

Avenues London

Glebe House

Inspection report

Glebe House
Glebe Road
Rainham
Essex
RM13 9LH

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Ratings

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

Summary of findings

Overall summary

This was an unannounced inspection carried out on 11 October 2016.

Glebe House provides accommodation and nursing care for up to 12 people who have mental health needs. At the time of the inspection, 11 people were using the service. People are accommodated in a purpose built house, in single rooms which have en-suite facilities. There was lift access to the first floor making it accessible to people.

The provider of the service is an organisation (The Avenues Group). The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood their responsibilities to protect the people in their care. They were knowledgeable about how to protect people from abuse and from other risks to their health and welfare. Medicines were managed and handled safely for people. Arrangements were in place to keep people safe in the event of an emergency.

People received their medicines safely and in line with their prescriptions. The service demonstrated good practice with regards to the administration, recording, auditing, storage and disposal of medicines

There were sufficient staff to meet people's needs. Staff were attentive, respectful, patient and interacted well with people. People told us that they were happy and felt well cared for. Risk assessments were in place about how to support people in a safe manner.

Staff undertook training and received supervision to support them to carry out their roles effectively. The registered manager and the staff team followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff training records showed they had attended training in MCA and DoLS.

People's needs were assessed before they moved in to the service. The care plans were person centred and tailored to meet their needs. Care plans were regularly reviewed to reflect people's changing needs. People were encouraged to develop and contribute to their care plans wherever possible.

People were supported to maintain good health and had access to health care services when it was needed. People received a nutritionally balanced diet to maintain their health and wellbeing.

The service had a clear management structure in place. People and staff told us they found the registered manager approachable and that they listened to them.

Any complaints were documented along with the actions taken. There was an effective system in place to monitor the quality of service provided.

The provider sought feedback about the care provided and monitored the service to ensure that care and treatment was provided in a safe and effective way to meet people's needs.

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. Medicines were stored, managed and administered safely by competent staff.

Risk assessments were in place to ensure people's safety and well-being.

Staff had received training with regard to keeping people safe and knew the action to take if they suspected any abuse.

There were safe staff recruitment practices in place and sufficient numbers of staff on duty to ensure people were safe.

Is the service effective?

Good ●

The service was effective. Sufficient processes were in place to ensure the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People were supported by staff who had the necessary skills and knowledge to meet their needs. Staff were supported through regular supervision.

People were supported to maintain good health and had access to health and social care professionals when required.

Is the service caring?

Good ●

The service was caring. Caring relationships had developed between people who used the service and staff. Staff knew people well and treated them with kindness and compassion.

People were treated with respect and dignity.

People were supported to maintain relationships with relatives and friends.

Is the service responsive?

Good ●

The service was responsive. Care plans were person centred and

tailored to the needs of the individual. Care plans were reviewed regularly to include people's changing needs.

People and their relatives were provided with information about how to make a complaint and felt confident to do so.

Is the service well-led?

Good ●

The service was well-led. Quality assurance systems were used to identify shortfalls in the service and action was taken to make improvements.

People and their relatives were asked to give their views about the service through surveys. Staff felt supported and able to express their views.

Relatives, professionals and staff said communication from the service was good.

Glebe House

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 service was inspected on 11 October 2016 and was unannounced. It was carried out by one inspector. This service was last inspected in September 2014, when they were compliant with the regulations we checked.

Before the inspection, we reviewed the information we held about the service. 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 looked at all the other information we held about the service, including previous reports, complaints and notifications. A notification is information about important events which the provider is required to tell us about by law.

We met all the people who lived at Glebe House during the inspection, spoke with six people about their views of the service and observed the support provided to them. We spoke with four members of staff, the manager and the deputy manager of the service. We telephoned and spoke with two relatives and with two professionals after the inspection.

We looked at three people's care records and a range of records relating to how the service was managed. These included training records, duty rosters, documents relating to the provision of the service, medicine records, quality monitoring records as well as policies and procedures.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, "I feel safe. The staff are very good." Another said: "Yes, I feel safe. I like it here." Comments from relatives included "Yes I do think [the person] is safe at the home." And "[The person] is safe, it's put my mind at ease since [the person] has been there." Professionals felt people who used the service were "safe", and "well looked after."

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Staff had received safeguarding training and were clear about their responsibility to ensure that people were safe. They were aware of their responsibilities to raise concerns about suspected abuse and the records they needed to keep. Staff told us that they were confident that the registered manager would take appropriate action in response to any concerns raised. Staff were aware that they could also report any concerns to external agencies such as the local authority and the Care Quality Commission. Staff were aware of the provider's whistle blowing policy and knew how to report issues of poor practice. Whistleblowing is a means of staff raising concerns about the service they work at, if they felt they were not being listened to by the managerial team.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy. Risk assessments assessed the levels of risk to people's physical and mental health and included guidance for staff in order to promote people's health and wellbeing. Risk assessments were conducted for areas such as nutrition, eating and drinking, mobility, falls risk, behaviour, mental health and behaviour management. Staff demonstrated an understanding of the risks people faced and the actions they would take to ensure people's safety. For example, people's weight was monitored weekly and risk assessments were in place where people were considered to be at risk of malnutrition or dehydration. One person's risk assessment stated that staff should contact the GP should [the person] lose more than three pounds in weight and becomes unwell. Another person's risk assessment advised staff to be mindful of the person's mental health needs and how they should respond if they had concerns about the person's mental health. Staff were aware of how to keep people safe and ensured they followed the guidance in the risk assessments to de-escalate risks. The care plans and risk assessments we looked at, were reflective of people's needs and risks and were accurately documented. Risk assessments were reviewed on a regular basis to ensure people's well-being. Care plans documented further intervention and support from health professionals where required. Regular health and safety checks were also completed including checks at night to ensure people were safe. This meant that the service monitored risks and had procedures in place to ensure that people were kept safe.

Care plans were supported with a Care Programme Approach (CPA) document which was an assessment of people's mental health and forensic background, where applicable. We looked at incident reports which demonstrated how staff dealt with any incidents where a person put themselves and other people at risk. We noted that staff were positive and knowledgeable when responding to people and that they were able to balance people's rights whilst also explaining any risks. This was important for the service because some people, at times, exhibited behaviours that posed a risk of harm to themselves, property or other people.

People's medicines were managed safely. Systems to ensure that people received their prescribed medicines safely and appropriately were in place. As far as possible, medicines were administered from specific medicine administration aids filled by the pharmacist to lessen the risk of an error being made. Nurses on each shift were responsible for administering medicines. Medicine administration records (MAR) were clearly signed with no gaps in the recordings. Medicines were stored securely in a metal cupboard in most people's rooms and in the clinical room for three people. Designated nurses had responsibility for checking stocks, re-ordering and returning medicines to the pharmacy. Yearly audits were carried out by a pharmacist and quarterly by the registered manager to ensure medicines were handled and managed safely and could be accounted for. There were appropriate storage facilities for controlled drugs. CDs are prescription medicines that are controlled under Misuse of Drugs legislation and we saw that the service had a CD policy in place. No one at the service received controlled drugs at the time of the inspection.

Staff rotas we looked at confirmed that the numbers of staff on duty ensured that people received safe and effective care. One staff member said "Yes, there are enough staff." We noted staff were able to respond quickly when people asked them for support. People received support in line with their care plans, both in the home and when out in the community. Staffing levels were reviewed regularly and adjusted when people's needs changed or they needed assistance with specific tasks such as attending hospital appointments or outings. Staff told us that absences were covered by them and regular bank staff. This meant that people received consistent support from staff they knew, who were aware of their support need to maintain their safety.

The organisation's human resources (HR) department followed the staff recruitment procedure. They then forwarded confirmation of all the checks completed to the registered manager. They carried out relevant checks when they employed staff in order to make sure they were suitable to work with people who used the service. This included Disclosure and Barring Service (DBS) checks and at least two written references. DBS checks help employers to make safe recruitment decisions by preventing unsuitable people from working with people. Staff confirmed that they had undergone the required checks before starting to work at the service. When appropriate, there was confirmation that the person was legally entitled to work in the United Kingdom. Therefore, people were protected as far as possible, by the recruitment process which ensured that staff were suitable to work with people who need support.

The provider had appropriate systems in place in the event of an emergency. For example, there was a file containing details of action to be taken and who to contact in the event of an emergency. A fire risk assessment had been completed, regular fire drills were carried out and fire alarms were tested weekly. Staff confirmed that they had received fire safety and first aid training and were aware of the procedure to follow in an emergency.

Is the service effective?

Our findings

People using the service were supported by trained, skilled and knowledgeable staff. Relatives told us, staff understood their [family member's] individual mental health and care needs and had the skills to provide the right level of support. Staff had a good understanding of people's mental health needs and the impact that it had on people's behaviour and lives.

Systems were in place to ensure that new staff were inducted into the service appropriately in line with the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all new care workers. Newly appointed staff undertook an induction period which included completing the provider's mandatory training and shadowing experienced colleagues. The staff we spoke with, had worked with the organisation for several years. They were aware of people's individual needs and wishes and how to meet these. Mandatory training was completed in areas including emergency procedures, falls awareness, infection control, safeguarding people and medicine administration. Mandatory training was implemented by the registered provider as necessary to support people safely. Training was organised centrally by the registered provider and the registered manager used a chart to monitor staff completion of training. This showed that most staff had either completed mandatory training or had it arranged. Hence, the training offered by the service ensured that staff were equipped with the skills and knowledge necessary to provide care for the people they supported. Staff told us, "Avenues are excellent for providing training, it helps me to carry out my role professionally." Another staff member told us "We do a lot of training here. I enjoy it." We looked at the records the service held on staff training and found all mandatory training had either been completed or was scheduled to take place. Training for staff included basic first aid, safeguarding adults, food hygiene, health and safety, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS), de-escalation diffusion and breakaway techniques, moving and handling, mindfulness (helping staff to deal with stress).

People received support from staff who received regular supervisions and appraisals. Staff told us, "We have supervisions once a month or so. We can see the [registered manager] at any time, there is always some one to talk to." Another staff member told us "Supervisions are really good because you can reflect on what you've done and discuss things with managers. I love working here." Records showed that staff supervisions and appraisals were clearly documented and took place regularly.

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 service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us they were

working to complete and update people's mental capacity assessments to ensure they were reflective of people's current needs and wishes.

People were not deprived of their liberty unlawfully. At the time of the inspection, three people were subject to a DoLS authorisation. Staff had an understanding of the MCA and DoLS. These aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not deprive them of their liberty. They ensure that people are supported to make decisions relating to the care they receive. We observed staff seeking people's consent when asking if they could support them with their house work and waited for consent before helping. Staff were aware of the importance of maintaining people's liberty and freedom. This demonstrated that decisions were made in people's best interests and the service was working within the principles of the MCA.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs. People told us they enjoyed the meals on offer and they were offered enough to eat and drink throughout the day. Comments included "Yes I like the food, they give us choice and "The food is lovely here." During the inspection, we observed people having lunch and saw that staff actively encouraged people to choose what they wanted to eat. Staff also supported people who required assistance with meals. We observed that people had their meals in a calm and relaxing environment and had time to finish their meal without feeling rushed. People were encouraged to eat healthily and were offered fresh fruit throughout the day. People could help themselves to both hot and cold drinks at any time. Some people using the service were encouraged to help with drying dishes and laying of tables, where they wished to promote greater independence and enhance interactions with staff. This showed that people were supported to have sufficient amounts to eat and drink, whilst maintaining their independence wherever possible.

People had access to health and social care professionals when required. Care plans and records showed that, where appropriate, staff worked effectively with health and social care professionals to ensure people were supported to maintain their physical and mental health. Care plans included records of people's appointments with health and social care professionals. Outcomes of meetings were documented to ensure staff were aware of people's on going needs. Staff were able to explain people's physical and mental health care needs and were familiar with local health and social care professionals who visited the home on a regular basis.

We spoke with two mental health professionals who regularly visit people at the service. They told us the staff worked collaboratively with them in order to provide safe and effective care. They commented, "We have always worked quite closely with staff at the home. They manage people well and keep them out of hospital."

Is the service caring?

Our findings

We observed that people were treated with respect. Their care and support needs and preferences were acknowledged and acted on by staff. One person told us, "I am very happy with the care I get." Another person said, "The staff are very good." A third person commented, "I like the staff. I have a keyworker and we discuss things. Everything is fine."

People had the ability to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. Most people were able to carry out personal daily tasks and errands and were supported to be independent. For example, by going out in to the community independently, tidying their rooms and tending to their personal care needs. We observed that people did their own laundry and were encouraged to go out to do their personal shopping as much as possible.

We observed that staff actively listened to people and supported and encouraged them to express their views and to be involved in making decisions about their support and treatment. Staff addressed people by their preferred names and answered their questions with understanding and patience. Staff we spoke with demonstrated a good understanding of people's life histories and preferences and were able to tell us about important events in people's lives, about their individual personalities and behaviours.

People told us how staff supported them and encouraged them to be as independent as possible and we observed this during our inspection. We saw that the home environment and equipment used assisted in the promotion of independence by supporting and maximising people's abilities.

Care plans documented people's histories, preferences and expressed wishes with regards to the care and support they received. Staff were knowledgeable about people's needs with regards to their disability, physical and mental health, race and religion and supported them appropriately. Care plans demonstrated that people had been involved in the development and review of their care. When required, staff had sourced social activities and independent advocates for people who required support to make informed decisions and choices about their care and treatment. Where appropriate, people's relatives were involved in their family member's care and were invited to attend meetings, reviews and events.

Care staff knew people well and had received training in equality and diversity. This meant that staff treated people equally, no matter what their gender, race or disability was. They were respectful of and had a good understanding of people's care needs, personal preferences, their religious beliefs and cultural backgrounds.

Is the service responsive?

Our findings

People received support which was responsive and tailored to meet their individual needs. Their care plans were person centred and contained comprehensive information for staff to support them in an individualised way. People commented "I have a care plan. Yes I know what my targets are." And "I have a care plan and I have a key worker. We talk about what you want to do."

Assessments of people's needs were completed upon their admission to the service to ensure the staff and home environment could meet their needs safely and appropriately. Care plans were person centred. People were allocated a keyworker on admission to co-ordinate their care and ensure their preferences were respected and met. Where people were not able to be fully involved in the planning of their care; relatives and professionals, where appropriate, contributed to the planning of people's care. One relative commented, "I am consulted on a regular basis. I go to CPA meetings and review meetings, which keeps us informed about what is happening." We saw that people's care needs were identified in consultation with them and consideration was given to their past history, preferences and choices when drawing up care plans.

Care plans detailed people's physical and mental health care needs, risks and preferences. They also showed people's involvement in the assessment and care planning process. Staff assessed and recorded people's needs for areas such as mobility, nutrition, communication, morning routine and personal care, daily living skills & activities, medicines as well as nutrition and weight management. Care plans contained information about how people's needs should be met and recorded guidance for staff about how best to support people to meet their identified needs. Staff were knowledgeable about the content of people's care plans and how they preferred their care to be delivered. For example, one of the care plans we saw stated, "[the person] suffers from chronic paranoid schizophrenia and auditory hallucinations." Staff were to ensure that the person remained healthy in order to prevent a relapse and hospitalisation. Their intervention plan was to ensure they complied with their medicines regime, adhered to all their treatment plans, engaged with the community mental health team and attended reviews. This meant that people were involved in their treatment, which ensured they received consistent, personalised care, and support.

Care plans were reviewed monthly in line with the provider's policy. Where people's needs had changed the home responded by consulting with relevant health and social care professionals to ensure accurate guidance was available to staff.

Daily records were kept by staff about people's day to day wellbeing and activities they participated in, to ensure that people's planned care met their needs. Meetings were held regularly with each person individually in key work sessions. Key working with each person in the service was done by staff in planned sessions and was used as part of care plan reviews to monitor how well a person was doing. We saw that key work sessions were recorded in the care plans and that people were able to express their views in these sessions about how they would like to be supported. Key work sessions were an effective way for people to communicate how they would like their needs, preferences and choices for care treatment and support to be met. We saw records of these meetings and they included discussions about people's goals and progress

made towards achieving these, their choices, wellbeing and independence. This meant that people were actively consulted about their support and treatment plans and these were put in to practice.

People's need for stimulation and social interaction were met. They were encouraged by staff to attend a range of local community based activities independently, which met their needs and reflected their interests. The home had access to a mini-bus which was used to take people on outings and we saw a schedule of places visited, which included parks, historic properties and shopping centres. One person told us, "I go out shopping, swimming and to see my friends and family." Another person told us "I go to Hornchurch and Romford." A relative told us they felt their relative was given choices about what activities they wanted to participate in and staff respected their choices. This enabled people to access community services and places of interest with support from staff and protected them from the risks of social isolation.

People were actively encouraged to raise their concerns or complaints through weekly residents' meetings. There was a complaints policy and procedure in place and information about how to make a complaint was displayed in people's rooms. Information provided guidance about the complaints handling process and how complaints could be escalated. Complaints records showed when they were received. We saw that they were responded to appropriately and in line with the provider's policy to ensure the best outcomes for people. The registered manager had an open door policy to encourage people to raise concerns or complaints. During the inspection, we saw people talking to the registered manager and staff about activities, the food and their day. Staff had sufficient knowledge about what to do if they received a complaint and the importance of reassuring people and escalating the matter appropriately. People and their relatives told us they were aware of how to raise a concern and felt confident their concerns would be listened to. One person said, "I don't have any complaints. I tell the staff if I have any problems and they sort it out." A relative commented, "I am more than pleased. There is no reason to complain. They couldn't be more helpful if they tried

Is the service well-led?

Our findings

People and their relatives were positive about the home's management. We saw that they were comfortable talking to staff who responded appropriately. Relatives told us that they were kept informed about any concerns or issues about their family member. Staff and relatives told us the management were approachable, helpful and supportive. A staff member told us the registered manager was "Very supportive, I can discuss things with him." A relative said "He is very approachable and helpful."

The provider had systems in place to assess and monitor the quality of the service in order to drive improvement. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services. This ensures that they provide people with a good service and meet appropriate quality standards and legal obligations. There were clear management and reporting structures. There was a registered manager in overall charge of the service, who was supported by an operations manager, who worked within the organisation and supported the registered manager.

The management of the service was open and inclusive. The registered manager told us that they had an open door policy in which people who used the service, relatives and staff could approach them at any time. Internal audits relating to the service were carried out by the registered manager and the operations manager. These outlined compliance with regulations as well as areas for improvement. All of these audits were carried out to make sure the service was safe and met people's needs. The registered manager sought people's, relatives' and staff views in different ways. People who used the service were kept informed of any changes or developments with in the service at weekly meetings. Yearly questionnaires were sent to relatives, people and other stakeholders to seek their views about the service in order to drive improvement. Regular staff meetings were held at the service and staff felt supported and listened to.

The service was provided in a large purpose built building which was on two levels and accessible to people who used the service via a passenger lift. Environmental adaptations such as adapted baths and showers were available. The bedrooms we viewed with people's permission, were personalised with family photographs and other personal memorabilia. We observed that all areas of the home were in need of refurbishment and updating. The manager informed us that four of the twelve bedrooms had been redecorated and they were in discussion with the registered provider to attend to the other matters. We saw that an action plan was in place to re-decorate and refurbish the home within a specified timeframe, in order to provide well-maintained accommodation. This ensured that people were cared for in a safe and pleasant environment.

Records showed that the service carried out daily, weekly, monthly and six monthly health and safety checks on the service. We viewed records relating to fire equipment, medicine audits, food hygiene checks, maintenance checks and found these were all in date. Any issues that were identified were reported immediately to the registered manager and rectified. Therefore, sufficient systems were in place to ensure continuous oversight and improvement of all aspects of the service.