

# Meadowview Care Ltd

# Aveley House

## Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

## Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. Aveley House was last inspected 17 January 2014. There were no concerns found at this inspection.

Aveley House provides accommodation for persons who require nursing or personal care for up to seven people. There were five people living at the home when we carried out our inspection. The home provides care and support to people with complex emotional and behavioural needs.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

# Summary of findings

Health and social care professionals we spoke with were all positive in their comments about the support provided to people at Aveley House.

The home had robust systems in place to keep people safe. Assessments of risk to people from a number of foreseeable hazards had been developed. These had been signed and reviewed by staff. We saw that staff followed these guidelines when they supported people who used the service, for example when people became agitated and displayed behaviour that could cause others harm.

Relatives we spoke with told us that the staff including the registered manager were approachable and supported people with kindness and compassion. Our observations confirmed this.

We found that people had been encouraged to make decisions for themselves. However, where people were

unable to do this the service had considered the person's capacity within the guidelines of the Mental Capacity Act 2005. Where there was potential for people to be deprived of their liberty in order to safeguard them from harm, the manager had referred to the local safeguarding authority. This ensured that decisions were made in people's best interests.

There were systems in place to manage concerns and complaints. No formal complaints had been received in the last year. Informal concerns received from people using the service had been recorded and included the action taken in response. This included how the outcome was fed back to the person who raised the concern.

The home had sufficient staff to meet people's needs. Staff had been provided with a range of training which included opportunities for professional development.

# 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?

People who used the service told us they felt safe living at the home.

Staffing levels were flexible and organised according to people's individual needs.

Staff demonstrated a clear understanding of what to do if they were concerned about the safety of people. They knew how to recognise abuse and how to respond appropriately.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Good



### Is the service effective?

Staff had up to date training, supervision and opportunities for professional development.

People's preferences and opinions were respected and where appropriate advocacy support was provided.

People had their nutritional needs met and where appropriate expert advice was sought.

Good



### Is the service caring?

The service was caring because staff had a positive, supportive and enabling approach to the care they provided for people.

Relatives and visiting professionals were all positive about the care and support provided. They told us people had their privacy and dignity respected.

People were positive about the care they received and this was supported by our observations.

Good



### Is the service responsive?

The service was responsive to people's needs. For example, people had personalised care plans in place which had been regularly reviewed and updated.

People had access to a wide range of personalised, meaningful activities which included access to the local community.

The provider's policy and procedure regarding, 'complaints, suggestions and compliments', was not available in an easy read or pictorial format. A complaints poster available to people and located on a notice board was also not written in an easy read format and contained incorrect contact information for the Care Quality Commission.

Requires Improvement



# Summary of findings

## Is the service well-led?

The service was well led and provided strong leadership with an open, positive culture.

Staff understood their roles and responsibilities.

The provider's policy was for quality monitoring audit visits to the service were to take place on a three monthly basis. The last record of a provider audit had taken place in July 2013, a year ago. This meant that the provider was not regularly assessing and monitoring the quality of the service provided.

**Requires Improvement**



# Aveley House

## Detailed findings

### Background to this inspection

We visited the home on 9 July 2014. The inspection team consisted of a lead inspector and a learning disability, clinical specialist.

Before our inspection we had reviewed all the information we held about the home. We examined previous inspection reports and notifications received by the Care Quality Commission. We also requested information from the provider which was not received.

Over the course of a day we spent time observing the care and support that was provided to people living in the

home. We spoke with three of the five people living at the home, six care staff, the registered manager and the locality manager. The locality manager told us they had responsibility for the supervision and support of the registered manager.

During the inspection we reviewed four care plans, two staff files, a selection of the home's policies and procedures, audits and three staff training records.

Following our visit we spoke with two relatives. We also spoke with three health and social care professionals who were involved in the care of people living at the home.

# Is the service safe?

## Our findings

All of the people we spoke with told us they were happy living at Aveley House and that they felt safe. One person told us, “I feel very safe here. This is the best place I have ever lived.” Another person said, “If I am worried about anything I know my keyworker will help me. They are the best keyworker ever.” One relative we spoke with told us, “I think (my relative) is safe there. I do not have any concerns. They have settled well.”

Staff we spoke with told us that had received robust training in how to support people who presented with behaviour that challenges others, in a safe and dignified manner. Behaviour management plans had been developed with support received from specialists in supporting people who presented with behaviour that challenged others, such as ‘behaviour therapists’. This ensured that staff had sufficient guidance so that they could provide support to people when they needed it to reduce the risk of harm to others. We observed staff interactions with people during the day. We saw that when one person became agitated, staff followed the guidance as described within that person’s care plan. Staff identified the change in the person’s body language and responded to their feelings of agitation and spoke calmly to them which defused the situation.

Assessments of the risks to people’s safety from a number of foreseeable hazards had been developed. We looked at four people’s care plans and saw that these contained risk assessments in relation to people who required constant supervision as well as risks identified from self-harming, bathing and nutritional risk. Staff had signed risk assessments to confirm they had read and reviewed these.

Medicines were stored securely within a locked metal cabinet which was secured to the wall in the manager’s office. We reviewed medication administration records and audit checks of stock including records of medicines received into the home and disposed of as well as medicines administered to people. This demonstrated that people had received their medicines as prescribed.

We found that the home was clean and tidy. Staff were knowledgeable about infection control procedures. When

required, staff wore personal protective equipment such as disposable aprons and gloves. Staff had received training in infection control procedures. Guidance was available to staff on how to protect people from the risk of contamination from health associated infections.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They told us that two people were currently subject to a DoLS due to the constant supervision required to ensure their safety. We saw that the correct procedures had been followed to ensure these people’s rights had been protected and their best interests safeguarded with dates set for a review of safeguards in place.

Staff had received training in understanding their roles and responsibilities with regards to the MCA 2005. When we spoke with staff they demonstrated their understanding of what to do if someone lacked the capacity to make decisions about their everyday life and the action to take if there was a potential deprivation of a person’s liberty.

We saw from a review of staff training records and talking with staff that they had been provided with training in safeguarding vulnerable adults from abuse. Staff demonstrated a clear understanding of what to do if safeguarding concerns had been identified. They described what they would do if they suspected abuse had taken place. Information was available on the staff notice board with guidance for staff as to the steps they should take in reporting abuse. This included guidance on how to make a referral to the local safeguarding authority for investigation should they need to do so.

We asked the registered manager how staffing levels had been determined. They showed us staff rotas and explained how dependency levels had been assessed and described how staffing hours had been allocated according to the individual needs of people who used the service. They told us that staffing levels were kept under review and adjusted accordingly to the dependency needs of people who lived in the home. Staff told us that there was enough staff to meet people’s needs.

We observed on the day of our visit there to be sufficient numbers of suitably skilled staff to meet people’s needs.

# Is the service effective?

## Our findings

The staff at Aveley House ensured that people's needs and preferences regarding their care and support were met. Staff we spoke with were knowledgeable about the people they supported. Staff and the manager told us they reviewed care plans with people regularly and discussed with them how they would like their care and support to be provided. People's preferences and opinions were respected and where appropriate care plans described the advocacy support provided. Four care plans we looked at had not been signed by people who used the service.

People told us that they each had an allocated keyworker who sought their views and supported them when planning activities, holidays and opportunities to access voluntary work and learning opportunities. One person told us, "I am free to do what I want, when I want to do it." Two people told us about their goals and aspirations to become more independent and the plans in progress to enable them to move into alternative, independent accommodation. However, we noted that their care and support plans did not detail their expressed goals, plans and future aspirations. We discussed this with the registered manager. They showed us the minutes of weekly keyworker meetings where people were given the opportunity to talk about their plans for the future with their keyworker.

People we spoke with told us they were provided with a choice of nutritious food and drink. They said they had been supported to become independent in preparing and cooking meals. One person told us that their keyworker was currently supporting them to access a place at college where they would be enabled to learn cooking and budgeting skills. We observed people being encouraged and supported by staff to be involved in the planning and preparation of their meals.

We saw that people had their weight monitored on a monthly basis. People at risk of obesity had been referred to a dietician where they had been provided with advice on eating a healthy diet. People said they were involved in the planning of weekly menus and those at risk of obesity told us staff had supported them to choose healthy options.

On the day of our inspection we observed staff supporting people to access healthcare services within the local community such as a hearing aid specialist and the dentist. Other people were supported to attend the gym. This demonstrated that staff supported people to remain healthy.

Staff recently employed by the home told us about their induction training. They said they had received a good induction when they first started working at the home and had received additional training since to enable them to support people effectively. The information that staff had told us was confirmed from a review of staff files.

# Is the service caring?

## Our findings

All of the people we spoke with told us that staff were kind and caring towards them. One person told us, "All the staff are kind to me, especially my keyworker. They take time to listen to me." Another person told us, "We all get on well here. It is like one big family."

One social care professional told us, "I have always observed the staff to be kind and caring towards the people they support." A relative said, "I have never had cause for concern with regards to staff attitudes; they are always kind to people when I have visited the home."

We observed staff interactions with people who used the service. Staff were attentive, caring and supportive towards people. Staff told us that staffing levels were adequate and that staffing levels enabled them to have time to spend with people which ensured they were not rushed. We saw that for people who had been assessed as requiring one to one staff support this had been provided with consistency as the same member of staff had been designated throughout the day.

We looked around the premises. Staff asked people for their permission for us to view their rooms. People had keys to their bedrooms so that they could lock their rooms and maintain their privacy. Each room we viewed was personalised according to the individual's preference.

Staff recognised the importance of supporting people to maintain their independence and described how they would do this. They were able to describe to us people's needs and preferences in a clear and concise way. We saw that care plans recorded guidance for staff in how to promote people's dignity and respect their choices. Care records recorded people's likes and dislikes.

People looked relaxed and comfortable with the care provided and the support received from the staff. One person was seen to regularly seek advice and support from the manager and care staff. We saw that staff always replied cheerfully and with kindness to their requests.

Relatives we spoke with told us that they had observed staff to be kind, caring and respectful in their approach. They told us that staff kept them informed of any changes to the health, welfare and safety of their relative.

The manager told us they held regular meetings with staff and with people who used the service. We saw minutes of staff and keyworker meetings. People met with their allocated keyworkers on a weekly basis to discuss their care, treatment and support needs. We saw people had been encouraged to express what they were, 'happy or sad' about, 'what they would like to do' and were provided with the opportunity to review their care plan and risk assessments. This demonstrated that there were systems in place to assess the views of people who used the service.



# Is the service responsive?

## Our findings

The majority of the people who lived at Aveley House had complex health needs which impacted on their ability to make some decisions about their care, treatment or how they lived their daily lives. Records we viewed and discussions with the manager demonstrated that a full assessment of people's needs had been carried out prior to their moving into the home. Care records and discussions with staff and social care professionals demonstrated that people had been provided with a planned admissions process appropriate to the individual. Daily records recorded the care support that people had received and described how people spent their days. This included a record of activities they had been involved in and any visitors they had received.

The four care plans we looked at took into account information regarding people's expressed interests and preferences as well as their health care needs. One person who had recently moved into the home had been provided with the opportunity for trial visits. Information to support the planning of their care and support needs had been obtained from relatives, and health and social care professionals prior to their moving to the service.

People we spoke with told us they were offered choices and were involved in making decisions about their care. There was a range of activities available to people, which involved going out into the local community as well as activities which encouraged independence such as attendance at college and voluntary work. One person told us that they had been supported to be involved in a local knitting group which they enjoyed as involvement in this

activity meant that they could meet people. Other people told us they had been supported to access a holiday which had been organised by staff in response to their individual choice and preferences.

There had been no formal complaints received within the last year. Informal concerns received from people using the service had been recorded and included the action taken in response. This included how the outcome was fed back to the person who raised the concern. We noted that the provider's policy and procedure regarding, 'complaints, suggestions and compliments', was not available in an easy read or pictorial format. A complaints poster available to people and located on a notice board was also not written in an easy read format and contained incorrect contact information for the Care Quality Commission. This meant that people with limited capacity did not have this information available to them in a suitable format for them to understand and easily access the formal complaints procedure.

Relatives and health and social care professionals we spoke with told us that the registered manager had kept them informed of any changes in people's health, welfare and safety in a timely manner. One healthcare professional we spoke with told us, "The staff manage a service for people with very complex needs and we work closely with them to develop behavioural plans for people. They always stick to the guidelines we give them and they manage complex behaviours very well. Our team have always found the home to be open, warm and welcoming. When we have had some minor concerns the manager has always demonstrated a responsive attitude and issues get dealt with promptly." Another told us, "Staff always keep us informed of any changes we need to be aware of."

# Is the service well-led?

## Our findings

One person told us, “The manager is my favourite; they help me and take time to listen to me if I am worried about anything.” Another told us, “The manager is the best you will find. They are fun and good to us.”

Staff we spoke with were positive about the management of Aveley House. During our inspection we observed staff approaching members of the management team. We saw that there was an open and supportive culture with a relaxed atmosphere. Two newly appointed staff told us they had been supported well by the manager and the staff team. They expressed their confidence in being able to challenge and report poor practice which they felt confident would be taken seriously by the manager. Staff told us they were supported with the training and guidance they needed which enabled them to fulfil their roles and responsibilities in a safe and effective manner and to a good standard.

Supervision provides staff with the opportunity to receive support and guidance about their work and the opportunity to discuss their training needs and development. Staff told us they had been provided with regular supervision and annual appraisals. This demonstrated that the management had supported staff to receive appropriate training and the opportunity to discuss their personal and professional development needs.

Relatives told us they found the registered manager to be approachable and responded promptly to any concerns they had.

One person told us how they enjoyed a lot more freedom than they had experienced in previous places they had lived. They also told us of two occasions when they had told the registered manager about concerns they had regarding the behaviour of two staff no longer employed by the home. They told us that the manager had responded by taking their concerns seriously and had taken action to sort out the issues. This demonstrated that the manager was responsive to people’s concerns.

The registered manager described to us how they gathered views from people who lived at the home, relatives and healthcare professionals. They told us they regularly reviewed care plans and organised regular care review meetings which involved as well as the person using the service, people’s relatives and advocates.

The registered manager showed us examples of an annual satisfaction survey carried out in February 2014. The survey had been sent to relatives and health and social care professionals. We saw that the majority of the responses received were positive. However, there was no evidence of action that had been taken in response to comments which identified concerns. For example, one social care professional had commented that the home did not always provide a place of privacy when they visited the home to discuss with people their care and support needs. The registered manager described how they had responded to this concern but that they had not recorded the action they had taken to evidence this. They also told us that there had been no formal analysis of the survey results with any action plans to evidence how they would plan for future improvement of the service they provided.

We saw from a review of records that the registered manager carried out a monthly quality and safety audit. These audits included checks of care plans, equipment, fire safety, monitoring of medication, infection control audits and monitoring of the environment.

The manager told us that the provider carried out unannounced inspection monitoring visits of the service. The provider’s policy was for these unannounced visits to take place on a three monthly basis. We looked at the most recent unannounced audit which had taken place in July 2013, a year ago. This audit highlighted areas which required improvement such as food safety, fridge and freezer temperatures to be recorded daily and the requirement to implement a policy with regards to security of the premises. The manager told us that these shortfalls had been responded to and actioned. They also told us that although the last senior management audit was a year ago there had been monthly visits from senior managers to the home. We spoke with the provider who confirmed this.