Kelso Care Consortium Limited

The Avenue Residential Home

Inspection report

3, The Avenue
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Birmingham
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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

We inspected this home on 26 and 27 August 2015. This was an unannounced Inspection. The home was registered to provide care and accommodation for up to ten people who may have a learning disability or mental health support needs. At the time of our inspection eight people were living at the home. The accommodation was provided in single bedrooms; the home had bedrooms and bathrooms on the ground and first floor. There were shared lounge, kitchen and dining facilities available on the ground floor.

The service was previously inspected in July 2014 and at that time we found the service was not compliant with three of the regulations we looked at. The issues identified were that the provider did not have suitable arrangements in place for managing care and support needs of some people who used the service which impacted on others who used the service, safeguarding arrangements to protect people who used the service

Summary of findings

from abuse needed to be improved and arrangements for assessing and monitoring the quality of service provision were not wholly effective. The provider took action and at this inspection we found improvements had been made.

The registered manager was present during our inspection. 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.

There was a CCTV system in use in areas of the home used by people who used the service. This was an established system but use of this had not been updated in light of new guidance and agreements about use of the system had not been reviewed. You can what action we have asked the provider to take at the back of the full report.

We found that not all people using this service felt safe. Although staff knew how to recognise when people might be at risk of harm and most were aware of the provider's procedures for reporting any concerns, staff did not follow safeguarding procedures that they had been instructed in on the day of the inspection. The registered manager took prompt action when they were informed of the safeguarding concern.

The service provided enough staff on duty with the right mix of skills and abilities to make sure that people's needs were met and that they could respond to emergencies. Robust recruitment checks were in place to ensure staff were suitable to work in the home. We found that there were sufficient numbers of staff available to meet people's individual needs.

People had received their medicines safely. We observed staff practising good medicine administration.

People's needs had been assessed and care plans developed to inform staff how to support people in the way they preferred. Measures had been put into place to ensure, in most instances, that risks were managed appropriately. These ensured that people were involved in making decisions which minimised restrictions on their freedom, choice and independence.

People were supported to eat and drink sufficient amounts to maintain good health. People were supported to stay healthy and were supported to have access to a wide range of health care professionals.

Most staff we spoke with were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivations of Liberty Safeguards (DoLS) to protect people's rights. Some necessary applications to apply for restrictions from the local supervisory body had not been progressed or submitted in a timely manner, failing to protect the rights of people.

Staff treated people with respect and communicated well with people who did not use verbal communication. People told us they continued to pursue individual interests and hobbies that they enjoyed and they were happy with the range of activities available to them.

There was a complaints procedure in place. People told us they had opportunity to raise concerns and that they were listened to. Relatives told us they knew how to raise any complaints and were confident that they would be addressed.

We found that whilst there were systems in place to monitor and improve the quality of the service provided, these were not always effective in assessing the quality of the service provided.

Summary of findings

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 was not always safe.

Staff in the home knew how to recognise and report abuse; however, this was not put into practice when an incident occurred on the day of the inspection.

There were established systems in place to assess and plan for risks that people might experience or present.

Staffing levels were consistent and there were enough staff to meet people's individual needs.

Medicines were safely managed.

Requires improvement

Is the service effective?
The service was not always effective.

People were asked for consent before care was provided. Some assessments for capacity and best interests had been undertaken. Necessary applications to the local supervisory body for Deprivations of Liberty Safeguards (DoLS) had not been made in a timely manner.

The service provided enough staff on duty with the right mix of skills and abilities to make sure people's needs were met.

People were supported to have enough to eat and drink and maintain good health; where people had complex health care needs, appropriate specialist health care services were included in planning and providing their care.

Requires improvement

Is the service caring?
The service was caring.

Most staff had positive and caring relationships with people using the service.

The majority of staff understood and promoted compassion, dignity and respect, the one exception was brought to the attention of the manager.

Staff had a good knowledge of the people they were caring for, including their preferences and individual needs.

Good

Is the service responsive?
The service was responsive.

People were supported to maintain relationships which were important to them and promoted their social interaction.

People were involved in planning their care and had been actively supported to pursue their interests and hobbies within the home and the local community.

Good

Summary of findings

People and their relatives were aware of how to make complaints and share their experiences.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

Quality assurance systems were in place but some records required for the effective running of the home were not available or had not been robustly checked.

The use of CCTV was established in some parts of the home but protocols and agreements in place had not been reviewed or updated.

The home promoted an open and transparent culture between people and staff; however, not all relatives had been asked for their views and experiences about how the service is managed.

People, relatives and professionals told us that the management team was approachable.

Managers were clear about their roles and responsibilities and staff knew what was expected of them.

The Avenue Residential Home

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 and 27 August 2015 and was unannounced. The visit was undertaken by one inspector.

Prior to the inspection we looked at the information we already had about this provider. We also spoke with service commissioners (people that purchase this service on behalf of people living at the home) to obtain their feedback.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider.

All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with four of the people living at the home, spoke at length with six members of staff and three relatives of people living at the home. We spent time observing day to day life and the support people were offered. We looked at records about staff recruitment, training, care plans and the quality and audit systems at the home.

After our inspection we spoke with two health and social care professionals who supported people who used the service.

Requires improvement

Is the service safe?

Our findings

We last inspected this service in July 2014. At that time we found the provider was breaching the regulations and not meeting people's needs as not all people felt safe and they were not responding appropriately to incidents and occurrences of abuse and failing to manage the support needs of some people which impacted on others using the service. The provider had taken action to support one person to move to more suitable accommodation and had taken action to ensure that people were safe.

Some people who were able to communicate with us confirmed that they did feel safe living in the home. One person told us, "I feel safe here." Staff were able to describe very clearly actions they took at such times to ensure that people living in the home were not distressed by the actions of other people. A member of staff told us that there had been an altercation between a person who lives at the home and a member of staff on the morning of the inspection. It was of concern that the staff member had not raised it immediately with the registered manager, but had waited to raise it with the inspector first before then reporting the concerns to the registered manager. We discussed this with the registered manager who advised that an investigation into the allegation about a member of staff shouting had commenced. We were later informed that appropriate disciplinary action had been instigated and that the local authority had been informed about the issue of concern in line with safeguarding procedures.

People told us that if they did not feel safe they would tell staff members. Relatives we spoke with told us, "I think [name of relative] is safe here, sometimes he says he doesn't get on with all the people living here." Another relative commented, "I would approach the staff if I had any concerns."

We spoke with six members of staff; some had received safeguarding training and were able to describe the different types of abuse people were at risk from and knew how to keep people protected from harm. Staff told us that if they had concerns they would pass this information on to a senior member of staff and were confident this would be responded to appropriately. Staff knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe. Staff told us that safeguarding concerns were discussed in meetings so staff could share and learn from incidents. One member of staff told us, "Sometimes we need to be the people's voice in keeping them protected."

Potential risks to people who used the service had been assessed and action had been planned and taken to keep people safe, whilst still promoting people's freedom, choice and independence. Staff were aware of risk management plans and ensured they were consistently applied. One person told us, "I go out shopping independently; I've fetched some milk today." Staff told us that they were aware of the need to report anything they identified that might affect people's safety and that they had access to information and guidance. Work was underway in the premises to improve facilities and create separate space for people to live independently within the home and manage some aspects of their daily lives. Whilst this had impacted on the people living in the home as the work progressed we were told that people were aware and had been advised that some communal rooms were not available to use. Some people using the service were keen to inform us about how the premises were being changed and one person commented that they were aware of when in the scheme of works that their bedroom was to be refurbished and additional facilities provided to help them become more independent.

Staff we spoke with told us they were aware of the importance of reporting and recording accidents and incidents. Records we saw supported this; accident and incident records were clearly recorded and outcomes detailed. Staff could describe plans to respond to different types of emergencies.

There were sufficient numbers of staff on duty on the day of the inspection to meet the individual needs of people using the services. We were told by people, "There are enough staff around"; however some comments from staff included; "There hasn't been enough staff for the past few months with all the recruitment issues, but the last three weeks have been more stable and much better"; "Having lots of new staff has put a lot of pressure on the existing staff because we are having to support them to do the job whilst they are learning." We saw staff were visible in the communal areas and we observed people being

Requires improvement

Is the service safe?

responded to in a timely manner. We saw that staff engaged with people to chat and provide support or reassurance when necessary. A relative we spoke with told us, “There always plenty of staff when we visit.”

The registered manager told us that they did not use a specific staffing level assessment tool to establish their current staffing levels; the numbers of staff on duty were based on the specific needs of the people who used the service and we saw records that detailed a breakdown of peoples individual care needs. Staff rotas showed that staffing levels had been consistent over the last four weeks prior to our visit.

The recruitment records we saw demonstrated that there was a robust process in place to ensure that staff recruited were suitable. This included checks of staff identification, obtaining references and checking with the Disclosure and Barring Service (formerly Criminal Records Bureau).

Medication was safely managed in the home. One person told us that their prescribed medication was always administered as necessary, “I have my medicines when I need to.” During the inspection, we observed two members of staff preparing and administering medication to people; this was undertaken safely. There were clear systems and protocols in place for most of the medicines we checked. We saw the records and stocks of medication held for four people which showed that people had received their medicines as prescribed, however, two signatures were missing on the medication administration records and a signature to confirm a person’s blood glucose testing had been done; this meant some medicines could be at risk of being administered incorrectly and not monitored.

Staff told us they had received training to administer medication and that competency assessments had been conducted to ensure staff were able to administer medicines safely.

We observed that medicine trolleys were locked and secured when not in use and medicines were stored in line with current and relevant regulations and guidance. We did note that the fridge for storing medication was not working correctly but no medication was being stored at the time.

Requires improvement

Is the service effective?

Our findings

We spent time talking with staff about their skills and knowledge to provide care and support the people who lived at the home. We saw staff supporting people consistently using appropriate skills and behaviours. A relative we spoke with told us "Staff appear well-trained."

Staff rotas we saw demonstrated that the registered manager had ensured there was a mix of skills and abilities amongst the staff and each shift had a designated first aider and fire marshal. We received mixed opinions from staff about the training offered to them. Some staff commented that there had been lots of training provided and a few said they would prefer to participate in external training rather than the 'providers' workbooks however they gave no examples to illustrate that training had not been effective. Staff comments included, "There are lots of training available here"; "We could benefit from some external training instead of mostly internal work-books"; "I've done very little training since I've been here."

Two newly appointed members of staff said they had not done much training but were still working through their induction programmes. A new member of staff we spoke with told us, "I haven't been here very long; I am doing my induction and did some shadowing where I observed [more experienced staff] before I was left on my own." They were not aware of how far they had progressed in respect of achieving all assessed competencies of the Care Certificate. The majority of staff told us they had received regular supervision.

Staff told us they received handovers from senior staff before they started each shift in the home and said communication was good within the team. Staff told us that the handovers ensured that they were kept up to date with how to meet peoples' specific care needs and any changes to their conditions.

Staff were knowledgeable about their responsibilities in relation to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), although only a few staff told us they had received training in both areas. We looked at whether the provider was applying the Deprivation of Liberty Safeguards (DoLS) appropriately and that any restrictions had been appropriately assessed and authorised. Discussions with the registered manager identified that although referrals had been considered necessary sometime prior to the inspection, applications to the local supervisory body for Deprivations of Liberty Safeguards (DoLS) had not been made until the day of the inspection.

We observed staff practiced in a way that reflected the principles of the Mental Capacity 2005 (MCA). We saw they regularly sought consent from people before attending to their daily living needs. We saw people refusing their consent, for example in regards to medical treatment. One member of staff told us, "Some people here are unable to communicate verbally, but can still give consent by using gestures or body language." We saw that two people, who did not have anyone to support them, had been supported to make major decisions by an independent advocate and one person had been referred for support from an Independent Mental Capacity Act Advocate (IMCA). IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. The registered manager had undertaken some appropriate assessments for people who lack capacity and records of best interest meetings supported this.

People told us they had access to a wide range of different food and drinks. The people we spoke with all said the food at the home was good which they enjoyed. People's comments included; "I get lots to eat and I like cooking"; "I get options of what I want to eat." Records of meetings that people attended confirmed that people were involved in menu planning and involved in decisions about what they wanted to eat and drink at all times. Two members of staff told us they tried to offer healthy options and to promote balanced diets; including meeting cultural preferences or requirements, but acknowledged that sometimes people chose foods that were not nutritionally rich.

People and staff told us they were flexible with meal times and that quite often people all had different choices and had their meals when they want to. We observed people cooking with staff and noted that the interactions were positive with lots of chatter and laughter. A number of people who lived in the home had received nutrition and swallowing assessments; all the staff we spoke with had a good knowledge of individual people's dietary and hydration needs. We observed people accessing the kitchen independently to make something to eat and drink. A relative told us, "[name of relative] gets plenty to eat and drink."

Requires improvement

Is the service effective?

We spoke with a health professional on the day of the inspection who told us the home was good at supporting a person who at times presented behaviour that challenged others. They also told us that staff were good at following guidelines put in place by healthcare professionals.

We contacted two health and social care professionals following our inspection who gave positive comments that people who lived in the home were supported to maintain their health. They spoke highly of the leadership within the home, the quality of the care given by staff and the general atmosphere and running of the home.

Good

Is the service caring?

Our findings

We were told by people and their relatives that staff were kind, caring and helpful. Comments from people included, "Staff are lovely," and "Staff here are lovely and nice to me." Relatives also told us, "Staff always welcome me and my family", "Staff treat [name of relative] very respectfully."

People and relatives we spoke with told us they were able to visit without being unnecessarily restricted. A person we spoke with supported this and told us, "My family come to my parties." Relatives we spoke with told us, "I can visit when I want to"; "There are no restrictions to when I visit and I can telephone anytime." We observed positive and respectful interactions between people and staff. Some people were able to talk to staff and explain what they wanted and how they were feeling. Others needed staff to interpret gestures or understand the person's own communication style; people were supported with kindness and compassion. The staff we observed responded to people's needs in a timely and dignified manner supporting people who were distressed and we observed some examples of staff acting in caring and thoughtful ways. Staff we spoke with had a good appreciation of people's human rights and promoted dignity and respect. Staff told us; "I always knock on a person's door and never just barge in"; "There are never any discussions about people in the corridors here."

One person told us, "Staff know my favourite food is McDonalds, they take me there." The staff we spoke with told us they enjoyed supporting people and knew people's preferences and personal circumstances. They told us that they got to know people by spending time and talking with them. We observed that activities were provided which met people's preferences and promoted them as individuals. A relative told us, "[name of relative] goes to the church every week, this is so important to them."

Opportunities were available for people to take part in everyday living skills. People were involved in food shopping and we observed people going out shopping both independently or with the support of staff.

We saw that staff actively engaged with people and communicated in an effective and sensitive manner. People told us they were able to choose what to do. One person told us, "I like spending time in my own room listening to music." Another person we spoke with said, "I do my own thing here; I like spending time in my room and watching sky TV." This demonstrated that people's choices, independence and privacy was respected. We spoke with one member of staff who did not use age appropriate words to describe people who presented with behaviours that challenged; this failure to display compassionate and respectful behaviour was not typical of other interactions witnessed and the incidence was brought to the attention of the registered manager.

All of the relatives we spoke with were pleased with the support and care their relative received and praised the staff; comments from relatives included, "Staff ensure [name of relative] is well cared for"; "I have a good relationship with staff, they are friendly and approachable."

Good

Is the service responsive?

Our findings

People told us they had been involved in the planning of their care. One person told us "I'm very independent and staff respect that." Relatives we spoke with told us that they were not always asked to contribute towards helping to determine care plans and had not participated in care reviews with their relatives.

People and relatives of people who used the service told us they were happy with the quality of the care provided and that staff cared for them in the ways they wanted. A relative we spoke with told us, "Staff know [name of relative] needs and preferences well, they know what his favourite activity is." They concluded with: "Staff are respectful to people living here."

Staff we spoke with told us they spent time with people to discuss individual preferences and how they wanted their care to be delivered. Care plans we saw included people's personal history, individual preferences and interests. They reflected people's care and support needs and contained a lot of personal details. We saw these had been regularly reviewed and any changes had been updated. A range of informal systems of communication were in place within the home.

We looked at the arrangements for supporting people to participate in their expressed interests and hobbies. Two people living at the home attend clubs every week on a daily basis. People told us they had opportunities to do things they enjoyed each day. Comments from people included, "I like going shopping and going out for a pub lunch"; "I enjoy drama club on a Thursday"; "I like going to the local disco." This means people can stay in contact with local communities avoiding social isolation. Some staff we spoke with told us, "Sometimes the activities are more biased towards supporting people who are presenting behaviours that challenge more than people who do not." The registered manager told us, "We have stopped forecasting a seven day activity plan; we base activities on what people want on the day."

A person who lived at the home told us "I love church, staff drop me off and then pick me up; I love to sing religious hymns." Staff could describe what arrangements they had in place to meet people's religious requirements.

People were supported to maintain relationships with people that mattered to them. One person told us, "I visit my family every week and sometimes have a sleepover"; "I go away every year with my mom." A relative we spoke with told us, "[name of relative] visits me every week, spending time with the family is important to them."

On the day of the inspection, we saw that staff had begun to support a person to plan their birthday celebration; the support being provided was person centred with guidance provided to enable the person to make decisions important to them.

People and their relatives knew how to complain and were confident their concerns would be addressed. People we spoke with told us, "I know how to complain, I would go to [name of staff member]."A relative we spoke with told us, "I know who to complain to, I have in the past and it was dealt with appropriately."

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the home and was available in different formats to meet the communication needs of people living in the home. Records identified no complaints had been received during the past twelve months. The registered manager told us there were plans in place to start recording and reviewing all minor concerns so they could identify and monitor and improvements to the service.

Requires improvement

Is the service well-led?

Our findings

The service was previously inspected in July 2014 and at that time we found the service did not have suitable arrangements in place for assessing and monitoring the quality of service provision were not wholly effective. The provider took action and at this inspection we found improvements had been made

There was an overt surveillance CCTV system fitted in some rooms within the home, which had become operational sometime prior to the inspection. The registered manager told us it was primarily used to enhance the security and safety of premises and property, and to protect the safety of people. The use of the system had not been updated in light of new guidance and agreements about use of the system had not been reviewed. The registered manager told us there were plans to consult with people living at the home on a regular basis to ensure that their consent was sought for the continued use of the system but this had not yet happened.

The failure to seek and act on guidance and feedback from relevant people about use of CCTV recording was a breach of regulations. HSCA 2008 (Regulated Activities) Regulations 2010 Regulation 17.

People living at the home told us, "I like it here and I am happy"; "I like the staff, they look after me."

People who lived at the home and their relatives spoke positively about the registered manager. People knew the registered manager by name and told us they could approach them at all times. One person said, "[Name of registered manager] is the boss."

People were supported and encouraged to take part in how the service was run and were encouraged to complete questionnaires and are also encouraged to give weekly feedback to staff. The feedback information was available in different formats which met people's individual communication needs. This allowed the provider's vision to be shared with the people who used the service so they could comment on and influence how it was developed in an inclusive approach. Not all relatives had been asked for their views and experiences about how the service is managed; relatives we spoke with told us, "I have been asked for feedback about how the home is run, but it was a long time ago." Another relative said: "I'm not asked for feedback." In respect of plans and developments one relative commented, "We are not told anything about what is happening in the home."

Staff told us that recent changes in management had been positive following a previous period of a lack of direction within the leadership team and a high ratio of staff turnover. The registered provider had introduced a new leadership structure which staff understood. Staff we spoke with were able to describe their roles and responsibilities and outlined what was expected from them by the provider.

Our discussions with the registered manager showed they were aware of the new regulation regarding the duty of candour. The registered manager told us, "We encourage staff to tell the truth and we own up to any mistakes." We saw a record where a mistake had been identified, an apology had been made to the person and their relative, and appropriate action had been taken to ensure it did not happen again, this demonstrated the home had an open and honest approach.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured systems were in place and staff had the knowledge and resources to do this. Whilst routine notifications about specific events and incidents that occurred had been made promptly, we noted that there had been a delay in seeking authorisation from the local authority in respect of deprivations of liberty where applications had not been made until the day of the inspection. People were at risk of their rights not being protected from a failure to identify the need for prompt referrals.

Staff had completed staff surveys in 2014, most of the comments were negative and staff told us morale had been quite low during that period, but that this had changed. The registered manager told us there had been internal issues within the management structure and action had been taken to address some of the issues. The registered manager intended to send a further survey out to measure the current feedback and morale of the workforce.

Records of staff meetings identified that formal meetings were held; any concerns received within the home were shared with the staff to ensure improvements could be made and was a way of ensuring communication within

Requires improvement

Is the service well-led?

the home was effective. Staff we spoke with told us that they were aware of the previous Care Quality Commission inspection report and the action that the provider had taken; this meant that staff had a shared understanding of the key challenges within the service."

A number of quality assurance audits had been completed by the registered manager, however, we did note that some quality checks for the environment audits were not available for analysis which meant not all data was being used to continually drive improvement. The registered manager told us that all records of accidents and incidents were logged so that patterns and trends could be identified.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had failed to seek and act on guidance and feedback from relevant people about use of CCTV. Regulation 17 (2) (d)(e)(f)