Avenues South East

Smock Acre

Inspection report

Hollow Lane Hoath
Canterbury
Kent
CT3 4LF

Tel: 02083082900
Website: www.avenuesgroup.org.uk

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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

This comprehensive inspection was carried out on 08 January 2019 and was announced.

Smock Acre is a 'care home'. People in care homes receive accommodation and 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. Smock Acre is registered to provide accommodation and personal care for a maximum of three people. The home specialises in providing care to people with learning disabilities and has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our inspection there were three people living in the service. The service was arranged over one floor.

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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Processes were in place to keep people safe from different types of abuse. When risks to people or the environment were identified, action was taken to minimise them. There were enough staff to meet people's needs and staff were recruited safely. People were supported with their medicines in a safe way. People were protected by the prevention and control of infection. Lessons were learned when things went wrong.

People's needs were assessed and care and support was delivered in line with current legislation and best practice guidelines. Staff had the skills, knowledge and experience to meet people's needs. People were supported to lead healthier lives and had timely access to healthcare services. People were supported to eat and drink enough to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated with kindness and compassion. People were supported to express their views and be actively involved in making decisions about their care and support. People's relatives were also involved in decision making. People were encouraged to be as independent as possible. People's dignity and privacy was respected. People's personal information was kept private.

People received person-centred care that was responsive to their needs. People knew how to complain and complaints were responded to in line with the service's policies and procedures. Staff knew how to identify people who might be coming to the end of their life.

Staff said the service was open, transparent and that they felt supported by their managers. There were audits in place which checked the quality of the service being provided. Staff were involved in developing the service. The registered manager had developed links with the local community.

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**

Smock Acre

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 registered persons continued to meet 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 used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection report and examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs.

We visited the service on 08 January 2019. The inspection consisted of one inspector and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the manager, staff and people we needed to speak to were available.

We spoke with one person who lived in the service and one relative. We also spoke with the registered manager, the area manager and three care staff. We looked at the care records of three people living at the service. We looked at two staff files as well as records relating to how the service was run. These included the those relating to the management of medicines, health and safety, training records and systems and processes used to monitor and evaluate the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of two people who had a learning disability and who could not speak with us.

Good

Is the service safe?

Our findings

The service continued to be safe. One person smiled when we asked them if they felt safe. Another said, "I am happy."

Processes were in place to keep people safe from different types of abuse. Staff had received training in how to identify different types of abuse. They told us they were confident in reporting any concerns they might have, either internally to their managers or externally to organisations like the police. The registered manager knew to inform the local authority safeguarding team and the Care Quality Commission if there were concerns. This meant professionals such as care managers could investigate if needed and put plans in place when necessary to keep people safe.

Risks to people and the environment were assessed and staff took steps to reduce those risks that had been identified. People's risk assessments took into account their strengths and weaknesses, and provided guidance to staff on what action they needed to take to keep people safe. For example, each person had a plan which described the steps staff should take to keep them safe in the event of a fire in the building. Staff made regular checks to the environment to ensure it was safe for people to live in. Electrical appliances were checked regularly, and there were regular fire drills.

There were enough staff to meet the needs of those using the service. The registered manager used a tool which described the minimum and optimum number, and skills, of staff needed to support people on each shift. Staff and relatives told us there were always enough staff on shift. Annual leave and sickness was covered by a small group of agency staff who knew people and their needs well. Staff were recruited safely, with the registered manager making the appropriate checks to make sure staff were suitable to work with vulnerable people.

Each person needed support with their medicines, and this was done in a safe way. Staff received training on how to effectively support people with their medicines and had their competency checked regularly. Staff carried out weekly and monthly audits of medicine records to ensure they were being completed accurately. A local pharmacist carried out a yearly visit to review recording and storage practices. Areas of concern identified through the audits were addressed by the registered manager. Medicines were safely locked away and only accessible to trained staff.

People were protected by the prevention and control of infection. We observed staff using protective equipment such as gloves when supporting people with personal care. Staff told us they always had access to as much equipment as they needed. Staff received annual infection control training and staff practice was monitored via a monthly health and safety audit. One person had a health condition which meant they were at particular risk of getting an infection. Staff were knowledgeable about how to best support this person to help minimise the risk of infection.

Steps were taken to learn from accidents, incidents and near misses. For example, the registered manager kept a log of all medicine errors and any action they took to reduce errors in the future. These included

arranging for staff to receive additional training, and discussing reasons for errors in team meetings. One occasion an error led to the medicine policy to be rewritten as staff were not clear about one procedure.

Good

Is the service effective?

Our findings

The service continued to be effective. A relative told us, "They are very good at keeping me up to date with issues. And they tell me when it's happening rather than after it's happened."

People's needs and choices had been assessed so that care achieved effective outcomes in line with national guidance. Assessments considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's religion and sexuality.

People were supported by staff who had the skills, knowledge and experience to deliver effective care. The registered manager supported new staff with a thorough induction programme, which included shadowing more experienced staff before being able to work alone. Newly recruited staff were also supported to complete the Care Certificate as part of their induction if they did not have at least a year's previous experience of care. The Care Certificate sets out the learning outcomes, competencies and standard of care that care services are expected to uphold. More experienced staff were supported with refresher training, and regular supervisions were used to identify training needs and further development opportunities. When people had specific health conditions, staff were provided with specialist training in order to effectively support them.

People were supported to eat and drink enough to maintain a balanced diet. Staff sought advice and guidance from health professionals such as dieticians and the speech and language team to make sure people received their food safely. When needed, people's fluid and food intake was monitored and staff worked with health professionals to help make sure they remained healthy. People's preferences were taken into account when drawing up menus and some people were involved with food shopping. Staff received food hygiene training which helped ensure when they prepared food with people it was done so safely.

Staff worked in a joined-up way to make sure people received effective care and treatment. Staff made sure information on people's health and care was shared at the end of each shift during a handover. Staff also made sure people's information was made available to health professionals if the person needed to attend a health appointment in the community or hospital. When one person needed to spend a night in hospital following concerns about their health, staff were available to support that person in the hospital. This meant their care needs were met by people they knew.

People were supported to have access to healthcare services in order to keep healthy. There were strong relationships with the local GP and learning disability teams at the local authority. Where one person had a specialist health condition, staff made sure the person received regular support from the appropriate health professionals.

People's needs were being met by the design of the premises. Living accommodation was situated on one floor, and we saw people moving freely throughout the bungalow as they wished. The building was well lit and spacious enough for wheelchairs or mobile hoists to be moved without hindrance. People were supported by staff to decide how the environment would be decorated. This included choosing the paint

and wall paper in their bedrooms, or deciding together how communal areas would be decorated.

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 law 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 make 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 with appropriate legal authority. 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. We found staff were taking steps to ensure people were fully protected by the safeguards contained within the MCA.

Good

Is the service caring?

Our findings

The service continued to be caring. A relative said, "Staff are caring, patient and understanding."

People were able to spend time with their relatives and visiting health professionals in private if they wanted to. People were supported to keep in touch with their relatives, often by staff driving them to their relative's homes.

We saw people being treated with kindness and compassion in their day-to-day care and support. People were supported by a small number of staff who had the time to get to know them well. Staff knew people's behaviours and how to respond to them in a positive and reassuring way. One staff member said, "[Person] can be agitated if he has problems. He makes himself stiff if he is in pain. And sometimes he just wants to be on his own. If he in the lounge it might be noisy." We saw numerous interactions where staff offered calming and tactile reassurance to people, holding their hands when speaking with them, or stroking their hair.

People were supported to express their views and they and their relatives were involved in making decisions about their care. Reviews took place every six months. If relatives were unable to attend, staff made sure they paid a visit to the relative's homes to discuss any changes to their loved one's support. However, if people did not have relatives to support them, the registered manager would refer to external lay advocates for support. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes. Health and social care professionals were invited to reviews and encouraged to contribute to care planning.

People were encouraged to be as independent as possible. One staff member told us, "I know [person] is not able to make many decisions, so it is important we support them to make the little day-to-day decisions like what clothes they wear. If they're in the mood to though!" One person liked to go shopping and choose the shower gel they liked the smell of, for example. We saw another person choosing what they wanted for lunch.

People were being treated with dignity and had their privacy respected. We saw staff closing the door to one person's room when supporting them. Staff explained to people why they were being supported, with one staff member telling us, "I will always talk through the process of hoisting with them so they are prepared."

The registered manager had made arrangements to ensure that private information was kept confidential. Care and staff records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff. Staff were mindful not to divulge information about a person without their consent.

Good

Is the service responsive?

Our findings

The service continued to respond to people's needs. A relative told us, "There is not one member of staff I would not trust with [loved one's] life."

People received care and support which was based around their needs, preferences and choices. Each person had been involved in drawing up their own care plan. The plans included goals they wanted to achieve, and how they wanted to achieve them, taking into account their preferences and wishes. Care plans were regularly reviewed to make sure they accurately reflected the person's changing needs and wishes.

People were supported to take part in meaningful activities that was planned around their preferences. Staff knew how people liked to spend their time, and organised a plan of activities for each day. One person enjoyed visiting the local seaside town and records showed they were supported there on regular visits. Staff also knew when people wanted their own quiet time alone, and respected this.

The service was meeting the accessible information standard. The accessible information standard sets out a specific approach to recording and meeting the information and communication needs of people with a disability, impairment or sensory loss. Staff sought accessible ways to communicate with the people they supported. Care plans included pictures and diagrams to help people understand what support was being provided to them. For example, pictures were used when supporting people to choose what they wanted to eat at mealtimes. The registered manager had recently attended a training course provided by a nationally recognised charity on how to better support who had issues with their vision. They planned to use this training to ensure, for example, the environment was well suited to those living there.

There was a complaints procedure in place. People we spoke with said they knew how to make a complaint, and would feel confident to do so if they needed to. There had been no complaints made since our last inspection, but the registered manager was able to describe the steps they would take in order to manage any complaints in the future. A complaints policy was available to people in an easy to read format.

Staff knew how to support people if they were identified as coming to the end of their life. Each person had a document in their care records which included information on their wishes and preferences when they died. This included their choices of songs at their funeral, whether they would like to be buried or cremated, which flowers they would like and who they would like to be informed in the event of their death. The registered manager knew to ensure the relevant health professionals were involved in the person's support when they were coming to the end of their life.

Good

Is the service well-led?

Our findings

The service continued to be well-led. A relative told us, "I don't think it could be bettered."

There was 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.

It is a legal requirement that a registered provider's latest Care Quality Commission (CQC) inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to CQC in an appropriate and timely manner in line with our guidelines.

The registered provider had a vision and set of values that were kept under regular review, which considered respect, independence, inclusiveness, transparency and accountability. Staff told us they thought the culture at the service was open and transparent. One staff member told us, "We're treated fairly."

Arrangements had been made for the service to learn, innovate and ensure its sustainability. The registered manager, area manager and registered provider carried out a number of quality audits and checks to make sure and effective and safe service was provided. In addition to these checks, the views of people's relatives, staff and visiting professionals were sought in order to help improve the service. The registered manager kept track on all improvements in a plan which was shared with their manager each month.

Staff told us they were aware of the whistleblowing policy, and had access to a helpline external to the service. They said they were confident that they could voice any concerns with the registered manager. They said their concerns would be taken seriously and thought the registered manager would investigate any concerns in a transparent and timely manner.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working planning to work with the fire service to make sure the property was safe, working with health professionals such as occupational therapists and voluntary services in the wider community.