdoor drying facilities.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported to make a choice at the time of care delivery and when undertaking social interests. Each person had an activities programme based on their areas of interest and ability. On the day of our visit, people undertook different activities including shopping, attending a place of education and bowling. Some people attended together and shared their experience on their return with the staff and other people.
- Care plans demonstrated that people were consulted and expressed their views. Where some found this more difficult, families were involved to make decisions on their best interest and needs. People's likes, and dislikes were documented.
- Cultural and spiritual needs were met. People attended their local church or place of worship as they wished, either with a member of staff or their own family. One person was supported to purchase their preferred cultural food from the local specialist shop.
- People were supported to maintain relationships. Isolation was avoided through encouragement to pursue areas of interest, education and work. One person used to help serve at the local charity shop for a few hours, whilst others had completed education courses.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans demonstrated that people's communication needs were considered. Staff spoke at a pace people could understand. Verbal, gestures and pictures were used as forms of communication. On one wall in the lounge were different Makaton language signs. The service was registered with the Makaton Society and received regular sign language symbols for staff to learn. This provided another way for people and staff to communicate.
- People expressed themselves in different ways depending upon how they were feeling, and staff knew people well and where necessary used different techniques to calm the situation. One relative told us, "Staff observe and notice signs and recognise that they [relative] needs some quiet time."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and structured procedure. We saw that complaints had been dealt with appropriately.
- The Service User Guide provided information on what to expect from the service and how to make a

complaint. One person told us that if they had any concerns they would tell the registered manager or deputy manager.

#### End of life care and support

- There was no one receiving end of life care at the time of our inspection visit.
- Although there was no end of life policy in place, the deputy manager had been reviewing this. They told us they had discussed this with senior management and had forwarded a proposed policy and end of life care plan template, which were being reviewed.
- There were plans in place to create links with the local end of life team and for staff training in the subject of palliative and end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open and positive culture with a comfortable atmosphere at the service. The registered manager told us, "It is their [people] home, I feel lucky every day to have the opportunity to be with them."
- People and staff had respect for one another and this was seen in the interaction when people returned to the service following their activity. People took a genuine interest in other people's experiences.
- Staff spoke highly of the registered manager and deputy manager. They told us they were approachable, and one staff member said, "I feel supported, always someone on call and I never feel uncomfortable asking a question." Another said, "Staff made me feel welcome when I joined."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood duty of candour and their legal responsibility to be open and honest.
- Regular oversight of the service was conducted by the locality manager and the service manager, who visited the service on a regular basis, to monitor standards through comprehensive audits and to provide support. The service used the regulatory body guidelines when auditing to ensure standards were met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and deputy manager worked well together in a respectful way. The deputy manager told us, "I love my job and am passionate about what I do. It is rewarding learning new things every day. The manager is supportive; we bounce ideas off each other." The registered manager told us, "I am proud of the staff."
- Staff meetings were held regularly, and staff told us they were invited to add to the agenda and were confident to raise a concern. One staff member said, "I find staff meetings helpful, the information is put across well. We have the minutes to read after."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The senior management and managers from the services within the company conversed with each other either by telephone or emails which provided senior and peer support.
- The service linked with supporting social groups, for example, one person attended a social group for individuals with learning disabilities, with activities such as arts and craft evenings which provided them



with friendship interaction with others.

#### Continuous learning and improving care

- There was a culture of learning embedded in the service. Staff told us that the training was good and that they were able to access training.
- Regular managers meetings were held at the Head Office which enabled senior personnel to liaise with colleagues from the other services within the company. We were told that the agenda was related to set topics including incidents and accidents, recruitment, complaints and compliments with additional topical subjects to ensure knowledge remained current. Management continued professional development through sharing knowledge at management meetings and through training.