

Mrs P Barnard

Royal Avenue

Inspection report

77-83 Royal Avenue
Lowestoft
Suffolk
NR32 4HJ

Tel: 01502572057

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 23 people. 23 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

What life is like for people using this service:

People who live at Royal Avenue have their needs met by sufficient numbers of suitably trained staff. People told us staff were kind to them.

There were appropriate risk assessments in place to guide staff on how to reduce risks to people. These had been recently updated to a new format which was clearer for staff. There was sufficient information in people's care plans about how risks should be mitigated to protect people from harm.

The service understood how to safeguard people using the service from the risk of abuse. Where required, there were specific plans in place for safeguarding people who accessed the community independently.

Medicines were monitored, managed and administered safely. The service was clean and plans were in place to limit the potential spread of infection.

Appropriate action was taken by the service in response to incidents and accidents to reduce the risk of recurrence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update):

At the last inspection the service was rated Good (report published 1 November 2018).

Why we inspected:

We received concerns in relation to the management of people's falls risk. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Royal Avenue on our website at www.cqc.org.uk.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement 

The service was well-led.

Details are in our Well-Led findings below.

Royal Avenue

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Royal Avenue is a care home for people with a learning disability. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager in place who was also the provider. They are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We considered the contents of concerns we received. We used all this information to plan our inspection.

During the inspection

we spoke with five people who used the service to ask about their experience of the care provided.

We spoke with the provider/manager, the two deputy managers and two care staff. We looked at three records in relation to people who used the service. We also looked at staff files and records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.



Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection the service was rated 'good' in this key question. At this inspection we found the service remained 'good' in this key question.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ People told us they felt safe living in the service. One said, "I do feel safe. I tell them where I am going and they will call to see if I am okay."
- ☐ Staff were aware of the service's safeguarding policy and demonstrated a knowledge of safeguarding procedures. Staff had received training in this area.

Assessing risk, safety monitoring and management

- ☐ Concerns had been raised with us about the way the service managed people's risk of falls and injuries. Records demonstrated that the service did act accordingly to reduce the risk of people coming to harm. Other healthcare professionals were consulted where appropriate, including GP's, the falls prevention team and neurology specialists where people had a diagnosis of Epilepsy.
- ☐ Risk assessments were in place for each person and these were individualised based on specific risks to them. Improvements had recently been made to the risk assessments to make them clearer for staff. These were an improvement on the previous format.
- ☐ Risk assessments relating to the environment were in place. This included evacuation plans.
- ☐ Checks were carried out on the safety of the building and equipment within it, such as electrical equipment and fire detection systems.

Staffing and recruitment

- ☐ People told us they felt there were enough staff to meet their needs. One person said, "That's what I like most about being here. There is someone here all the time."
- ☐ This confirmed our observations that there were enough staff to support people when they required it.
- ☐ Staff told us the staffing level was appropriate to meet people's needs. The service calculated the number of staff required based on the needs of people, and this changed where required. Consideration was given to the amount of staff time required to meet people's social and emotional needs.

- ☐ The service had robust procedures in place to ensure staff were suitable to work with vulnerable people. This included carrying out checks to ensure people did not have any criminal convictions which may make them unsuitable to work with vulnerable people.

Using medicines safely

- ☐ Medicines were managed, monitored and administered safely. We reviewed the stock of medicines and compared this against the records of administration. We found that these matched. This reassured us people received their medicines in line with the instructions of the prescriber.
- ☐ Protocols were in place to guide staff when it might be appropriate to administer people medicines they had been prescribed on an 'as and when' (PRN) basis.
- ☐ Medicines were administered by trained staff who had their competency assessed.

Preventing and controlling infection

- ☐ The service was clean and hygienic. People were supported to take part in keeping their home clean and tidy.
- ☐ Checks were carried out on the cleanliness of the service and actions were taken where required.

Learning lessons when things go wrong

- ☐ Accidents were recorded. However, record keeping in this area could be improved to ensure the registered manager can have better oversight of incidents that occur. For example, there was no system for auditing accidents and incidents and their causes. However, the registered manager/provider was present at the service most days and was aware of any incidents that did occur. This meant we were not concerned they did not have oversight of accidents and incidents.



Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection the service was rated 'requires improvement' in this key question. At this inspection we found that improvements were still required and the service remains rated 'requires improvement' in this key question.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and continuous learning and improving care

- Improvements were still required to the auditing system in place to assess the quality of the service provided to people. Whilst there was an audit in place, this was brief and did not cover all area's of service provision in sufficient detail.
- We reviewed the contents of audits carried out for the months of January, February, March, April and May 2019. Shortfalls were consistently identified with record keeping. These records stated the action taken as a result of the shortfalls was to discuss this with staff. However, it wasn't clear why this was not effective. More regular audits of record keeping had not been carried out to identify these shortfalls earlier. Audits had not been completed for June and July to identify if these issues continued.
- The registered manager/provider told us they felt auditing was not their strong point and wanted to get further advice on improving their systems. They were looking to make contact with external organisations who provide advice and support on making improvements. They were also looking into the possibility of forming links with other care homes to share knowledge and best practice.
- Despite the improvements required to auditing systems, we did not have any concerns that people did not receive the care and support they required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service were invited to take part in regular meetings. This gave them an opportunity to suggest activities, holidays and talk about any issues they may be having. People's views were recorded and

these were acted on. For example, people had been on holiday to the destination of their choosing.

- Additional meetings were held to discuss specific subjects. For example, people had been invited to give their views about whether they wished for a former occupant of the service to come and live with them again. This meant people felt in control of what happened within their home.
- Regular meetings were held with staff to discuss people's needs and discuss shortfalls that had been identified. Recent discussions had been held around poor record keeping and the use of mobile phones. The service was considering how increased monitoring in these areas may be beneficial.

Working in partnership with others

- The management team had positive relationships with healthcare professionals who supported people using the service, such as GP's, dentists and social workers.
- The service was looking into developing links with external organisations who support care homes with driving excellence in care.