Support for Living Limited

Tudor Avenue Residential Care Home

Inspection report

3 Tudor Avenue
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Tudor Avenue Residential Care Home on 2 October 2017. The inspection was unannounced. At the last inspection on 21 September 2015 the home met all the key questions and received an overall good rating. A change of registered provider from the London Borough of Richmond-upon-Thames to Support for Living Limited took place in 2016. Our inspection is the first inspection of the service under the new registered provider.

Tudor Avenue is a care home that supports up to six people with a learning disability and additional physical disabilities or complex health needs. The home is managed by Support For Living Limited and is situated in Hampton in the London Borough of Richmond-Upon-Thames.

The home had a registered manager. 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 and associated Regulations about how the service is run.

People and their relatives thought the home was a good place to live and people were happy there. When we visited people were supported to choose the activities they wanted to do and when they wished to do them. People were supported and encouraged to participate in community based activities and to maintain contact with friends and family.

Relatives felt that the home provided a caring environment with good support from external health professionals and that staff had a very caring attitude.

Relatives and staff knew how to raise concerns and told us they felt confident they would be resolved. Relatives told us that communication with the staff and management team was good.

People felt safe living at the home and were able to move freely without risk of accidents because the staff ensured that appropriate risk assessments were carried out and that the premises were free of hazards. The home was well maintained, furnished, clean and provided a safe environment for people to live and staff to work in.

Medicines and other health care regimes were managed appropriately, with accurate records being maintained.

Throughout our visit people's body language and their interaction with staff and each other was positive and relaxed.

There were comprehensive records that were kept up to date. The care plans contained clearly recorded and up to date information which was regularly reviewed. This enabled staff to support people in the way

they preferred.

The staff knew the people they worked with and understood their roles and responsibilities. They had the appropriate skills and training required to meet people's needs and they were focussed on providing care and support for each person as an individual. This was delivered in an enabling, friendly and professional manner. Staff training and supervision emphasised providing care in a person-centred way. Staff spoke positively about working in the home and confirmed they received training and support.

Staff understood the requirements of the Mental Capacity Act 2005 and the need to ensure that as far as possible they received people's informed consent to the care and support provided.

People were protected from nutrition and hydration associated risks by being provided with balanced diets that also met their likes and preferences. People with complex nutritional needs and special assistance with feeding were provided with support in a respectful and dignified manner.

There was an open and inclusive atmosphere in the home. Staff were able to contribute to the vision for the home through regular team meetings. The provider carried out regular audits to monitor the quality of the service and to plan improvements.

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. People were protected from the risk of abuse happening to them, supported by clear policies and staff training relating to safeguarding and whistleblowing.

Risk assessments of people's activities, including the premises and environment supported people to be safe. There were sufficient numbers of staff on duty to keep people safe.

Medicines, including controlled medicines were safely and securely stored in a locked medication cupboard and staff had received up to date training.

Is the service effective?

Good

The service was effective. People received care from staff who had had appropriate training and who were aware of good care practice. Staff received appropriate support and supervision.

Staff understood the requirements of legislation relating to the need for people to give consent and to act in their best interests when consent could not be given. People, and where appropriate, their families, were involved in day to day decisions about their care.

People were supported to have sufficient food and drink. Staff had received training and were skilled in ensuring people with complex dietary needs were supported to enjoy their meals. People's cultural and religious needs were appropriately catered for.

People were supported to have good access to health care, including specialist health care teams where appropriate. Staff were skilled and trained to ensure that people's day to day health was monitored and supported.

Is the service caring?

Good

The service was caring. Positive caring relationships were developed with people and they were treated with respect and compassion in their day-to-day care.

Staff respected people's privacy, dignity and human rights. People had their individual wishes respected and families and visitors were able to visit.

People's care records documented individual support needs and how they liked to be supported.

Is the service responsive?

Good

The service was responsive. People received personalised care that was responsive to their needs.

There was a full programme of personalised activities for people which included community based activities.

The home had systems and guidance in place to enable people to raise concerns and for those concerns to be listened to and learned from.

Is the service well-led?

Good

The registered manager provided good management and leadership, supported by a senior management team and competent shift leaders.

The registered manager and staff promoted a positive culture that was person-centred, open, inclusive and empowering.

The registered provider had an effective system to regularly assess and monitor the quality of service that people received.

Tudor Avenue Residential Care 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 checked 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 was an unannounced inspection and took place on 2 October 2017.

This inspection was carried out by one inspector.

There were six people living at the home. We spoke with four people and four relatives. We also spoke with the registered manager, the operations director and three care workers. We invited comment from external professionals who provided support to people in the home.

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 also checked notifications sent to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the home and provider.

During our visit we observed the care and support that was provided and were shown around the home. We checked records, policies and procedures. These included the staff training, supervision and appraisal systems.

We looked at the personal care and support plans for three people and two staff files.

Good

Is the service safe?

Our findings

Relatives told us the home provided a safe service. Although people did not directly comment on whether they felt safe we saw throughout the time of inspection that people felt relaxed and secure around the staff team.
One relative told us, "My relative has very complex needs and there has never been any concern about their safety or treatment by any of the staff." Another relative described a serious accident that had occurred with their relative some years ago and told us how since then they felt confident that staff supported their relative in a safe manner.

Staff had received up to date training in safeguarding people from abuse and knew how to identify the different forms of abuse and the action they needed to take if it was happening. This was outlined in the provider's policies and procedures. There was no current safeguarding activity. Staff also provided people with information about how to keep safe and areas of concern regarding people individually were recorded in their files.

People had individualised risk assessments that enabled them to take acceptable risks and enjoy their lives safety. These included risk assessments about their health, social activities and other aspects of daily living. The risk assessments were regularly reviewed and updated as people's needs and interests changed. There were also general risk assessments for the home and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained. The risk assessments were reliant to an acceptable level on staff observation and knowledge of people and the way they communicate as some people had limited capacity for verbal communication.

Staff had also received training in safe care in areas such as first aid, health and safety, medicines management and prevention of choking. This training provided support to staff in carrying out risk assessments and ensured people received care in a safe way.

The staff recruitment procedure was comprehensive and all stages of the process were recorded. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks were carried out prior to starting in post. A DBS is a criminal record check employers undertake to make safer recruitment decisions. Once in post a member of staff would complete an induction and probation period. The registered manager was able to describe an example where a candidate had not been able to pass their probation period and subsequently left the organisation.

The rota showed that staff provided flexible support to meet people's different needs. There were enough staff to meet people's needs, with three staff working during the day and I waking night staff and one sleeping-in staff at night. The registered manager was supernumerary to the overall staff team.

The shift leader was able to demonstrate how medicines were administered to people and this was done in a safe, competent and caring manner. Recording and signing was accurate in the case of someone we tracked and controlled drugs were stored appropriately.

There were procedures and policies in place to control infection. We looked around the home and saw that all areas were clean and hygienic. Staff had received infection control training and records confirmed this.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and training to provide care in an effective way. One relative told us, "The commitment by staff is second to none, especially when you consider what they are paid." Another relative said, "Staff are lovely. My relative has everything they need."

Staff were able to communicate with and understand each person as an individual. We saw how they interacted with people in a clear way that enabled people to understand what they were saying and people were given the opportunity to respond at their own speed. For people with less developed communication skills, staff were aware of what their gestures and body language meant.

Staff were equipped to support and meet people's needs effectively through the induction and mandatory training they had received. The training matrix identified when mandatory training was due. In addition to the mandatory training already mentioned, staff also received training in person-centred care, moving and handling, epilepsy management and food hygiene.

The registered manager informed us that the organisation had plans to re-open its NCQ/QCF training centre to support staff to complete levels 3 & 4. The Qualifications and Credit Framework (QCF) was the national credit transfer system for education qualification in England, Northern Ireland and Wales until October 2015. The QCF replaced the National Qualifications Framework (NQF) which closed for accreditations at the end of 2010.

The organisation also provided "Moving to Management" training for staff who would like to progress to management roles.

Staff were supported in their work through regular one-one supervision sessions and staff meetings. Records of staff meetings held in August and September showed that staff discussed issues to do with the running of the home and the care of people who lived in the home.

Staff spoke positively about working at Tudor Avenue. One care worker told us, "We are a good team here. We work together for the residents." Another said, "We can always talk things through about people and what we should be doing and the manager is always available if I need anything."

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 checked whether the home was working within the principles of the MCA and whether any conditions on

authorisations to deprive a person of their liberty were being met. Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications for all six people had been submitted by the provider and authorised.

Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. One relative confirmed that they had been involved in best interest meetings with the home.
Staff had received training in the MCA and DoLS and understood their responsibilities.

People's care plans contained sections for health, nutrition and diet. Full nutritional assessments were completed and updated regularly. People with complex dietary needs such as Percutaneous Endoscopic Gastrostomy (PEG) or Radiologically Inserted Gastrostomy (RIG) were supported by staff who were trained in these areas.

People's wider health needs were met. Health action plans addressed people's past and current health needs and staff kept accurate records about people's healthcare appointments and any action required. There was information about each person which helped hospital and other clinic based staff understand how best to support a person, should they ever need to attend a hospital.

We saw that the home worked well with other agencies such as pharmacist, GPs, social services and health services such as physiotherapists and speech and language therapists. One external health professional commented that the staff at the home had a professional attitude which "empowered residents and enabled them to be cared for ensuring their comfort and safety".

Good

Is the service caring?

Our findings

People's relatives told us that the staff were kind and caring and they felt that staff had positive caring relationships with people in the home. One relative told us, "Absolutely wonderful. The staff are fantastic." Another said, "I take [my relative] home and they are happy to come home and happy to return to their own place. The staff are very kind."

During our inspection we observed how care staff and people interacted with each other and how they spoke with each other. We found that staff knew people well, understood their diverse needs and abilities and spoke with them in a kind and respectful manner. Staff supported people in an unhurried manner, moving with people at their own pace and allowing enough time for people to do what they wanted to do. For example, one person enjoyed taking their time over a meal and was supported to do this. Another person enjoyed being in the company of staff and would freely pop into the registered manager's office and staff would make time for them. At all times people were treated with respect and friendliness.

Care records were individual to each person and contained information about people's life history, their likes and dislikes, cultural and religious preferences. For example, one person was supported to attend their place of worship and had a culturally sensitive diet. Records were written in a person-centred way and used first person terms.

People were involved, listened to and encouraged to join in with what was going on. There were regular meetings with people, either as a group or on an individual basis in order to share news and gather opinion. People were supported to do things for themselves as far as they were able and were encouraged to exercise their right to choose with regard to how they wished to live, to dress or what they wanted to do.

People's privacy and dignity were respected and promoted. Some people chose to spend time in their room, others chose to mix. Bedrooms were personalised with people's belongings, such as ornaments and family photographs.

One relative told us, "Staff know how to help [my relative]. I couldn't speak more highly of them. Their room is well cared for and they have all their personal possessions. Staff understand [my relative] and know what they want."

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care records were individual to each person and contained information about people.

Relatives told us that the home and organisation asked for their views and opinions. One relative told us, "They let me know and consult with me on [my relative's] care. " Another relative said, "I always get told if there any issues or of any changes. I am very happy with [my relative's] placement in the home."

There were regular activities for people to participate in, based on the interests and life histories stated in care records. These included activities in the community as well as indoors. People went out regularly to shops, cafes, parks, music therapy and swimming. One member of staff spoke enthusiastically about the companion cycling scheme, where people with disabilities were enabled to enjoy cycling with friends through the use of specially adapted cycles. The staff member told us, "It's all about getting out in the community making new friends and enjoying something that anyone can do."

One person regularly attended their local football team's games and others enjoyed the cinema. The home had the use of a mini bus which could transport several people with staff. In addition to daily and weekly activities each person had an annual holiday.

Written information about the home and organisation was provided and there were regular reviews to check that the placement was working. People's needs were regularly reviewed and care plans updated to reflect changing needs.

There were individual communication plans and guidance which described specific needs of each individual and accompanied by clear support plans. Where appropriate these also contained advice and guidance from external professionals involved in people's care, such as dieticians or speech and language therapists.

This meant that the home was able to respond effectively to people's current needs as well as being able to implement any changes that were required in a timely manner.

Relatives told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them and was part pictorial to make it easier to understand. There had been no complaints made in the past 12 months.

Good

Is the service well-led?

Our findings

The home had systems and procedures in place to help deliver high quality care and made use of audits and information to make improvements or address issues that needed resolving. Relatives told us they were happy with the way the home was managed and with the way the registered manager communicated information to them. One relative told us, "I have good relationship with [my relative's] keyworker and I can always talk to the manager."

The home had a clearly defined vision and set of values that staff understood. The vision and values were reflected in the management and staff practices as they went about their duties. People were treated with equal attention, support and compassion. There were also clear lines of communication within the organisation which enabled the registered manager to report on and share any issues regarding the home.

Staff told us they felt well supported and that the keyworker system enabled them to focus on people in a more personal way. For example, a keyworker would be responsible for making sure a particular activity was attended and not forgotten, or that appointments with other services were arranged.

The home had systems in place which enabled them to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required. These included social services and health professionals.

The quality assurance system included regular surveys which invited comments by relatives about their experience of the home. The sample of surveys we looked at indicated that relatives were satisfied with the way the home cared for people and with the way it was managed.

Surveys and questionnaires for people living in the home were pictorial, and in the main staff had to conduct these with people individually to try to gauge their opinions. Results from audits and surveys fed into action plans and discussions at staff meetings in order to promote further improvement within the home.

Policies and procedures emphasised the importance of people's rights to make their own choices, to be respected and to privacy. Meetings for people and their relatives were held regularly. In addition, information and guidance was displayed publicly for people and visitors.

The home demonstrated good management and leadership through having an experienced registered manager in place with the support of stable and consistent staff. The home was managed within an open and positive culture which encouraged people, staff and relatives to share views and work as a team. The registered manager understood his responsibilities and was supported by a wider managerial team.

CQC registration requirements, including the submission of notifications and any other legal obligations were met, and records were held securely and confidentially.