Isle of Wight Council

Carter Avenue

Inspection report

31 Carter Avenue
Shanklin
Isle of Wight
PO37 7LG
Tel: 01983 867845
Website:

Date of inspection visit: 30 September 2015
Date of publication: 16/11/2015

Ratings

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

Overall summary

Carter Avenue is a local authority run residential home which provides accommodation for up to six people with learning disabilities who need support with their personal care. At the time of our inspection there were three people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the day of our inspection the registered manager was on annual leave.

The inspection was unannounced and was carried out on 30 September 2015.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a

Summary of findings

certain time. Although staff were aware of the principles of the MCA, they did not have access to sufficient information or an assessment in people's care records to assist them in their understanding of a person's ability to make specific decisions for themselves. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. We have recommended that the provider seeks advice and guidance on adopting the latest best practice guidance in respect of mental capacity assessments for people living with a cognitive impairment.

The families of people living at the home and a friend told us they felt the people in the home were safe. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided enough information to allow staff to protect people whilst promoting their independence.

People were supported by staff who had received the appropriate training, professional development and supervision to enable them to meet their individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training. Healthcare professionals such as GPs, chiropodists, opticians and dentists were involved in people's care where necessary.

Staff developed caring and positive relationships with people and were sensitive to their individual choices and treated them with dignity and respect. People were encouraged to maintain their family relationships. People's families were involved in discussions about their care planning, which reflected their assessed needs.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people in a patient and friendly manner.

Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. They were patient when speaking with people. Staff were able to understand people and respond to what was being said.

There was an opportunity for families, health professionals and regular visitors to become involved in developing the service and they were encouraged to provide feedback on the service provided. They were also supported to raise complaints should they wish to.

People's families told us they felt the service was well-led and were positive about the registered manager who understood the responsibilities of their role. Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the service.

There were systems in place to monitor quality and safety of the service provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

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 safe.

The registered manager had assessed individual risks to people. They had taken action to minimise the likelihood of harm in the least restrictive way.

People received their medicines at the right time and in the right way to meet their needs.

People's families felt their relatives were safe and staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Good

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

The registered manager and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). However, the care records did not contain sufficient information or an assessment to assist staff in their understanding of a person's ability to make specific decisions for themselves.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on going training to enable them to meet the needs of people using the service.

Requires improvement

Is the service caring?
The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain friendships and important relationships.

Good

Is the service responsive?
The service was responsive.

Staff were responsive to people's needs.

Care plans and activities were personalised and focussed on individual needs and preferences.

People were allocated a keyworker who provided a focal point for their care and support.

Good

Summary of findings

The provider sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The provider's values were clear and understood by staff. The registered manager adopted an open and inclusive style of leadership.

People's families, health professionals, visitors and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided and manage the maintenance of the buildings and equipment.

The management team understood the responsibilities of their role and notified the Care Quality Commission of significant events regarding people using the service.

Carter Avenue

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.

The inspection was unannounced and was carried out by one inspector on 30 September 2015.

Before this inspection, we reviewed the information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the provider is required to send to us by law. As a result of the short timescale before the inspection, we did not request 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 met with the three people staying at the home and spoke with the relatives of two of them and a friend of the third. We observed care and support being delivered in communal areas of the home. At the time of our inspection the registered manager was on annual leave. We spoke with two members of the care staff and the senior staff member, who was acting as the deputy manager. We also spoke with the group manager for the provider.

We looked at care plans and associated records for the three people using the service, staff duty records, four staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The previous inspection took place in December 2014 and there were no concerns identified.

Good

Is the service safe?

Our findings

The families of people using the service told us they did not have any concerns regarding their relatives' safety. One family member said their relative was, "safe at the home". They added, "I never worry about that, it is a lot off of my mind". A friend of one of the people and frequent visitor to the home told us, "I am happy [their friend] is safe here. I have never seen anything untoward or had any concerns. [My friend] would let me know if something was wrong". We observed the people who were unable to tell us verbally about their experiences and saw they were relaxed and engaged fully with the staff who were supporting them.

Staff had the knowledge necessary to enable them to respond appropriately to concerns about people. All staff and the registered manager had received safeguarding training and the staff knew what they would do if concerns were raised or observed in line with the providers' policy. One member of staff told us, "If I have any concerns I would tell the manager or the senior and if nothing was done I would take it further". They gave an example where they had previously raised a concern with the registered manager which was responded to appropriately. There had been one safeguarding alert at the home over the previous 12 months. The records and the senior detailed the action that was taken once the safeguarding concern was identified; this included ensuring that it was reported to the appropriate authority within a timely manner.

The registered manager had assessed the risks for each individual; these were recorded along with actions identified to mitigate those risks. They were personalised and written in enough detail to protect people from harm whilst promoting their independence. For example, one person had a risk assessment in place in relation to their travelling in a car for outside activities. Staff were able to explain the risks relating to this person and the action they would take to help reduce the risk from occurring. Where an incident or accident had occurred, there was a clear record of this and an analysis of how the event had occurred and what action could be taken to prevent a recurrence. Each person's care plan contained a 'hospital passport', which provided the information necessary for health professionals to support that person should they be taken to hospital in an emergency.

There were enough staff available to meet people's needs. The senior staff member told us that staffing levels were based on the needs of people using the service. The staffing level in the home provided an opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. Staff responded to people promptly and additional staff members were available to support people attending activities away from the home, for example a trip to the zoo.

There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed through the use of overtime, bank staff and staff employed by the provider at other homes. The registered manager was also available to provide support when appropriate. One family member told us, "There is always staff there when I visit, they are not rushing around and have time to be with the residents".

The provider had a safe and effective recruitment process in place to help ensure that staff who were recruited were suitable to work with the people they supported. All of the appropriate checks, including Disclosure and Barring Service (DBS) checks were completed for all of the staff. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

People received their medicines safely; medicines were administered by staff who had received appropriate training and had their competency assessed to ensure their practice was safe. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given. There was also a body map available to assist staff in understanding where topical creams should be applied. There were suitable systems in place to ensure the safe storage and disposal of medicines. A refrigerator was available for the storage of medicines which required storing at a cold temperature in accordance with the manufacturer's instructions. There was a medicine stock management system in place to ensure medicines were stored according to the manufacturer's instructions and a process for the ordering of repeat prescriptions and disposal of unwanted medicines. Staff supporting people

Good

Is the service safe?

to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

There were appropriate plans in case of an emergency situation. Personal evacuation and escape plans had been completed detailing the specific support each person required to evacuate the building in the event of an emergency. Staff were aware of the fire safety procedures and the action they would take if an evacuation was necessary. They had also received specific training in respect of evacuation using Ski sheets, which is an aid to assist staff to evacuate people with limited mobility in an emergency.

Requires improvement

Is the service effective?

Our findings

The families of people using the service told us they felt the service was effective and that staff understood their relatives' needs and had the skills to meet them. One family member said their relative was, "very happy here. The staff have the skills to look after [their relative] and they understand [their] needs". Another person's relative said, "They understand how to look after [their relative] and what their needs are".

The Mental Capacity Act 2005 (MCA) provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant.

Staff understood their responsibilities in relation to the MCA. They were able to explain the principle of capacity and how it applied to people using the service. The care records for the three people living at the home contained information which identified that they were living with a cognitive impairment and lacked capacity to make certain decisions. However, there was no information or assessments in the care records to assist staff in understanding, and supporting the person's ability to make specific decisions for themselves. For example, the action staff could take to support the person to make a decision, such as giving them more time to understand the information being provided or using pictures or other communication methods to enhance understanding.

We recommend that the provider seek advice and guidance on adopting the latest best practice guidance in respect of mental capacity assessments for people living with a cognitive impairment.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after them safely. The registered manager had applied for a DoLS authorisation for all of the people, as they were subject to constant supervision at the home. Staff understood how the DoLS applied to people in the home and the need to support them and keep them safe in the least restrictive way.

Families and a friend told us that staff asked people for their consent when they were supporting them. One family member said, "Although, [their relative] can't speak they can make themselves understood. Staff are very good at communicating with them". A friend told us their friend, "would let [staff] know if [they] didn't want to do something. [They] know what [they] want and can definitely make [their] feelings known".

Staff encouraged people to make decisions and supported their choices. For example, a trip had been planned to take people to the zoo. One person did not want to go and additional staff were arranged to support that person and allow them to undertaken the activities they wanted to do instead. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests. One family member told us "Staff always ring me to keep me updated with what is happening to [their relative]".

There were arrangements in place to ensure staff received an effective induction into their role. Each member of staff had undertaken an induction programme based on "Skills for Care Common Induction Standards" (CIS). CIS are the standards employees working in adult social care should meet before they can safely work unsupervised. New staff recruited since April 2015, received an induction and training which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medication training, safeguarding adults and first aid.

Staff had access to other training focussed on the specific needs of people using the service, for example, diabetes awareness and autism awareness. Staff were also supported to undertake a vocational qualification in care. They were able to demonstrate an understanding of the training they had received and how to apply it. For example how they supported people who were living with a cognitive impairment to make choices and maintain a level of independence.

Requires improvement

Is the service effective?

Staff received regular supervisions and an annual appraisal. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. One member of staff said, "I have regular supervisions and a team meeting every week, which is good as we are a small team". Another member of staff told us they were a good opportunity to talk about the residents or raise any issues or concerns. They added, "If you are on leave and miss a meeting you can go through the minutes to keep up to date". Staff said they felt supported by the registered manager and the senior staff member. There was an open door policy and they could raise any concerns straight away.

People were supported to have enough to eat and drink. Family members were complimentary about the food and told us their relatives' were supported to eat the food they liked. Staff who prepared people's food were aware of their likes and dislikes, allergies and preferences. Meals were appropriately spaced and flexible to meet people's needs. Mealtimes were a social event and staff engaged with people in a supportive, patient and friendly manner. Staff were aware of people's needs and offered support when appropriate. Staff encouraged people to drink throughout the day.

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had regular appointments with health professionals such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail. A health professional told us staff called them when they were needed and followed up on any action they were asked to take.

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. Family members told us they did not have any concerns over the level of care provided or how it was delivered. One family member said, "I think the home is great, it is comfortable, clean and friendly. The staff are very good and always treat the residents well. I am very happy with it". The relative of another person told us, "The atmosphere is very nice, very homely. The friend of another person said, "All of the carers are very caring and patient with all of the residents". They added, "All of the residents are very happy when I see them".

People were cared for with dignity and respect. Staff spoke to people with kindness and warmth and were observed laughing and joking with them. Staff responded promptly to people who required assistance. One person, was continually needing to have their top changed, staff were aware of this person and constantly monitored their need to change. Staff patiently supported this person to change and on each occasion staff asked them if they wanted to change and offered them a choice of alternative tee-shirts to wear. During the day of the inspection staff supported this person to change on at least seven occasions and on each occasion they respected their choice and ensured their dignity was maintained.

Staff understood the importance of respecting people's choice, and privacy. They spoke to us about how they cared for people and we observed that people were offered choices in what they want to wear, what the preferred to eat and whether they took part in activities. Choices were offered in line with their care plan and preferred communication style. Where people declined to take part in an activity or wanted an alternative this was respected. We also observed that personal care was provided in a discreet and private way. Staff knocked on people's doors and waited before entering. A family member said staff, "Always knock and wait before going into the bathroom or someone's bedroom. The friend of another person told us, "I have no concerns regarding [their friend's] privacy. I am full of admiration of the staff they are so good. They are always respectful when speaking to the residents".

People's families were involved in discussions about developing their care plans, which were centred on the person as an individual. We saw that people's care plans contained detailed information about their life history to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes.

People were supported to maintain friendships and important relationships; their care records included details of their circle of support. Relatives of two people and the friend of the third confirmed that the home supported their relatives to maintain the relationship. The friend said "I go every Sunday to take [their friend] to church. Staff are very supportive and make sure [they are] ready. [They] really enjoy going and is part of the church community".

People's bedrooms were individualised and reflected people's preferences. The bedrooms were personalised with photographs, pictures and other possessions of the person's choosing. On the notice board in a communal area of the home there were pictures of the people using the service at various events and outings, which provided a reminder of activities people had engaged with and enjoyed.

Good

Is the service responsive?

Our findings

The families of people using the service told us they felt the service was responsive to their relative's needs. One family member said their relative, "was much more independent now. [They] can do things by [themselves] but staff keep an eye on [them] to make sure [they are] safe".

Although people were not able to verbally communicate with staff, they were able to demonstrate their understanding of what they were being asked and make their wishes known. Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff used plain English and repeating messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond.

When appropriate, people's families were involved in discussions about their care planning, which reflected their assessed needs. The support plans described people's routines and how to provide both support and personal care. Each person had an 'easy read' health action plan supported by pictorial representations suitable for the needs of the person they related to, which was used to encourage people to become involved in developing the care plan. Staff were knowledgeable about the people they supported and were able to tell us in detail about their preferences, backgrounds, medical conditions and behaviours.

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Handover meetings were held at the start of every shift and supported by a communication book, which provided the opportunity for staff to be made aware of any changes to the needs of the people they were supporting.

Each person had an allocated keyworker, whose role was to be the focal point for that person and maintain contact with the important people in the person's circle of support. They also supported them with their shopping, managing their clothes and maintaining their room. Each of the key workers carried out a monthly review with the person of the activities they had engaged with and the activities they might like to try, their health needs and to seek the person's views about their support.

Staff were knowledgeable about people's right to choice and the types of activities people liked to do, and knew what activities they would likely choose. People had access to activities that were important to them. These included going to out for drives around the island, picnics, bowling and trips to the Zoo. One family member told us, "I am very happy with the level of care [their relative] gets at the home. They get quite a lot of stimulus; they have their toys and can go out in the garden or on trips".

There were activities available for people in the home, such jigsaws, films and music. We also observed a member of staff reading to one person during the course of our inspection. People were supported to go on an annual holiday and encouraged to participate in community events, such as going to church.

People, their relatives and friends were encouraged to provide feedback and were supported to raise complaints if they were dissatisfied with the service provided at the home. The provider sought feedback from people's families', health professionals and regular visitors to the home through the use of quality assurance survey questionnaires. We saw the results of the latest survey which were all positive and included comments such as 'The staff are excellent' and 'The staff are confident and attentive to the residents'.

The provider had arrangements in place to deal with complaints and provided detailed information on the action people could take if they were not satisfied with the service being provided. The senior staff member told us that people's keyworker would support them to raise any concerns initially and people also had access to independent advocacy services if they needed them. All of the family members knew how to complain but told us they had never needed to. Since our last inspection the service had not received any complaints. The senior staff member was able to explain the action that would be taken to investigate a complaint if one was received.

Good

Is the service well-led?

Our findings

The families of people using the service told us they felt the service was well-led. One family member said, "I think the home is definitely well-lead. [The registered manager] is very good and the atmosphere here is very nice, very homely. I would definitely recommend the home". A relative of a different person told us the home was, "well managed, I don't have any concerns at all". A friend of one of the people said "I have only met the new manager a couple of times but I think the home is well lead. It is great there, I can't fault it. I would recommend the home to anyone".

There was a clear management structure with a registered manager, senior care staff and group manager. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. At the time of our inspection the registered manager was on leave and the home was being over seen by the senior care staff member, who was clear about their responsibilities and confident in their delivery of care in line with the provider's vision and values.

Care staff were aware of the provider's vision and values and how they related to their work. Regular staff meetings provided the opportunity for the registered manager to engage with staff and reinforce the provider's value and vision. They also provided the ability for staff to provide feedback and become involved in developing the culture of the service. There was an opportunity for staff to engage with the management team on a one to one basis through supervisions and informal conversations.

Observations and feedback from staff showed the home had a positive and open culture. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed. One staff member said, "[The registered manager and the senior staff member] are very approachable we are like a family and everyone gets on really well. If I have any concerns or issues I would speak to [the registered manager or the senior staff member] and I know they will listen to my concerns and take them seriously".

There was the potential for people's families to comment on the culture of the home and regular visitors to become involved in developing the service through regular feedback opportunities such as the annual feedback survey and speaking with the registered manager informally when they visited the home. Family members told us they were given the opportunity to provide feedback about the culture and development of the home and all said they were happy with the service provided.

There were systems in place to monitor the quality and safety of the service provided and manage the maintenance of the buildings and equipment. These included regular audits of medicines management, infection control, care plans, health and safety, and fire safety. There was also a system of daily audits in place to ensure quality was monitored on a day to day basis, such as daily audits of medicines, water temperatures and the medicine cupboard temperatures. Where issues or concerns were identified remedial action was taken. For example, an infection control audit identified that some areas had not been cleaned correctly. This was raised during the one to one supervision with the particular member of staff. A health and safety audit identified damage to a sofa in the lounge area, which had resulted in a new sofa being ordered for the home.

The provider had suitable arrangements in place to support the home's management team, through the Group Manager for Learning Disabilities Homes. The senior staff member told us they felt supported by the group manager, particularly when the registered manager was absent. The senior staff member was also able to raise concerns and discuss issues with the registered managers of the other learning disabilities services owned by the provider if they had any concerns.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission (CQC) if they felt it was necessary.

The provider, the registered the manager and the senior staff member understood their responsibilities and were aware of the need to notify CQC of significant events in line with the requirements of the provider's registration.