Avenues South East

Avenues South East - 4 Westhall Park

Inspection report

4 Westhall Park
Warlingham
Surrey
CR6 9HS

Tel: 01883621359
Website: www.avenuesgroup.org.uk

Date of inspection visit:
30 January 2018

Date of publication:
01 March 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out this unannounced inspection of Westhall Park on 30 January 2018. Westhall Park is registered to provide accommodation with personal care for up to six people with physical and learning disabilities. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our visit five people lived at the service.

At out last inspection in January 2017, the service was rated as Requires Improvement. During that inspection we did not have any concerns about the service that was being provided, however as the service had previously been rated Inadequate overall we were unable to award them a Good rating until we checked that the improvements had been sustained.

There was not a registered manager in post, although the manager had been managing the service for a year. 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. The manager had submitted their application to registered with CQC and as such had their fit person interview with a CQC registration assessor in February 2018 and was awaiting the outcome. The manager assisted us with our inspection.

People received support from staff who knew them well and we saw relationships had developed between people and staff. Staff treated people with kindness and attention and demonstrated a good understanding of people's communication styles. Staff helped to ensure people received care that focused on their health and wellbeing. People received the medicines prescribed to them and staff sought advice from health and social care professionals to help ensure people received the most appropriate, effective and responsive care.

People were supported by staff who were aware of their responsibilities in safeguarding people from abuse and robust recruitment processes were in place to ensure only suitable staff were employed. People were supported by a sufficient number of deployed staff to meet their needs Risks to people had been identified and as such staff took appropriate steps to help mitigate any risk of harm of injury to people.

Staff received on-going training, induction and supervision to support them in their roles. We observed staff acting in a competent manner and they were able to provide us with all the information we required on the day of the inspection. Staff were knowledgeable in relation to infection control and what to do in the event of a fire.

People were encouraged to make their own decisions about their care and supported to be independent as much as they could. This included helping around the home and carrying out routine day to day tasks, such

as the laundry. Where there were restrictions in place staff had followed legislation in order to help ensure these were in people's best interests.

People had access to nutritious food of their choosing. People's care records were person centred and completed in detail. Staff received up to date information about a person during daily handovers and where accidents or incidents had happened these were discussed at staff meetings as lessons learned. People had access to a range of individual activities in line with their interests. Staff actively encouraged people to access the community but also respected people's wishes to stay indoors or not participate in a particular activity.

People lived in an environment that was suitable for their needs, although some further personalisation to the communal areas was needed following recent refurbishment to make the house seem more homely. The manager was aware of this and work had already started. The home was clean and hygienic and people had access to communal areas, a garden and their own bedrooms which were individualised.

Systems were in place to monitor the quality of the service provided and ensure continuous improvements took place. People and staff were involved in the running of the home and relatives played an active role. People and their relatives had the opportunity to raise concerns if they needed to. Staff felt supported by the manager as well as the deputy manager. The manager worked with external agencies to ensure staff worked to best practice and followed published guidance and policies.

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.

Risks to people had been identified and guidance given to staff on how to manage these risks. Staff were aware of their responsibilities in relation to reporting abuse.

People received the medicines they required and received care from a sufficient number of deployed staff.

Robust recruitment processes were in place and staff were aware of processes in relation to good infection control and fire safety.

The manager and staff learned from accidents and incidents that had taken place.

Is the service effective?

Good

The service was effective.

Staff followed the legal requirements in relation to consent.

People were encouraged to make their own decisions in relation to the food they ate.

People lived in an environment that was suitable for them and they received care from staff who had access to training and supervision.

People were supported to see a healthcare professional if they needed to and staff followed nationally recognised guidance and policies in relation to the care they provided.

Is the service caring?

Good

The service was caring.

People received care from staff who showed them kindness and attention.

People were supported to be as independent as possible and make their own decisions.

People were able to have privacy if they wished and maintain relationships with people who were close to them.

Is the service responsive?

Good

The service was responsive.

People received care in line with their care plan. Care plans were comprehensive and person-centred.

People had the opportunity to access activities of their choosing as well as participate in community events.

There was a complaints policy in place should anyone have any concerns.

Is the service well-led?

Good

The service was well-led.

The manager had a good management oversight of the service and the culture within the staff team was good.

People and their relatives were involved in the running of the service either through meetings or surveys.

The manager and registered provider strove to continuously improve the service through their quality monitoring processes.

The manager worked with external agencies to help ensure people received a good level of care.

Avenues South East - 4 Westhall Park

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. This was a comprehensive inspection.

The inspection took place on 30 January 2018 and was announced. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are records of important events which the provider is required to send us by law.

We asked the registered provider to complete a Provider Information Return (PIR). A PIR is a form that the registered provider completes to give us information about the service, what they currently do and any improvements they plan to make. We reviewed the PIR to see if there were any specific areas we needed to focus on during out inspection.

As part of our inspection we spoke very briefly with one person who lived at the service and carried out some observation of the care and support provided to people living at the service. We also spoke with the manager and three staff members. Following the inspection we spoke with two relatives and one healthcare professional.

We reviewed a range of documents about people's care and how the home was managed. We looked at one care plan, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

Good

Is the service safe?

Our findings

People's relatives told us they felt their family member was safe living at the service. One relative said, "He doesn't look upset and there are never any marks on him." Another told us, "(I feel he is safe) because the door is locked and secure."

Risks to peoples safety were assessed and action taken to minimise them. The registered provider told us in their Provider Information Return (PIR), 'There are plans and risk assessments in place for all those who are supported' and we found this to be the case. One person smoked and in response staff always ensured this person was accompanied when they had a cigarette. We saw a suitable receptacle for them to dispose of their used cigarettes and there was a fire extinguisher close to hand in the event of an accident. Another person ate their food very fast and as a result could be at risk of choking. We observed staff cut this person's food into manageable sized pieces to reduce this risk. Staff told us they knew how to anticipate potential risks with individuals. One person, when outside of the home, wanted to touch the wheels of every car and liked to approach cars. Staff told us they talked to them to distract them from doing this. Another person hit or scratched their face when agitated. Staff knew they liked to listen to music or have someone singing to them to calm them down.

Where accidents and incidents occurred staff reflected on these and used these as a learning tool. Accidents and incidents were recorded in a central log and these were reviewed by the manager. We read staff had responded appropriately to any such events. The manager took time to reflect with staff in relation to events that had taken place. For example, there had been a recent whistleblowing. The manager had, with staff, considered the reasons why staff may have previously resigned from the service and looked at ways of ensuring new staff received a good, supportive welcome. By doing this they hoped to prevent a similar incident. On another occasion one person became agitated when there were too many unfamiliar faces in the home at one time. The manager told us they had learned from this and as result ensured they planned external visits so this would not happen again.

People were protected from the risk of abuse as staff were aware of their responsibilities in this area. Staff had completed training in how to safeguard people from abuse and demonstrated a good awareness of the types of abuse people may experience and their role in reporting any concerns. Staff told us they discussed safety and safeguarding issues with the manager and at team meetings. Guidance regarding reporting procedures were available to staff as well as information on how to whistleblow should they have any general concerns about the care people were receiving. One staff member told us, "I would get another staff member to witness it, tell the manager and make a record."

People lived in a service that was clean and hygienic and staff had a good knowledge of their role in helping to prevent cross-infection. The registered provider told us in their PIR, 'The service is kept safe from infections and contagious diseases by having a clear daily cleaning schedule that is adhered to by all and staff are provided with infection control training, and personal protective equipment'. We found this to be the case. People's rooms were tidy and uncluttered and communal areas dirt free. We saw staff regularly wiping down the surfaces in the kitchen and observed stocks of personal protective equipment for staff to

use, such as aprons and gloves. Throughout the day we saw staff use gloves when appropriate. Avenues South East had produced an infection control briefing for staff which we saw in the office. One staff member told us, "I disinfect in the kitchen and dining room throughout the day and keep the whole house clean. I see it as part of my job." Another staff member said, "I am very careful not to transfer any infections from one area to another. I keep everything clean and I wash my hands regularly."

People received their medicines in a safe and appropriate way and good medicines management practices were followed by staff. There was a clear medicines policy in place which staff were following and evidence that the manager had researched best practice. We found there was an individual record and folder for each person's medicine needs. These included the support each person needed to take their medicines and their preferences for where/how to take medicines. Each person's Medicine Administration Record (MAR) was relevant for the specific week and there were no signature gaps on sheets. Each person taking 'as required' (PRN) medicines had a protocol in place. Medicines were clearly marked and stored appropriately and where stock was low this was noted on the MAR sheet. Medicines were stored securely in lockable cabinets and the temperature of cabinets was monitored. We observed medicines being given at lunchtime to three people. Staff were able to tell us what each person needed, such as reassurance or physical help to enable medicines to be given.

People were cared for by a sufficient number of deployed staff. We observed that staff were available to support people both at home and when going out. The manager told us that agency staff were no longer used at the service as they had recruited some new permanent staff. Where there were staff shortages these were filled with bank staff who knew the service well. We did not see anyone having to wait for care or assistance during our inspection. During lunch time there were a sufficient number of staff to assist those who required it with eating. At other times during the day we saw staff had time to chat to and engage with people. A staff member told us, "We always have permanent or bank staff on duty."

Robust recruitment procedures were in place to ensure staff employed were suitable to work at the service. We had previously checked the provider's recruitment processes and did not have any concerns that they were not following correct procedures. The provider always undertook a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Potential staff were also asked to complete an application form, provide proof of identity, references from previous employers and evidence of their right to work in the UK.

Regular health and safety and maintenance checks were completed to ensure the premises were safe. The registered provider told us in their PIR, 'We have a fire alarm system that is tested on weekly basis and also evacuation plans in the event that there is need to leave the building in an emergency'. We found this to be the case. A fire risk assessment had been completed and personal emergency evacuation plans were in place for each person which detailed the support they would require to leave the building in the event of an emergency. One person was noted as requiring a wheelchair if they needed to be evacuated. Staff were knowledgeable in relation to fire safety. They were able to tell us which people would need more help and how to encourage them to leave the building. A staff member told us, "We have a fire drill every week."

Good

Is the service effective?

Our findings

Staff received the training they required to ensure they were effective in their roles. A relative told us, "The carer seemed very competent." Staff confirmed they had received training in mandatory areas such as safeguarding, moving and handling, food hygiene and infection control. In addition training specific to the needs of the people living at the service was provided. This included De-escalation and Diffusion which a staff member told was very helpful. They said it had given them tools and ideas to deal with some challenging behaviour. Staff told us the training was good and the manager said, "It's one thing I can commend Avenues on – their training. It is very good." A new member of staff said they had undergone an induction period and through shadowing more experienced staff they had got to know people's care needs. Throughout our inspection we saw staff working as a team and displaying competence in their role and understanding of the needs people had. The manager told us that new staff who did not have at least a year of experience in care were required to undertake the Care Certificate. The Care Certificate is a set of nationally agreed standards that health and social care workers should demonstrate in their daily lives. Staff also told us they received regular supervisions to monitor their performance and support them in their job role.

People lived in an environment that was suitable for their needs. The premises were uncluttered and fully accessible for people. There was a level enclosed garden and the trampoline that was in the garden was fitted with a safety net to help ensure people could use it safely. Each person had access to their individual bathrooms which were spacious and contained an adapted shower area.

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 when needed. When they lack mental capacity to make 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).

Staff had systems in place to ensure that people's legal rights were respected and that the principles of the MCA were followed. The registered provider told us in their PIR, 'Staff are aware of the mental capacity of the supported individuals and do involve them in making decisions that affect them, where this is not possible a best interest meeting is arranged'. We found this to be the case. Where required capacity assessments and best interests decisions had been completed. DoLS applications had been submitted to the local authority where restrictions were in place. These included the locked front and kitchen doors which were as such to reduce specific risks that had been identified. Some people had undergone medical intervention and we read appropriate decision-specific mental capacity assessments had been carried out. The manager displayed a good understanding of the requirements of the MCA by describing to us an incident where they felt it was important to have a best interests decision.

People were supported to access healthcare professionals when required and staff followed their guidance.

We saw people had seen the dentist, optician, chiropodist and psychiatrist as well as the GP. Staff had referred one person to the dietician and as such they had been asked to record this person's food and fluid intake for a week. The manager confirmed this was happening.

People were supported to have a varied diet in line with their preferences. The registered provider told us in their PIR, 'Individuals are encouraged and supported to plan weekly balanced diet menus using a pictorial format'. We found this to be the case. Menus were discussed with people on a weekly basis. Pictorial menu options were used to support people in making choices. Some people required their food to be cut up and others had specific likes and dislikes. We noted one person had a plate guard on their plate to help them to eat independently. We saw bowls of fruit available for people and noted one person had been given cut up fruit during the morning. The daily logs we reviewed showed that meals were well balanced and appropriate for people. A shopping order arrived during the day and we observed the range of food being delivered included a good amount of fresh vegetables and fruit. We also observed people coming into the kitchen and helping with unloading the food. Staff interacted positively and calmly with people making this into an activity, talking about the food and meals they might have.

People were helped to remain healthy by the responsive care that staff provided. One person had recently undergone an operation and as such they required a diet that was high in iron wherever possible. A staff member told us, "We cooked him liver and potato last night and he ate the lot." Another person liked milkshakes and in order to help reduce their fat intake staff had changed to using small cups and skimmed milk. A relative told us, "He always looks very healthy." A healthcare professional told us (in relation to a third person), "It was good staff got us involved as he did need a bit of a review. I received an email from the manager afterwards telling me what they planned to do (in response) and it all seemed very sensible."

The manager worked with external healthcare professionals to help deliver effective care in line with current legislation. Staff had noticed one person was taking time to respond to staff and as such a referral had been made to the GP to undertake a memory test as staff suspected the person may be suffering from mild dementia. The manager described to us their work with the dietician who had carried out a staff session last week. This was in relation to looking at suitable and appropriate foods for some people that needed to lose some weight. In addition, the manager had rolled out NICE standards in relation to oral hygiene. These had been discussed at the team meeting the day before our inspection and staff had been asked to observe and complete a questionnaire in relation to each person. Referrals would be made to a dentist if necessary. A healthcare professional told us, "I was very well received as a professional going in. Staff were ready for me, knew why I was there and were engaged. I am satisfied with the work we have done together."

Good

Is the service caring?

Our findings

People's relatives told us that staff were caring and respectful. One relative told us, "(Staff are) very, very good. They (the staff) are more like family." Another relative said, "The carer was very nice and chatted to us about what [name] had been up to."

We observed people and staff had developed positive relationships. People at Westhall Park had lived there for a number of years and staff knew them well. Staff demonstrated a good knowledge of the way people preferred to be supported, their needs, likes and dislikes. We observed staff interacted positively with people and they had a good rapport. During handover one person sat in on the meeting and we observed staff giving this person preference when they wished to speak. The person was enjoying the attention and there was a lot of laughter between everyone. Staff showed a caring attitude and a desire to improve the lives of those they cared for. One staff member said, "I enjoy making them happy, seeing their faces when they are happy. I want to find ways to increase their enjoyment of life."

People's dignity and privacy was respected. The registered provider told us in their PIR, 'When being supported with personal care bathrooms are closed for privacy and all bathroom doors have self-closing devices so that in case one individual was to leave it open there wouldn't be any privacy concerns'. We found this to be the case. We heard staff speak to people in a respectful manner. When people wished to spend time in their rooms staff respected this. People were suitably dressed and looked clean and tidy. A relative told us, "He is always smartly dressed." A staff member said, "I always shut people's doors to give them privacy and I dress them in the proper way."

People were supported to maintain relationships with those important to them. One person's relative told us, "When mum is in hospital they (staff) bring him to visit, otherwise they bring him here once a month." Another relative said, "Staff had been out with him that morning to buy us some chocolates for Christmas which was a really nice touch."

Staff demonstrated a good understanding of the way people expressed themselves. When people either spoke or used signs to communicate with staff we saw staff responded to these immediately which showed us they were knowledgeable in people's individual ways of communicating. One person would put their face near to staff which meant they wished staff to sing to them. We observed this happen and saw the person smile in response. A staff member told us, "When [name] screams that means he wants something and at the smell of food he wants to eat, so we make sure he is given his food quickly."

People were given attention by staff. One person was keen to go out in the morning and we saw a staff member sorting out some money in order to do this. The person was encouraged by another staff member to get the keys to the vehicle so they could be ready. We saw the person smile when they picked up the keys and were congratulated by the staff member. We regularly saw staff take people's hands to show they were listening to them and wanting to identify their wishes. Staff spoke to people in gentle, calm tones and allowed people to lead them around the building in order to show staff what they wanted. At one point a spillage occurred but there was no panic and the staff member saw to the person's needs first and was

reassuring and calm. On another occasion one person sat on the floor outside the manager's office and the manager gave the person space and time to move when it suited them, rather than asking them to move. Throughout our inspection staff reassured people about our presence and kept reminding people of who we were and our names. A relative told us, "[Name] seems to be at home. He seems very settled and familiar with where he is."

People were encouraged to be independent and participate in the daily routines of the home. People were supported to make their own choices which included what they wanted to eat, dress or how they wished to spend their time. One person did not like to go out of the home and as such staff did not press them to do so. Another person smoked. We read that staff had discussed with the person the impact that smoking would have on their health. Although the person understood this they told staff they wished to smoke and staff adhered to their decision. A staff member told us, "I talk to and encourage people to make their own decisions; I show them things or use sign language. We support people to learn more skills. Things that any of us would do, like the laundry." We watched how a staff member included one person in the activity of tea making and encouraging them to pour the water with supervision into their own cup. A relative told us, "They (staff) try to get him to do things like helping in the kitchen."

Westhall Park had recently undergone a refurbishment and we saw that the communal areas to the home looked fresher and brighter. The manager told us they and staff were working with people and the maintenance person to introduce some colour and pictures. We saw work had already commenced in the dining area. In addition, new furniture was on order for the lounge and dining area. All of this would help to make the environment feel more homely.

Good

Is the service responsive?

Our findings

Care was person centred and individual. The registered provider told us in their PIR, 'Support plans and risk assessments are well detailed providing all the information necessary to support someone and are reviewed on regular basis'. We found this to be the case. Support plans were completed in detail and reflected people's personalities and preferences. People's support plans included information on a person's communication, mobility, nutrition, sleeping, likes and dislikes. We read one person had a specific night time routine which included taking their medicines and having a cup of tea and a sandwich. The registered provider told us in their PIR, 'A key worker structure is in place to monitor and co-ordinate organised planning of the people we support's quality of life'. We confirmed this as we found people had an allocated keyworker who was responsible for reviewing people's care needs and recording aspects of a person's care over a period of time which included any goals they had. We read one person's goal was to go to Wheels for Wellbeing (cycling). We asked the manager if this had happened and they told us it had, although the person subsequently made the decision not to continue in this activity. Daily records reflected how people spent their time and how individuals' moods and wellbeing were affected by the activities they did.

People received responsive care. One person was funded for one to one for part of their day and we observed this person always had a staff member present. This same person needed to wear specific footwear and we observed they had these on during the day. In addition, we noted in their records that staff supported this person to have the footwear reviewed by a professional to ensure it was still suitable. A professional had commented at their most recent review of this person, '[Name] continues to progress well on a daily basis'. Observing staff in the kitchen and lounge it was evident that they had a responsive approach to the people's needs. People were able to come and go as they wished and staff showed an interest and understood the non-verbal communication that occurred.

People's wishes in relation to their end of life had been recorded. We read one person had given very specific wishes which included what they wanted to be dressed in and what music they wanted played at the service. One person had passed away at the service and we read that management had ensured they had supported the staff emotionally during this period as this person had been well known to them. A professional had noted in relation to this person, 'Always looked well cared for and staff knowledgeable'.

People had access to a range of activities in line with their interests. One person liked looking at photographs and magazines and we saw that staff had taken them out during the morning to purchase a magazine. We saw them sitting in their room looking at the pages. Another person liked drawing and we saw them engage in this with a staff member. Other people attended day services and a musician attended the home as this was particularly important to one person. We observed two people engaged in the music session during our inspection and staff encouraged and supported people in this. A professional told us, "The staff are always so enthusiastic in this."

People had the opportunity to access their local community and develop friendships. The manager told us that two people had been to the village fete during the summer and this evening there was a disco being held by a local voluntary organisation. Avenues South East hold coffee mornings on a rotational basis at

their services and as such at least three people from Westhall Park regularly attended these. This gave them the opportunity to mix with people from other homes. A relative told us, "They do go out with staff."

There was a complaints policy in place which gave information on how people or relatives could raise any concerns they had. Records showed that no complaints had been received since our last inspection. One relative told us, "I have never had to make a complaint or speak to staff about any concerns."

Good

Is the service well-led?

Our findings

There was a positive, person centred culture within the service. There was a clear management structure and staff were aware of the structure. When we arrived the manager was not at the service so we were taken to the deputy manager who assisted us until the manager arrived. Staff told us they enjoyed working at Westhall Park and felt supported and valued by the manager. One staff member said, "[The manager] is a good person. He cares about clients and staff. Anything we need we approach him and he does something to resolve it. I was made to feel at home and welcomed." Another staff member told us they had seen, "Big improvements" and that they now, "Work together as a team." They also told us that the organisation respected the care staff and they were pleased to have received a letter from higher management thanking them for their work. This had made a difference to them and had motivated them.

The manager and staff continuously looked for ways to improve the service for people, recognising people's individual needs and preferences. At present the kitchen door was locked in order to help keep people safe. Staff were in the process of discussing ways to enable them to give people better access to the kitchen but still keep them free from risk. They had undertaken a short trial period of leaving the door unlocked but found that this had identified some concerns. Instead they agreed to involve of the provider's behavioural specialist to look at ways in which they could achieve this goal and as such give people more freedom within their home. In addition, we were informed that there were plans to put medicines cabinets into each bedroom as part of the overall improvements to the building. This would support a more individualised approach to the administration of medicines in the home. The manager had identified that daily records for people were not always completed in a contemporaneous way. They told us (and staff confirmed) that this had been raised at a team meeting the day before our inspection. In addition, the manager had asked staff to consider the best way to hold the handover meeting to help ensure all staff are made aware of any important information about a person.

The manager understood their responsibility in continuing to provide a good service. They engaged with external agencies to keep up to date with best practices and they were a member of the Skills for Care registered manager's network. This gave them the opportunity to meet with their peers to share news and information. It was clear to us the manager had a good relationship with senior management within the organisation and we read a congratulations letter from the registered provider to the manager recognising their hard work in improving the service since our inspection in 2015. Where there had been concerns raised in the past the manager had worked with the local authority safeguarding team and carried out internal investigations.

People were encouraged to be involved in the running of the service and where they were unable to communicate staff acted as their voice. House meetings were held and notes from these meetings were produced in pictorial format to help people understand them. We noted that at the last meeting staff had reminded people of the meaning of safeguarding, discussed an up and coming Halloween party and Christmas and asked people to think about what colour they would like their room. One person said they would like their room to be painted blue and we saw that this had been done. The manager told us they had introduced a new initiative in relation to staff interviews. One person in the service who could communicate

verbally attended the interview and was given the opportunity to ask the candidate questions relating to aspects of care that were important to them. In this person's case this was to have their nails painted and to smoke. Where people could not communicate verbally staff had been asked to think of one question that they knew would be important for each person. The examples we were given matched with our knowledge of people, such as one person who liked nursery rhymes sung to them.

Relatives and professionals were encouraged to give their feedback on the service. We noted recent comments when visiting the home included, 'pleased to see [name] looking well and very smart' and, 'staff all very friendly and helpful and service users are well looked after'. Avenues South East sent out an annual survey to relatives and key stakeholders. The manager told us the survey for this year and just been sent out and as such feedback was yet to be received. A healthcare professional told us, "It (the service) feels better. The leadership is more embedded."

Regular team meetings were held and we saw from the notes from these meetings that staff discussed all aspects of the service and people's needs. The last team meeting covered topics such as team work, people's weights and healthcare professional involvement, safeguarding, meaningful activities and confidentiality and paperwork.

Regular audits and checks were completed to monitor the quality of the service provided. Records showed that health and safety audits were completed which covered all aspects of the premises. Water checks were undertaken to help avoid the risk of Legionella at the service. We saw evidence that the gas supply had been checked and electrical equipment tested for safety. Monthly health and safety checks were carried out by a member of senior management. We noted no actions identified from the last check. However, we found out of date items in one of the first aid boxes which we brought to the attention of the manager, despite the health and safety audit not identifying this. The registered provider told us in their PIR, 'Monthly medication and finance audits are carried out by managers from different services to ensure a varied and transparent audit trail process'. We saw this happen on the day of our inspection. Staff within the house undertook weekly medicines audits and the manager checked the finances in relation to the house as well as individuals.

The registered provider told us in their PIR, 'The service is overseen by an area manager and regional director who make regular visits to the service to carry out audits and reviews'. We found this to be the case. The registered provider's senior management team audited the service on a regular basis and as such developed a continuous improvement plan to monitor progress against any actions or improvements required. We read from their most recent plan that much of the work identified had been completed. This included areas such as medicines, people's records, fire processes and health and safety. Other areas such as updating risk assessments for people and producing daily menus in a format that people could understand were underway. The area manager met regularly with the manager of Westhall Park to update the plan to ensure it reflected the most up to date situation.