Avenues London

# 13a Repton Drive

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

This unannounced inspection took place on 13 September 2016. At our previous inspection in September 2014, we found that the provider was meeting the regulations we inspected.

The service is registered to accommodate people with learning and physical disabilities. People are accommodated in a purpose built bungalow. At the time of our inspection, the home was providing care and support to six people.

The provider of the service is an organisation (The Avenues Group). The home 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.

Although people received the care they needed, the care plans were not person centred and records did not show how they were encouraged to develop and contribute to their care plans. The care plans were not regularly reviewed and updated according to people's changing needs.

There was an absence of sufficient systems in place to support people who lacked capacity to make their own decisions. People who may lack mental capacity did not have sufficiently detailed mental capacity assessments or best interests checklists as laid out in the Mental Capacity Act 2005 in their care plans.

People were safe at the service and were cared for by staff who were knowledgeable about safeguarding people. They knew how to report concerns.

The recruitment process was robust to make sure that the right staff were recruited to keep people safe. Staff confirmed and personnel records showed that appropriate checks were carried out before they began working at the home.

Medicines at the service were managed safely by staff who were trained and assessed as competent to administer medicines as prescribed.

Staff were supported through regular supervision and received an annual appraisal of their practice and performance.

There were sufficient qualified and experienced staff to meet people's needs. Staff received the support and training they needed to provide an effective service that met people's needs. The staffing levels were flexible to support with planned activities and appointments.

People were supported to have a nutritionally balanced diet and had adequate fluids throughout the day to

promote their health and wellbeing.

People were supported to see specialist healthcare professionals according to their needs in order to ensure their health and well being were adequately maintained.

People were looked after by staff who understood their needs, were caring, compassionate and promoted their privacy and dignity.

A pictorial complaints procedure was available. People's relatives were made aware of the complaints procedure and they knew who to speak with if they had any concerns.

Systems were in place to evaluate and monitor the quality of the service. Improvements were needed to ensure there was continued monitoring of the progress made where actions were identified.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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?

**Requires Improvement**

The service was not always effective. Sufficient processes were not 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?

**Requires Improvement**

The service was not always responsive. Care plans were not person centred and were not always reviewed and updated in response to people's changing needs.

People were supported by staff to participate in activities of their choice.

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?

**Requires Improvement**

The service was not always well led. Quality assurance systems were used to identify shortfalls in the service, however prompt action was not always taken to make improvements.

People and their relatives were asked to give their views about the service through surveys.

Relatives, professionals and staff said communication was good.

Staff felt supported and able to express their views.

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**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 inspection was unannounced on 13 September 2016. It was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. 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 viewed a report of a quality assurance visit conducted by the London Borough of Havering. 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 the service during the inspection. However, most people were unable to speak with us directly about their views of the service, although some were able to respond to simple questions. We therefore observed the care and support provided to them by the staff and briefly spoke with two people. We spoke with three members of staff, the manager and the deputy manager of the service and two relatives 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.

Good

# Is the service safe?

## Our findings

The people we spoke to conveyed either verbally or by their body language, that they felt safe at the service. One person told us "Yes, like it here, I feel safe. They're nice." Another said: "Yes, good here. Feel safe." Comments from relatives included "I do feel she's safe – I make my visits unannounced, I just pop in and staffing levels have never been a worry, so yes, I reckon she's well looked after." And "[the person] is safe definitely."

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. They were aware of the whistle-blowing procedure and when to use it. 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 assessments were in place to ensure any risks to people were mitigated and were relevant to each person's individual needs. These included, moving and handling, falls, skin, continence management and behaviours. For each risk identified there were clear steps for staff to follow in order to mitigate the identified risks. For example, a moving and handling risk assessment stated, "Make sure staff have had moving and handling training. Staff to ensure that the hoist sling is applied safely in accordance with relevant guidelines." Regular health and safety checks were also completed including checks at night to ensure people were safe.

People's medicines were managed safely. Systems to ensure that people received their prescribed medicines safely and appropriately were in place. Staff who administered medicines had received medicine administration training and had been assessed as competent to do this. 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. Senior staff members 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 the office. Senior staff and the registered manager had responsibility for checking stocks, re-ordering and returning medicines to the pharmacy. The manager undertook regular audits, to ensure medicines received in to the home and administered 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 a specific tasks such as attending hospital appointments. Staff told us that absences were covered by them and regular staff from an agency. 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 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.

Requires Improvement

# Is the service effective?

## Our findings

Staff had the appropriate skills and knowledge to meet people's individual assessed needs. They supported people to have a good quality of life. People who used the service told us that the staff knew how to help them and were "good."

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).

There was an absence of sufficient systems in place to support people who lacked capacity to make their own decisions. Staff told us that they had completed "e-learning" training in this area. We saw that most people living in the home could make basic decisions but required assistance to make complex decisions. However, we found that while the service had a document titled capacity assessments, these were not detailed and did not contain enough information to justify and record the decisions made and the options explored. The files also lacked information regarding the decision making process, and how it had been agreed that a particular course of action was in that person's best interest. For example, the use of bed rails, sensory sound call alarm (raises alert on the sound of movement/ noises in the room), sensory seizure mattress and consent for medicines to be administered by staff. There was no information on files checked to support that this had been discussed with people, professionals, family members or that best interest discussions were held to agree the decisions made. The registered manager told us that there had been two applications for DoLS for two people, which had now expired. They had re-applied for this to be approved by the local authority. The above concerns meant that the service was not acting in accordance with the MCA, to ensure that people were supported to make decisions appropriately or that any decisions made on their behalf were in their best interests and as least restrictive as possible. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood the importance of seeking consent before offering support and when supporting people who could not verbally communicate, staff looked for signs from people's body language and responses. A staff member said, "We always check with people to see if they are happy with what we plan to do." Another told us, "I know people well and we pick up signals, for example if X grabs a cup we know they want a cup of tea." Staff were patient and waited for people to answer them, before carrying out a task, such as clearing someone's plates or helping them make a hot drink.

People's needs were met by staff who were competent and able to carry out their roles and responsibilities. The staff we spoke with had worked with the organisation for several years, 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 but 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. New staff completed an induction programme consisting of shadowing more experienced members of staff, mandatory training and reading the service's policies and procedures. 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 felt supported by the registered manager. They received regular supervision with the registered manager or the deputy and found this useful. Supervision is usually a meeting, by which a line manager provides guidance and support to staff. Staff told us that they discussed any concerns about people as well as their individual needs such as training and development. The registered manager told us that where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required. A staff member told us "The manager is very supportive. She keeps us informed about what is going on."

People were provided with a choice of suitable, nutritious food and drink. Staff informed us that people were involved as much as possible in the shopping and choosing of the menus. This means that they had a choice about what they eat. We observed that all of the people enjoyed the lunch dish on the day we visited. Staff told us that food was a big part of peoples' day and so they always ensured that meals were of a high quality, using fresh produce wherever possible. They had drinks and snacks throughout the day. Staff understood that it was important to ensure that people received adequate nutritional intake. They were able to tell us about particular individuals and how they catered them. At lunchtime, one person was given just the right amount of support with cutting up their food, whilst still allowing them to maintain a certain level of independence. Peoples' comments included, "I like the food", "I like rice and curry" and "I can choose what I like." This showed that people were supported to have sufficient amounts to eat and drink, whilst maintaining their independence wherever possible.

People were supported to access healthcare services. They saw professionals such as GPs, dentists, and other health professionals as and when needed. They were supported to attend appointments and meetings with healthcare professionals by staff . A relative told us, "We're always included and like to be involved. If [the person] has health appointments – my wife goes along if she can, but if not, we know the staff will take her and then let us know how it went." Health plans gave details of the person's health needs and how these should be met. Details of medical appointments, the reason and the outcome were all clearly recorded. Staff worked with health care professionals and we saw consultations with a speech and language therapist and dietician around concerns about a person's swallowing reflex and nutritional needs. Therefore, people's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible.

Good

# Is the service caring?

## Our findings

People were supported by a small and consistent staff team who knew them well. Staff told us about people's needs, likes, dislikes and interests. They knew people's individual routines and any signs that might indicate a change in their overall well being. There was a key worker system which meant that people's key workers knew them well and had overall responsibility for maintaining their health and well being as well as keeping records updated.

Staff spoke to people in a polite and friendly manner and spent time with them. This was by talking to them and preparing a hot drink together, providing encouragement when preforming tasks, discussing what they wanted to do and giving any support or reassurance that people may need, in order to maintain their independence. We saw that staff had good knowledge of people's behaviour and body language and were able to communicate effectively with them. For example, when enquiring if they wanted a drink or if they wanted to participate in an activity. This was because the staff had worked at the home for a long period of time knew people well.

We saw that staff encouraged and supported people to maintain relationships with their family and with people living in other homes nearby who they met at joint social events and celebrations.

We discussed with the registered manager how they supported people from different ethnic backgrounds. They were not knowledgeable about people's needs with regards to their ethnicity, religion or cultural needs. The registered manager informed us that staff training in equality and diversity will be refreshed and staff will be encouraged to apply their knowledge in order to meet people's specific cultural needs.

Staff told us how they promoted people's privacy and ensured their dignity was respected. They explained that they knocked on people's doors before entering their rooms, ensured doors and curtains were closed when offering support with personal care and made sure information about people was kept confidential. We also observed how staff were discreet when asking a person if they needed assistance with their personal care. However, we saw that some personal care items for people were stored in open boxes in their bedrooms which meant their privacy may not always be respected. We discussed this with the registered manager who told us they would make arrangements for appropriate storage of people's private and personal items.

The service had not provided end of life care so far. The registered manager told us that there was an end of life care policy and staff received training to enable them to provide support in a caring and compassionate manner when needed.

Requires Improvement

# Is the service responsive?

## Our findings

All the people we met required high levels of personal care and support with all aspects of daily living. We were not able to ask people who lived at the home about the contents of their care plan and their involvement with them because they did not communicate verbally.

We saw that people received the care they needed. We looked at two care plans in detail and found that the care plans varied in terms of the information contained in them. They were not always reviewed and up to date in accordance with people's changing needs. Some files contained care plans which had been drawn up when people first moved to the service. It was unclear from the files we were provided with to check, when the care plans were reviewed and updated according to people's changing needs. For example, a person had recently been diagnosed with sight impairment. However, although staff were aware of their changed needs, there was no updated care plan to reflect this. There was no guidance for staff about how they should support the person in order to meet their needs.

The registered manager told us that files were in the process of being updated and so we were unable to check if all the care plans detailed people's individual physical and mental health care needs, risks and preferences and whether they or their representatives were involved in the assessment and care planning process. We were unable to clearly see if their care needs had been identified from information gathered about them and if consideration was given to people's history, ethnic background, preferences and choices and how they made these choices.

We were informed that people were non verbal. However, we observed that all the people who used the service were able to communicate their needs by actions or facial expressions and understood simple questions. We saw that preferred methods of communication by individual people were noted in care plans and guidelines were in place for staff to recognise how people expressed pain, pleasure, disapproval or agreement with any of the tasks that were carried out by the staff. The development of personalised care plans which give guidance to staff about people's specific care needs and how best to support them, are key requirements in ensuring people received care and support in accordance with their identified needs and wishes. This information is required when there is a new and changing staff group as well as when people accommodated are non-verbal. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

The registered manager informed us that people were supported to engage in a range of indoor and outdoor activities. The home had access to a vehicle that enabled people to access community services with support from staff. This included outdoor trips, going to the park and shopping. One relative told us, "I think she does quite a lot of shopping – to be honest I'm not sure what else, but a few times when I've visited, she's been out which is great." Some people had small weekly planner boards outside their rooms, but there was nothing written on these. People had weekly exercise sessions, which took place within the house and

conducted by a visiting professional. This showed that people were encouraged to participate in some activities to reduce risk of loneliness and social isolation.

People's relatives told us they knew who to speak with if they had any concerns or complaints. There was a pictorial complaints policy and procedure in place which was on display at the entrance for people and visitors to refer to. Relatives told us they had been given information about how to make a complaint, although they felt there was no need to complain. A relative told us, "We haven't had to complain for a long, long time. Not for years and not whilst (the present manager) has been here. We'd definitely be comfortable bringing anything up – my wife probably knows the exact procedure more than me, but I'd start by talking to the staff and take it from there. They're very easy to talk to and approachable." Another said, "I have never had any complaints. If you have got a problem they are always there for you." Staff told us they would feel comfortable raising any concerns they had, both with their immediate line manager, but also with other "Avenues" managers if necessary. Staff told us they would refer complaints to the manager and they immediately resolved any small issues. There were no complaints logged in the complaints folder.

Requires Improvement

# Is the service well-led?

## Our findings

People and their relatives were positive about the home's management. They were comfortable talking to staff and discussing how care was provided. They also told us that they were kept informed about any concerns or issues about their relative. Staff and people's relatives told us the management were approachable, helpful and supportive. A staff member told us the registered manager was "Very good, I can always talk to her." A relative said "She 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 registered manager sought people's, relatives' and staff views in different ways. Relatives told us that they were kept informed of any changes or developments with in the service. The registered manager carried out internal audits. Yearly questionnaires were sent to relatives, people and other stakeholders to seek their views about the service in order to drive improvement. Staff felt supported. They told us that the management team were approachable and supportive and they felt listened to.

The service was provided in a large purpose built building which was all on one level and accessible to people who used the service. Environmental adaptations such as a ceiling hoist as well as adapted baths and showers were available. Specialised equipment such as hoists and pressure relieving mattresses were also provided. We found that the cot side padding in a room was torn and a new one was on order.

We observed that all areas of the home were in need of a deep clean and the manager had noted that the garden also required attention. The manager told us that they were in discussion with the provider to attend to these matters. We recommend that these issues are dealt with in a timely manner in order to provide well-maintained accommodation and  to ensure that people are cared for in a safe and pleasant environment.

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. However, the concerns identified during this inspection illustrated that the quality assurance measures in place were not fully effective. This included a lack of up to date person centred care plans and an absence of sufficient systems to support people who lacked capacity to make their own decisions. Therefore, the systems had not

ensured continuous oversight and improvement of all aspects of the service. The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>The provider failed to develop individual and personalised care plans which identified people's specific care needs, their preferences and how these need to be met by staff.<br><br>Regulation 9 Health and Social Care Act Regulated Activities Regulations 2014 Person centred care |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>Sufficient systems were not in place to ensure that people received care and support in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.<br><br>Regulation 11 Health and Social Care Act Regulated Activities Regulations 2014 Safe care and treatment. Need for Consent |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems or processes must be established and operated effectively to assess and improve the quality and safety of the services provided and mitigate risks. |

Regulation 17 HSCA (RA) Regulations 2014
Good governance.