

Avenues East

Teversham Road

Inspection report

11-13 Teversham Road
Fulbourn
Cambridgeshire
CB21 5EB

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23 June 2016

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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

Teversham Road provides accommodation and personal care for up to four people who have learning disabilities.

This announced inspection took place on 22 and 23 June 2016. There were four people receiving care at that time although only three people were present during our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was fully aware of his legal responsibilities in relation to his registration and management of the service.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. People experienced a good quality of life because staff were well trained and well supported by the provider and registered manager. There were sufficient staff to meet people's assessed needs. Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

People received their prescribed medicines appropriately and medicines were stored safely. People's health, care and support needs were effectively met. People were provided with a balanced diet and staff were aware of people's dietary needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making and applications had been made to the authorising agencies for people who needed these safeguards. Staff respected people choices and staff were aware of the key legal requirements of the MCA and DoLS.

People received care and support from staff who were kind, caring and respectful. Staff were passionate about their roles and committed to providing person centred care. Staff supported people to develop and maintain meaningful relationships. People and people significant to them had ample opportunities to comment on the service provided. People were supported to be involved in all decisions about their lives.

Care records provided staff with sufficient detailed guidance to ensure each person received consistent, individualised care. Changes to people's care was kept under review to ensure the change was effective. People were meaningfully occupied and were provided with opportunities to engage in a range of different activities and pastimes. Staff supported people to have new experiences. People were supported to be members of the local community.

The registered manager was supported by a staff team that including a deputy manager and support workers. The service was well run and staff, including the registered manager, were professional and approachable. People and their visitors were encouraged to provide continuous feedback on the service both formally and informally. People's views were listened to and acted on.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns.

People were supported to take their prescribed medicines safely.

There were sufficient staff to ensure people's needs were met.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were trained and well supported. Staff knew the people they supported well and understood, and met, their needs.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been appropriately supported in the decision making process.

People's health and nutritional needs were effectively met and monitored.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind, caring, friendly and respectful. Staff treated people with dignity and respect.

People had opportunities to comment on the service provided and were involved in every day decisions about their lives.

People had access to information presented in ways they could understand.

Is the service responsive?

Good ●

The service was responsive.

People's records were detailed and provided staff with sufficient guidance to ensure consistent care was provided to each person.

People were supported to develop and maintain relationships. Staff supported and encouraged people to spend their time meaningfully and develop hobbies and interests. There were ample opportunities for people to access the local community.

People had access to information on how to make a complaint and were confident their concerns would be acted on.

Is the service well-led?

The service was well led.

The registered manager was experienced and staff were managed to provide people with person centred care.

People were encouraged to provide feedback on the service. People's comments were listened to and acted on.

The service had an effective quality assurance system that was used to drive and sustain improvement.

Good ●

Teversham Road

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 announced inspection took place on 22 and 23 June 2016 and was undertaken by one inspector. We told the provider before our visit that we would be coming. We did this because people are not always at the service and we needed to be sure they would be present for our inspection.

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 all the information we held about the service. We also asked for feedback from the commissioners of people's care, Healthwatch Cambridge and from healthcare professionals who have regular contact with the service.

During our inspection we spoke with three people who use the service and two regular visitors. This was one person's long term friend and another's relative. We also spoke with the regional director, the registered manager, the deputy manager and two support workers. Throughout the inspection we observed how the staff interacted with people who lived at the service.

We looked at three people's care records, staff training records and other records relating to the management of the service. These included audits, staff rosters and meeting minutes.

Is the service safe?

Our findings

People receiving the service said they felt safe. A visitor said, "[Person] is safe, secure and well looked after. What more can I ask for?" A healthcare professional told us, "The staff team are small and consistent... and allows the [people using the service] to feel safe and secure enough to talk about issues that may be concerning them."

Staff told us they had received training to safeguard people from harm or poor care. They showed they had understood and had knowledge of how to recognise signs of possible abuse. One member of staff said they would look for, "Any changes in behaviour, anything out of character." Staff knew how to report and escalate any concerns to protect people from harm. They said they would have no hesitation in reporting anything of concern.

Safeguards were in place to protect people's finances. Senior managers made weekly checks to ensure staff had followed the provider's procedures and given appropriate support to help people manage their money and keep it safe.

Systems were in place to identify and reduce the risks to people who used the service and other, including visitors and staff. People had detailed individual risk assessments and care plans that maximised their opportunities. Measures were in place to minimise the risk of harm occurring and provided clear guidance for staff to follow. They contained a range of assessments that included accessing the community, cooking, making hot drinks, bathing and doing the laundry. Appropriate measures were in place to support people with these risks. These had been regularly reviewed and updated.

Environmental risk assessments, fire safety records and routine safety checks of utilities, such as gas and electricity were in place to support people's, staff and visitors' safety.

The registered provider had an effective system for monitoring accidents and incidents and identifying trends in accidents and incidents. Staff were aware of the provider's reporting procedures in relation to these events. Accidents and incidents were recorded and acted upon. For example, any incidents of behaviours which may challenge others. Where any untoward event had occurred, measures had been put in place to reduce the risk of reoccurrence. For example, to monitor people more frequently or check on their well-being more often.

The registered manager told us they followed the provider's robust recruitment policy. This included obtaining two written references, proof of recent photographic identity as well as their employment history and a criminal records check. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied the prospective member of staff was suitable to work with people who used the service.

All the staff employed at the time of this inspection on 22 and 23 June 2016 had been employed by the provider for many years. The registered manager was in the process of advertising for more support workers. They talked about the importance of finding the "right person for the job" and involved the people who used the service in the recruitment process to achieve this.

The registered manager and the majority of staff had worked at the service for many years and knew people very well. Visitors and staff told us there were enough staff to meet people's needs. One or two staff were always on duty during the day, depending on the activities that were planned. There was a staff member on-call at the service during the night. Staff leave was covered from within the permanent staff team, with very occasional shifts covered by the provider's bank staff. One staff member told us, "We're all very flexible," and went on to tell us that most staff lived locally and were generally happy to cover shifts at short notice. Satisfactory arrangements were in place to support staff should emergencies occur. This was covered by senior staff at this, and another of the provider's services nearby.

People were satisfied with the way staff supported them to take their prescribed medicines. There were appropriate systems in place to ensure people received their medicines safely. Records showed that people had consented to staff assisting them with their medicines. These were in formats people could understand. People's care plans contained detailed guidance on the support they needed and how the person liked to take their medicines. For example, one person's care plan told staff, "Place medicines into a small pot. I will tip them out and line them up to take them."

Staff told us that their competence to administer medicines was checked regularly. We found that medicines were stored securely. Medicines were administered in line with the prescriber's instructions and appropriate arrangements were in place for the recording of medicines received and administered. Checks of medicines and the associated records were made to help identify and resolve any discrepancies promptly.

Is the service effective?

Our findings

People told us they liked the staff who worked at the service and that their care needs were met. A visitor told us, "The staff are absolutely excellent. They do a fantastic job. I can't thank them enough." Another visitor said, "The staff are excellent. [Person] gets on really well with all the staff." A commissioner of care told us, "[People] appear content and well at Teversham Road and are well supported in a very person centred way."

In the PIR the registered manager told us, "New staff have to undergo a thorough induction both in house and at our Avenues East office, to ensure the right and safe procedures of work are followed at all times." They told us this was followed by a period of 'shadowing' a more experienced member of staff. Staff confirmed this was the case. One member of staff told us they had been given ample time to read people's care plans and to get to know people before working alone with them.

Staff told us, and records showed, they were trained in the subjects deemed mandatory by the provider such as moving and handling, first aid, safeguarding people from harm and diversity. One staff member told us, "From day one [the provider] has been very good at training [us]." Another staff member said, "[The provider] really cares about whether we're doing the right training. We're spoilt with training." Staff had also had the opportunity to receive training in other areas relevant to the needs of the people they were supporting. For example, staff told us their training included diabetes, autism and attention deficit hyperactivity disorder (ADHD). Following training staff completed reflective logs. This helped them consolidate the training they had received and apply the knowledge they had gained.

Staff had appropriate qualifications for their roles. The registered manager had completed the registered manager's award. This is a level four national vocational qualification (NVQ) in management. Other staff had completed level two or three NVQ's in health and social care. All are nationally recognised qualifications.

Staff members told us they felt well supported by the provider and registered manager. One member of staff told us, "We are well supported. I'm happy here. How we work reflects on [people receiving care]." Staff received annual appraisal and formal supervision monthly when their goals were reviewed. They said that this was useful and provided them with an opportunity to discuss their support, development and training needs. One member of staff said, "It's a way to keep focused and up to date. It's an opportunity to catch up with no distractions." Another told us, "We can openly discuss how we can best support [people using the service]."

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 found the service was working within the principles of the MCA. Staff members were trained and knowledgeable in relation to the application of the MCA and DoLS. Where people had been assessed as not having the mental capacity to make specific decisions, we saw that decisions were made in their best interest. They confirmed that any decisions made on behalf of people who lacked capacity were made in their best interest. Records showed that the views of appropriate people had been taken into consideration. This included people who knew the person well or the person's legal representative. This showed that consideration had been taken to ensure the service was provided in people's best interest and in the least restrictive manner.

People were supported and encouraged to eat healthily. People's support plans included information on healthy eating and took into consideration any dietary needs such as diabetes. For example, one person's support plan asked staff to encourage the person to eat more fruit and less cake.

Staff supported people to formulate weekly menus and shop for the required provisions. People were supported to have enough to eat and drink. In addition to meals, we saw that a range of drinks and snacks were available for people to freely access. Staff knew people's likes and dislikes and these were recorded in their support plans.

Staff monitored people's food and / or fluid intake where people were at a risk of malnutrition or dehydration. We saw that records were completed accurately. People's weights were monitored and noted to be stable. This helped identify any change in people's food and fluid intake.

People had access to health care professionals and were supported to manage and maintain their health. Each person had an up-to-date health action plan that they had been involved in completing. This provided healthcare professionals with information about the person's healthcare and support needs. People were supported to access regular health checks and other appointments with healthcare professionals. These included GPs, dentists, speech and language therapists, community nurses and specialist nurses. A healthcare professional told us that staff had sought clinical support whenever they required it. For example, in the formulation and review of a person's behaviour support plan. Staff were aware of, and told us they followed, this guidance.

Is the service caring?

Our findings

People and their relatives were complimentary about the staff and the service they received. A visitor told us, "The staff there assist [people] to lead the best lives they can." Another visitor said, "[Person] is always happy to go back [to the service]. We've been pleasantly surprised how nice it is. [Person] looks after his own room. It's all so nice. [Person] is very happy there."

The majority of the staff team had worked at the service for many years, with the newest staff member joining the team nine months before our inspection. They knew people's needs and preferences well. A commissioner for the service told us this had led to a "good level of trust between staff and [people who used the service]." This continuity of staff had resulted in people developing meaningful relationships with them. This was observed throughout the inspection where staff were seen treating people in a kind, friendly and respectful manner. Staff called people by their preferred name and spoke in a calm and reassuring way. One staff member commented, "We've all got older together" and referred to shared experiences as they and the people using the service aged.

Throughout our inspection staff maintained a caring attitude towards people. This included responding on all occasions to people's requests, no matter how frequently these requests were made. Staff spent time talking with people about things personal to them throughout the day.

We saw that staff supported people to make every day decisions and respected people's choices. For example, one person had particular dietary needs, but liked some of the foods that had a detrimental effect on them. A staff member told us, "We can't just tell [the person] 'no, you can't eat that'. We just advise and help the person to weigh up [the information] and make their own decisions."

People who required advocacy were supported in a way which best met their needs depending on the decision to be made. For example, relatives and people who knew the person well were consulted about people's care and involved in best interest decisions. Referrals had also been made for more formal advocacy, for example to an Independent Mental Capacity Advocate (IMCA) where this was required, such as when large purchases were being proposed. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes. This showed us that staff respected people's decisions.

In the PIR the registered manager told us "Each person we support has a named key worker [a dedicated member of staff]'. Key workers meet with the person they support on a regular basis to ensure the needs, aspirations, and requirements of the individual we support are met at all times." People chose the staff member they wanted to be their keyworker. One staff member told us that a person's keyworker had just changed. They said, "It was quite straight forward because that's what [the person] wanted." Another member of staff told us that they accompanied a person when they attended appointments, went clothes shopping and when they needed assistance with personal care. For example, with nail care. The support worker was the same sex as the person and told us they and other staff had observed the person "felt more comfortable" when they supported them in those areas. This showed staff were sensitive to people's

feelings and people were encouraged to control decisions about their everyday lives.

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's support plans. People told us staff supported them to attend the church groups they preferred and showed us photographs where they had celebrated various festivals and birthdays.

Both visitors and professionals told us they had been involved in the review of people's support plans. They told us they, and the people receiving the service, had ample opportunity to comment on the service provided. One visitor told us, "[Person] loves [their] meetings. We talk openly round the table. If there are any problems we could bring them up." Where suggestions were made, we were told that staff always followed these up. For example, after many years of expressing a preference to holiday in this country, one person had expressed a wish to take a holiday abroad and travel by aeroplane. Staff were supporting the person to make preparations for this trip and the person was clearly looking forward to this experience.

Relatives told us that staff respected people's privacy and dignity when supporting them. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. People told us staff always did this. A visitor commented that they and the person they visited appreciated that staff provided them with "space to spend time talking with [person]" alone. They said staff did this by planning activities of interest to the other people who lived at the service when they visited. This showed that staff respected and promoted people's privacy.

People had their own bedrooms that staff had supported people to personalise. People told us they had chosen the colours, furnishings, photographs and ornaments. People had been consulted about the way other areas of the service were decorated and used. For example, one person used an area in the dining room to store and use their computer. The other people told us they had been consulted and were happy about this. This showed that staff supported people to develop and personalise the service.

People had access to information presented in ways they could understand. For example, people's support plans, risk assessments and other information, such as the complaints procedure were available in easy-read and pictorial format.

Is the service responsive?

Our findings

People told us they liked the staff who supported them. Visitors and professionals told us that staff understood and responded to people's needs in an individualised way. A visitor told us, "[Person] looks easy going but [the staff] know how to keep [the person] on an even keel." A healthcare professional told us staff "provide good person centred care which allows service users to thrive." A commissioner of the service told us, "[People] are supported by staff in a very person centred manner... [People] are encouraged to set goals of what they want to achieve, and then helped to achieve this."

Each person had a holistic profile in place which detailed their family, social and work history. This helped staff to understand the person's experiences. People were fully involved in developing individualised, comprehensive support plans in formats that each person could understand. In the PIR the registered manager told us, "Each individual support plan is tailor made with the input from the person concerned, to ensure the support we provide meets the individual hopes, and aspirations, and thus empower the individual to take control of their life." These support plans provided detailed guidance to staff on how to meet each person's individual needs. They covered needs such as personal care, accessing the community and reducing people's anxiety.

The registered manager told us in the PIR. "Each person we support meets with their key worker by monthly, goals that are set in the meeting are reviewed on a regular basis. Planning meetings for each person are twice yearly. These meetings are well attended by those that are significant to the person we support at the time. The Care Manager from the Learning disability Partnership also carries out an annual review for each individual. These meetings are attended by significant people that are invited by the service user, they include relevant professionals as well as family and friends. Goals set in these meetings are followed through to ensure the aspirations of each individual are met." Records and people we spoke with verified this was the case.

Satisfactory daily reports were completed at the end of each shift. These records included the time the person got up/ went to bed, what they had eaten and how they had spent the day. Records relating to other professionals' interventions were also maintained. For example, if the person attended healthcare appointments.

Staff talked passionately about their roles and the people they supported. They had a good understanding of people's individual personalities. They understood what could cause each person's behaviours to change and how each person like to be addressed, treated and spend their time. One person's care plan contained detailed guidance on possible triggers of anxiety. It went on to explain how to help the person de-escalate behaviours that may challenge others and assist in recovery following these episodes. Staff confirmed they were familiar with, and followed, this guidance.

Staff looked for ways to encourage people to be as independent as possible. For example, one person had attended a 10 week course about traffic and transport awareness. This helped the person to understand and manage the risks associated with accessing the community.

Both visitors praised the way the registered manager and staff supported people to develop and maintain relationships. One visitor told us how much the registered manager and staff had supported the person when the person's family member had died suddenly. They said the registered manager had taken the person to the hospital to see their family member at very short notice and later accompanied the person to their family member's funeral and memorial services. The visitor said, "[The registered manager] made sure [the person] was there every step of the way. That made things a bit easier." They went on to explain that the registered manager and staff had supported the person to maintain friendships the person had developed with other people before their family member died. They said, "It's so good that [the registered manager] brings [person] over so [they] can keep in touch with the people [they know] here." The person showed us photographs of the people they visited and expressed the pleasure they experienced from these visits and friendships.

Staff told us they enjoyed their roles. One staff member said, "We're all in it for the right reasons, just making sure [people receiving the service] have a fulfilled life. I really do think we do that." People told us how they spent their time. They told us that staff had supported them to develop schedules that detailed planned activities each day. For example, work placements, household chores, one-to-one time with staff and flexible relaxation time.

Visitors told us people were meaningfully occupied and engaged in a range of different activities and pastimes. One visitor said, "[Person] goes out and does all sorts of things. They go to the gym and go swimming. There's no time to get bored." A commissioner of the service told us, "Each [person] is allowed to explore their own interests. [Staff] do this by ensuring each [person] has some one-to-one time whilst the other [people] are out at day services."

People were supported to be members of the local community. For example, some people chose to regularly visit the local pub and had made friends with people they had met there. People used local services, such as the village shops and local swimming pool.

Staff supported people to have new experiences. For example, leisure days out, such as a coach trip to Sheringham, and to take holidays. One person told us how much they enjoyed these trips and showed us photographs of some of the times they had enjoyed. These included last year's cruise to Amsterdam and pictures of London.

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns or were worried about something. Everyone we spoke with was confident the registered manager or another member of staff would listen to them and address any issues they raised. One visitor told us, "I've no complaints. If I wasn't happy I feel I could speak to [the registered manager] or [the regional manager]. It wouldn't be awkward."

People had access to information about how they could complain, make suggestions or raise concerns about the service. This was provided in appropriate formats so people could understand the process. Staff had a good working understanding of the complaints procedure. The registered manager told us they had received no complaints since our last inspection.

Is the service well-led?

Our findings

We received very positive comments about the management of the service from people, visitors and staff. People using the service had clearly developed very good relationships with the registered manager and staff. Both visitors described the service as "Excellent." One said, "I can't think of anything they can do better. Most importantly [person] is happy there. I'm so relieved. I can't speak highly enough of the [service]." The other visitor told us, "I'm very impressed at the dedication [the registered manager] gives to the [service]." A healthcare professional described the service as "well managed."

The service had an experienced registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was fully aware of his legal responsibilities in relation to his registration and the running of the service.

The registered manager was supported by a staff team that included a deputy manager and support workers. Staff were clear about the reporting structure in the service. From discussion and observations we found the registered manager and staff had a detailed knowledge and understanding of the needs and preferences of the people receiving this service.

The staff we asked said they would be happy for a family member to be cared for by the service. One staff member explained this was because "[People] get individual support. It's all about their choices. They are at the centre of the decision." All the staff spoke about this and were passionate about making this a reality within the service.

The registered manager provided clear leadership and was approachable. All three staff described the registered manager as "professional" and told us they felt well supported by him and the provider organisation. One staff member told us, "[Avenue's East is] a good [registered provider] that does everything right. They look after their staff. They really care about whether we're doing the right thing." Another staff member said, "It's a great place to work. [The registered manager] is always available. He's very helpful and approachable."

Staff told us that they had regular supervision, support and training suitable for their role. The registered manager regularly worked alongside staff observing them whilst providing care and support. This helped to provide consistency in the service. Staff had worked for the provider, and the majority at this service, for many years. However, staff looked for ways to keep up to date with best practice and current guidance. One staff member told us, "One of the biggest things is not letting complacency set in. We do try to stay fresh and on our toes." Staff told us they did this in a number of ways. These included sharing ideas with staff who work at other services, updates from the provider through the provider's Intranet Forum, the provider Chief Executive Officer's blog, and reading articles in professional journals. The provider was also a member of various professional organisations that provided good practice and knowledge aimed at improvement of social care services. These included Social Care Institute for Excellence, British Institute of Learning

All the staff we spoke with were familiar with the procedures available to report any concerns within the organisation. They all told us that they felt confident about reporting any concerns or poor practice to more senior staff including the registered manager.

The registered manager actively sought and acted on people's views. We saw that people were encouraged to provide feedback on the service and make their views known on a daily basis. In addition regular monthly 'tenants meetings' were held where people were encouraged to discuss any improvements or changes that could be made to the service. Minutes showed that these ideas were taken forward whenever possible. Annual surveys were also conducted. Visitors told us they felt comfortable talking with the registered manager and staff and were confident they were listened to and taken seriously.

The provider and registered manager used effective systems to monitor the quality of the service provided. This included the registered manager regularly working alongside staff as a role model and to monitor staff performance. They also conducted regular audits which covered areas such as health and safety, maintenance, and accidents and incidents. The regional manager visited the service regularly, speaking with people, staff and visitors. At each visit they followed up any actions from the previous month and focused on different areas of the service delivery. We saw their last report was dated 15 May 2016 and contained two actions relating to archiving and a medicines audit. The registered manager assured us that both these actions had been completed.

The provider had sustained practice overtime and achieved accreditation with a number of organisations. These included Investors in People, Skills for Care, Mindful Employer, and the Physical Intervention Accreditation Scheme. They had also achieved accreditation in various international management systems including ISO 9000, for quality management; ISO 14001, for environmental management; and OHSAS 18001, for occupational health and safety.