Royal Mencap Society

Churchfield Avenue

Inspection report

21-23 Churchfield Avenue
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Churchfield Avenue provides accommodation and personal care for up to nine younger and older adults with a learning disability and/or autistic spectrum disorder. At the time of our inspection there were nine people living at the service.

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.

This inspection was carried out on 26 June 2017 and was an announced inspection. At the last inspection on 7 July 2015, the service was rated as 'good.' At this inspection we found the service remained 'good.'

Staff demonstrated their knowledge of how to report incidents of poor care and harm. Staff helped people in a way that maintained their safety and people were looked after by staff in a kind and patient manner. Staff supported and encouraged people to make their own choices and live as independently as possible. People were treated with respect and people's privacy and dignity were promoted by staff.

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

People were looked after by enough, suitably qualified staff to support them safely with their individual needs. Staff enjoyed their work and were supported and managed to look after people. Staff understood their roles and responsibilities in meeting people's needs and they were trained to provide effective and safe care. Staff were supported to maintain their skills by way of supervision, competency checks, and appraisals.

Staff were only employed to look after people once all pre-employment checks had been completed and were found to be satisfactory.

People's care arrangements took account of people's wishes and choices, including their likes and dislikes and future goals. People's care plans recorded their individual assessed needs and any assistance they required from staff. Risks to people who lived at the service were identified, and plans were put into place by staff to monitor and minimise these risks, as far as possible, without limiting people's independence.

People were supported to take their medicines as prescribed and medicines were safely managed by staff who were trained, and whose competency had been assessed. Where there had been any errors in the administration of people's medicines, these had been identified and dealt with to reduce the risk of recurrence.

The service was flexible and responsive to people's needs. People were encouraged to maintain contact with their relatives and friends when they wished to do so. Staff assisted people to maintain their links with the local community and encouraged them to continue with any hobbies or interests.

People were supported to eat and drink sufficient amounts of food and fluids. People's choice about what they wished to eat and drink was promoted and supported. Staff monitored people's health and well-being needs and acted upon issues identified by assisting people to access a range of external health care services.

There was a process in place to manage any concerns and complaints received.

Arrangements were in place to ensure the quality of the service provided for people was regularly monitored. People who lived at the service and staff were encouraged to share their views and feedback about the quality of the care and support provided. Actions were taken as a result to drive forward any improvements required.

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? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Churchfield 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 inspection took place on 26 June 2017 and was announced. This was so that staff and service users would be available during the inspection. The inspection was carried out by one inspector

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we hold about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection we asked for information from representatives of the local authority contracts monitoring team, the local authority safeguarding team, an occupational therapist, healthwatch and a fire safety officer to aid us with planning this inspection.

During the inspection we spoke with three people who used the service, the registered manager; the operational manager and two support staff. We looked at three people's care records and records in relation to the management of the service; quality monitoring records; management of staff; management of people's medicines; compliments and complaints, and two staff recruitment files. We also observed the care and support people received to assist us in our understanding of the quality of care provided to people with limited communication skills.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said when asked if staff treated them well, answered, "Yes, I like living here."

Staff were able to demonstrate they knew how to recognise any poor care or suspicions of harm. They described to us the action they would take in reporting such incidents, internally, or to external agencies. This demonstrated that staff knew the processes in place to reduce the risk of poor care and harm occurring.

Records showed that pre-employment checks were carried out to determine that the proposed new staff member was deemed to be of a good character. This demonstrated to us that there was a process of checks in place to make sure that staff were suitable to work with the people they supported.

People had individual care and support plans and risk assessments in place in relation to their assessed needs. Risks included, people not maintaining their own personal care; mobility requirements; continence needs; prescribed medication; the risk of possible financial abuse; poor skin integrity, and being at risk of choking. These records gave guidance to staff to make sure the risk was minimised, for example, when a person had their hair or nails cut. Staff were asked to always consider, "What could go wrong or be considered dangerous?" This demonstrated that processes were in place to help assist people to live as safe and independent a life as possible, and reduce the risk of people receiving unsafe care and support.

Risk assessments included risks in the event of a foreseeable emergency such as a fire risk. Records showed that personal emergency evacuation plans were available for people living at the service. Other records showed that regular checks were completed to make sure that people, staff, and visitors to the service were, as practicable as possible, cared for in a place that was safe to live and work in.

People told us, and our observations showed how staff would be there for them when needed. One person said that staff came, "Quickly' when required. We saw that although staff were busy, there were enough staff to respond to people's support and care needs in an unrushed manner. A staff member told us, "There is enough staff here now, we had a phase of using agency [staff], but we are fully staffed now." However, another staff member said that they would like more staff to support people with more one-to-one activities. Safe staff numbers were determined by the amount of support people required and increased and/or decreased when necessary.

Observations showed us that staff explained to people discreetly what their medication was for when given. One person said, "Staff help with medication, staff make sure I don't run out." We found that people's prescribed medicines were stored safely and at the correct temperature. Records of the management of people's medicines were maintained. Staff told us, and records confirmed, that staff were trained to administer medicines and that their competency to do this was checked by a more senior staff member. Audits were carried out so that people could be assured that they would be administered medicines as prescribed. Where there had been any errors in the administration of people's medicines, these had been

identified and dealt with to reduce the risk of recurrence.

Good

Is the service effective?

Our findings

Staff told us they were supported with supervisions, competency checks and an annual appraisal. Staff said that when 'new' they were supported with an induction process. This included training and 'shadowing' a more experienced member of staff. This was until they were deemed competent and confident by the registered manager to provide effective care and support.

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection.

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 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS). People's capacity to make day-to-day decisions were assessed where necessary, and staff acted in people's 'best interest' where appropriate.
Staff we spoke with demonstrated to us an understanding of how they put their MCA and DoLS training into practice. One staff member said, "Always assume somebody has capacity, if you feel they lack [mental] capacity, you do the two tier test [assessment], then use best interest decisions." We found that people were supported with making decisions and applications had been made to the local authority supervisory body so people had no unlawful restrictions imposed on them.

Observations showed that staff respected people's right to make their own choices. One person, when asked if staff gave them a choice, answered, "Yes." Each week a 'house meeting' was held to discuss the plans and choices of activities. It was also an opportunity for people to raise any suggestions or concerns they might have. We saw staff asked people their choice over meals, snacks, drinks, and activities. We observed that staff respected these choices throughout this inspection.

People were positive about the meals provided. One person told us, "Food [is] nice' when asked. We saw that the lunchtime experience for people was relaxed and managed efficiently. People could eat in the place of their choosing, either the dining area or the communal lounge. We saw that people were offered a choice of meals, and hot or cold drinks. Alternative meals and individual diets were catered for, such as, softer food options. Another person said about their sandwiches, "Yes, I chose [these], they're nice. [Staff] make drinks nicely when I want one."

Records showed that people had access to external health care professionals when needed, and were supported by staff to attend these appointments. We saw that those people assessed to be at risk were referred by staff to specialist external health care professionals when appropriate.

Good

Is the service caring?

Our findings

People made positive comments about the support and care provided by staff. One person told us, "I love it here. It is my home." Another person confirmed to us, "I like living here." We saw that staff spoke to people in way they would understand and included them in everyday conversations, including discussions about current news items.

Observations showed that staff were quick to offer people reassurance when they were becoming anxious. We saw that this was done in a very patient, attentive, and caring manner. This helped the person being supported become calmer and less anxious.

People's respect, dignity and independence were promoted by staff. Staff were seen knocking on people's bedroom doors before gaining permission to enter. One person said, "Staff ask my permission to go into my room." We saw that the premises maximised people's privacy. All bedrooms were used for single occupancy only and communal toilets and bathrooms were provided with lockable doors.

People's diverse needs were planned for, this include any religious or cultural needs. Care and support records gave guidance to staff to help them understand how to support people to meet these needs. They also included people's end of life wishes.

People and their relatives were involved in the setting up and agreement in decisions about their/their family members care. Records documented, "I am involved in all areas of my support plan. I confirm that staff include me in all areas of my support plan. I have conversations with them about the type of support I would like." Care records we looked at showed that staff reviewed and updated care and support plans when needed. This helped ensure that people were provided with care and support by staff based upon their most up-to-date care needs.

Advocates are people who are independent of the service and who support people to make and communicate their wishes. Advocacy information was available for people if they needed to be supported with this type of service.

Good

Is the service responsive?

Our findings

We saw people maintaining their links with the community with support of staff members. People were able to come and go from the service with the support of staff. During the inspection, people, who had wished to take part, had travelled to a local supermarket for breakfast and shopping with the assistance of staff.

Activities during the day for people to take part in included art and crafts sessions, watching television and listening to music. One person told us their hobbies were, "Music and tai chi," which they enjoyed with the support of staff members.

People's health and welfare continued to be met by staff who remained responsive to their needs. People's health care and support needs were assessed, planned and evaluated to agree their individual plan of care and support. Staff demonstrated to us a good understanding of each individual persons care, support needs and backgrounds. Care plans contained information about people's lives [life history] before they moved into the service, so that staff could understand the people they assisted with their personalised care needs.

Records showed that people were assisted to raise a compliment, suggestion or concern should they wish to do so. This was available in an easy read format. This could also be done at the weekly 'house 'meetings held. People were unable to tell us whether they knew about the complaint process, however, one person confirmed to us that, "Staff look after me."

We noted that compliments had been received by the service. The providers PIR and discussions with the registered manager showed that there had been no complaints made within the last twelve months. Staff were able to tell us how they would support a person to raise a concern they might have. One staff member said, "If a complaint was raised [with me], I would get the facts and speak to the management. I would let the [person] know that I was doing it."

Good

Is the service well-led?

Our findings

There was a registered manager in post during this inspection. They were assisted in the day-to-day running of the service by a team of support workers. We observed that people and staff interacted positively with the registered manager, who spent time out and about at the service. People had positive comments about the staff and the registered manager. One person confirmed to us, when asked about staff, "I get on with everyone."

Staff spoke of a positive culture that existed within the service and that they were free to raise concerns, make suggestions and drive improvement. They told us that the registered manager was supportive to them and had an 'open door' policy. This meant that staff could speak to them if they wished to do so. One staff member said, "Anything that we have a concern about we are allowed to raise." Another staff member told us, "The [registered] manager is supportive. I made a suggestion that [persons] bedroom needed decorating, this was listened to and supported." Then they went on to tell us how the registered manager had endorsed them by putting them forward for an organisational award. This showed us that staff were made to feel valued.

People were given the opportunity to feedback on the quality of the service provided. Information from the feedback was used to improve the quality of service where possible. The feedback showed positive comments about the quality of the service provided.

Staff told us that staff meetings happened and that these were a forum in which staff could raise topics they wished to discuss. Topics included care and support updates for people using the service and the standards expected. This included a reminder for staff about confidentiality and etiquette [do's and don'ts] when using social media.

The registered manager notified the CQC, in a timely manner, of incidents that occurred within the service that they were legally obliged to inform us about such as incidents of harm.

We found that the provider was not using the correct template to display their previous inspection report rating conspicuously within the service for people and their visitors to view. This was corrected during this inspection.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. One staff member said, "I feel that I would be supported when reporting poor care as we [staff] have a duty of care." This demonstrated to us that staff understood their roles and responsibilities to the people who lived at the service.

The registered manager showed us records of their on-going quality monitoring process. Learning took place in the event of reported and recorded accidents and incidents. This included those actions taken to reduce the risk of recurrence. Audits were also carried out and these included audits for people's prescribed

medicines, health and safety checks, and an overall audit of the whole service by the operational manager. Any improvements required were recorded in an action plan. Improvements included staff signatures required for people's updated risk assessments.