Community Care Solutions Limited

Elliot Avenue

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Elliot Avenue is a care home and provides accommodation and personal care for up to six people with a learning disability, mental health support needs and/or autism. It is not registered to provide nursing care. At the time of our inspection there were three people living at the service. The service is located in a residential suburb of the city of Peterborough.

A registered manager was in post at the time of the inspection. 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.

This inspection was carried out on 3 March 2017 and was an announced inspection. At the last inspection on 26 May 2015, the service was rated as 'good.' At this inspection we found the service remained 'good.'

People were safe living at the service and staff were knowledgeable of how to report incidents of harm and poor care. Information was provided to people in different formats to enable them to report any concerns that they may have had. Accidents and incidents were identified and recorded. and actions were taken to, as far as possible, reduce the risk of recurrence.

People had health, support, and care plans in place which took account of their individual needs. These plans recorded people's choices, their likes and dislikes, any assistance they required and their future goals to be achieved. Risks to people who lived at the service were identified, and plans were put into place by staff to minimise these risks and enable people to live as safe and independent a life as possible.

People were looked after by enough, suitably qualified staff to support them safely with their individual needs. Pre-employment checks were completed on staff before they were deemed to be suitable to look after people at the service. People were supported to take their medicines as prescribed and medicines were safely managed by staff whose competency had been assessed.

Staff assisted people in a way that supported their safety and they were treated with respect. Staff assisted people in a kind manner and with compassion. Staff promoted and encouraged people to make their own choices. People's dignity was respected at all times and staff assisted people in the way they wished to be supported.

The service was flexible and responsive to people's individual complexities and needs. People maintained contact with their relatives, the local community and where appropriate attend educational classes which they benefitted from. This engagement with the local community was seen as a natural part of people's lives. People were supported and encouraged by staff to take part in a range of hobbies and personal interests. Staff endeavoured to develop people's abilities and progress people's independent living skills.

People were supported to eat and drink sufficient amounts of food and drink. They were also assisted to access a range of health care services when needed and their individual health needs were met.

Staff enjoyed their work and were supported and managed to look after people. Staff understood their roles and responsibilities. They were assisted by the registered manager to maintain and develop their skills and knowledge by way of supervision, observations, and appraisals. Staff were trained to provide safe and effective care which met people's individual needs and knew people's care requirements well.

There was a process in place so that people's concerns and complaints were listened to and acted upon promptly. Staff worked alongside people offering additional suggestions and ideas that the person may not have considered themselves. As such, people felt empowered and listened to.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS applications had been made to the appropriate authorities to ensure that people's rights were protected. People's rights in making decisions and suggestions in relation to their support and care were valued and acted on.

Relatives were able to raise any suggestions or concerns they might have with the registered manager and team of staff. People and their relatives/ advocates were involved in the agreement of people's care and support plans. Communication between relatives of people living at the service and the registered manager and staff team was good.

Arrangements were in place to ensure the quality of the service provided for people was regularly monitored. People who lived at the service and their relatives were encouraged to share their views and feedback about the quality of the care and support provided and actions were taken as a result to drive forward any improvements required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Elliot Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 took place on 3 March 2017. 48 hours' notice of the inspection was given because the service is small and we needed to be sure that staff and people living at the service would be available. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection we received information from a local authority contracts monitoring officer. After the inspection we received feedback about the service provided from a clinical psychologist, an education services' manager and a lead practitioner from the local authority adult social care team.

During the inspection we spoke with one person who used the service who indicated yes or no answers to our questions. We also spoke with two relatives by telephone, the registered manager, one support worker and one senior support worker. We looked at two people's care records and records in relation to the management of the service and the management of staff.

We used observations as a way of viewing the care and support provided by staff to help us understand the experience of people who were present on the day of the inspection, but could not talk to us.

Good

Is the service safe?

Our findings

Before we could enter the service, staff checked our identification badges before letting us in. The premises were kept secure with the locking of outer doors of the service and gates to the garden.

People's care programmes were structured to meet their individual needs and their care delivered in a manner that made them feel safe and settled. This was confirmed by our observations. Relatives told us that their family members were looked after well and were kept safe because of the care and support they received.

Information in different formats enabled and encouraged people at the service to report any concerns that they might have had to staff or the registered manager. When asking one person, by presenting easy to read questions, if staff were kind, they indicated the word, "Yes" to us. Staff demonstrated to us they knew how to recognise and report any suspicions of harm or poor care. They gave examples of types of harm and what action they would take in protecting and reporting such incidents. Staff were also aware that they could report any concerns they might have to external agencies. This showed us that staff knew the processes in place to reduce the risk of harm occurring.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe. This included following the guidance as set out in people's risk assessments. People had been assessed at being at risk in relation to their behaviours; safety whilst at the service; fire safety; eating and drinking safely (choking risks); and road safety. Staff told us the actions they had taken when supporting people to keep them safe. These included the close monitoring of a person during these times.

Staff had been trained in Non-Abusive Psychological and Physical Interventions (N.A.P.P.I) levels 1 and 2. This is a 'breakaway' technique used when a person displays physical agitation which could put themselves and others at risk. Staff spoken with and records we looked at, confirmed this training. They told us that they had never used any form of restraint because of their training and known distractions reduced people's anxiety in a positive manner and kept them safe

The registered manager advised us that the number of staff needed was based on people's individual care and support needs. We saw that there were enough staff to meet people's needs, including those who required one-to-one support. The registered manager told us that new staff were being recruited to fill the current vacancies and said that this had helped with developing a consistent team of staff.

Staff told us that they had completed an application form and attended a face-to-face interview as part of the recruitment process. Staff files we looked at showed that pre-employment checks were carried out to clarify that the proposed new staff member was of a good character. One staff member said, "My DBS (criminal records check) was in place before starting (work)."

A relative told us, "I have no concerns with [family members] medications." We saw detailed records were kept by the staff when supporting a relative with their family members' medicines when their family member

on a visit to their home. Staff said that they had attended training in the management of people's medicines. One staff member told us, "I had my medicines refresher training last week." Staff also confirmed that the registered manager and/or senior support worker had assessed their competency in the management of medicines.

We saw that medicines were stored securely and Medication Administration Records showed that medicines had been administered as prescribed. We saw that one staff member signed to say they administered the medication and another staff member signed to say that they had witnessed this. This showed us that there were processes in place to make sure people's medications were safely managed.

Good

Is the service effective?

Our findings

We observed how people were able to make their needs known and staff were aware of and responded to people's complex communication needs. This included the use of picture menus, visual prompts, communication books and the presentation of easy to read questions. We saw that staff talked in an effective way so that people could understand what was being said to them. One staff member told us, "Prompts for choice? You use photographs, pictures or written language… You then watch their facial expressions or body language (response)." Care plans gave guidance for staff on how people were able to communicate their feelings and make their wishes known. Our observations throughout this inspection confirmed this.

Staff were knowledgeable about what effective actions were to be taken to keep people settled and reduce their anxiety. This included staff supporting people's sensory needs by controlling noise and light levels in people's rooms and communal areas of the service.

Staff told us, and records confirmed that they received training to deliver effective care and support that met people's individual needs. Staff said that they were also supported by the provider to undertake further qualifications in health and social care. Supervisions, observations and appraisals were used by the registered manager to monitor staffs progress, to discuss support needed and any training and developmental needs. This demonstrated to us that staff were supported to maintain and develop their skills and knowledge.

New staff completed the care certificate as part of their induction. The care certificate is a nationally recognised induction programme that applies across health and social care. Staff told us that their induction consisted of training and shadowing and observed by a more experienced member of staff. This was until the registered manager deemed them competent and confident to carry out care and support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS). People's capacity to make day-to-day decisions had been assessed by the registered manager. Staff we spoke with demonstrated to us an understanding of how they put their MCA 2005 and DoLS training into practice. One staff member said, "You assume we all have capacity to make choices, if a [person] doesn't, you make an assessment on the capacity of the individual on certain aspects of their life such as money management." We found that people were supported with making their decisions and had no unlawful restrictions imposed on them.

Observations showed that people were offered a choice of meals and had access to the kitchen. Where appropriate, one person with support from staff assisted to help staff with their meal preparation. One person, when asked whether they were given a choice of meals, indicated the word, "Yes," on our written question to them. They also indicated the word, "Yes," when asked if the food was nice. One relative told us, "Staff have made a positive impact on [family member] by encouraging healthy meals and encouraging

(them to eat) vegetables."

With the use of picture menus people were supported to choose what they wanted to eat and individual diets were catered for, which included halal foods. We saw people were supported to go out to eat and were offered to have hot and cold drinks during and between meals. People's weights were monitored and programmes were in place to encourage people to eat a diet that maintained a healthy weight.

People had access to a range of health care services to maintain their health and well-being. One relative said, "Staff ring to get the GP out when needed." Other health care services included speech and language therapists and clinical psychologists. A clinical psychologist told us, "Staff worked closely with a range of professionals including clinical psychology, community nursing, occupational therapy, speech and language therapy and art therapy and helped coordinate appointments and to implement recommendations made from all of these interventions."

Good

Is the service caring?

Our findings

People were looked after by attentive and kind staff. Observations showed that staff interacted people in a caring and patient manner. A relative told us, "[Family member] is looked after very well, they have a wonderful keyworker (assigned staff member)." Another relative said, "[Family member] seems happy to go back (to the service)…they seem cared for."

People were enabled and encouraged by staff to be as independent as possible. This included independence, where appropriate, with food preparation and cooking; shopping; personal laundry; the tidying of their rooms and when eating and drinking.

With the support from staff and the registered manager, people's rooms had been individually decorated in the colours they liked and with their own belongings. This meant that these individualised rooms enabled each person to make the service their own.

The service maximised people's dignity and respect; all bedrooms were en suite and were for single use only. Toilets and bathing facilities were provided with lockable doors which were, where appropriate, used to protect people's privacy.

People were supported to maintain contact with their relatives. This included overnight stays at their relative's home. One relative said, "[Family member] once a fortnight visits (family) home." Relatives told us that they were made to feel welcome. A relative told us, I am made to feel welcome when visiting." We saw that a person was supported to maintain contact with their relative by means of text messaging via a mobile phone.

Observations showed that people were offered choices of how they wanted to spend their day. One person was asked what they wanted to do and they had chosen to go to the local pub for lunch. Members of staff described to us the different methods they used to involve and offer people choices. This included holding up items of clothing or pictorial food cards for people to make their choice.

Records confirmed that people were involved in the reviews of their care plans. People were supported by the key worker to answer questions about the service provided as part of their care plan review. Relatives told us that they felt involved with their family members' plans of care as communication was good.

Advocacy services were available to people at the service should they wish. Advocates are people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

People, and their relatives, contributed to the assessment and planning of each person's care and support needs. One relative said, "The communication is good, they [registered manager] keeps the family involved."

Each person had a member of staff assigned to them who acted as their keyworker. Keyworkers met with people regularly to discuss their plans of care, to ensure that these were up-to-date and to amend them where necessary. People's care plans and records were presented in easy-to-read format for people to understand. Information and comments from reviews of people's care was obtained in a variety of ways by staff to ensure that people's views were heard. We found that in response to one person's individual needs the registered manager and staff team had gone above and beyond to resolve the concern to everyone's satisfaction. This was by enabling a home visit for a person at the service over a holiday period which was in jeopardy due to unforeseen circumstances. As the rest of the people at the service had gone to their families' homes for the holiday period, the registered manager and staff fulfilled the remaining person's wishes to spend time with their family members by using the service and spend time together and celebrate the festive period.

A clinical psychologist told us, "Over time key staff members developed a really good relationship with [the person] and an understanding of [their] anxieties and communication needs. [Staff have] adapted their communication strategies to meet [person's] needs e.g. by carrying around note pads to write things down." As a result of this people felt empowered, listened to and valued by staff.

One relative told us, "[Family member] has excelled as [they] are now back in education." An education services' manager confirmed to us that through the support of staff, "[The person] has progressed from working predominantly one-to-one in a classroom with no other learners to now having moved into a different room with peers and other staff. [They] have increased their confidence and tolerance in communicating with both peers and staff. [Their] eye contact has dramatically increased and [their] willingness to engage and participate in set activities continues to increase week on week." This demonstrated to us that with the support and encouragement of staff this person was now realising their potential by accessing education after a period of non-engagement.

People were supported to access the local community, maintain a relationship with their relatives and take part in recreational hobbies that were meaningful to them. Members of staff told us that they supported people to access shops, cafes and parks and this engagement with the local community was seen as a natural part of people's lives.

Health care professionals told us how flexible the service was in response to people's needs. One adult social care lead practitioner said, "There is good communication between the home [staff], family and education to work together to achieve the best outcomes for [the person. The staff always try to work hard in understanding the reasons behind [the persons] behaviour and try to work proactively with others to develop strategies to help manage any new behaviours." A clinical psychologist told us, "I was impressed

that the staff, supported by the [registered] manager, were able to manage criticism and to reflect on things that went wrong constructively and also when necessary respond by changing staff or processes and to make improvements."

People's ideas, suggestions, comments and concerns were listened to and effectively acted upon. For example, due to people's noise sensitivities, individual meetings for people with their key workers were put in place instead of group meetings to help control the level of noise. This meant that people were enabled to give their opinions about the quality of the service they received, in a way that helped them remain settled and less anxious and benefited them.

We saw that there was a formal process in place if people ever needed to complain, raise concerns, make suggestions and provide compliments. There was a complaints procedure in an easy-to-read format and was readily available in the service for people to use should they wish to do so. Relatives told us that they were pleased with how their family members care needs were met by staff at the service. A relative said, "There is a good working relationship with [family member], relatives, SENSE (national voluntary organisation supporting people who are deafblind or have associated disabilities) and Elliot Avenue (staff)… The [registered] managers listens." Records of complaints showed us that there had been no complaints since the last inspection.

Good

Is the service well-led?

Our findings

A registered manager was in post and they were assisted in their role at the service by support workers. We found that the provider and registered manager were correctly displaying their previous inspection report rating. People knew or recognised who the registered manager was and relatives told us that they knew her name.

We saw that the registered manager was available to people at the service. Members of staff had positive comments to make about the registered manager. One staff member said, "Having a [registered] manager on site at the house gels the actions of the staff. Face-to-face communication is better communication, when you bring up an issue it is addressed."

Staff attended meetings and said that these were arranged in advance so that they could contribute to the agenda. Staff said that they were enabled to make suggestions in improving the quality of people's lives. One staff member said, "The [registered] manager is supportive and listens to your suggestions." Another member of staff told us, "There is an open door policy regarding the registered manager. I feel listened to." They then went on to describe to us a suggestion around the number of staff needed to support a person's changing needs that they had made that had been implemented successfully. Records showed that staff meetings were informative about the expectations of the provider, any organisational changes and reminded staff of their roles and responsibilities in providing people with safe care that met their individual needs.

The registered manager told us that the service strived to be known as an outstanding service in the way it provided individual person centred care and support, which was based on best practice. Members of staff were aware of the values that supported people's care. One staff member told us that they would be happy for a family member to be supported by the service. Another staff member said the services values were, "The promotion and care of the service user."

Staff were aware of the whistleblowing policy and procedure and their responsibility raise any concerns that they may have. One staff member said, "I would have no concerns reporting poor care or suspicions of harm."

The registered manager demonstrated to us that there were arrangements in place to regularly assess and monitor the quality and safety of the service provided within the service. Examples of quality monitoring spot checks that took place included prescribed medication stock checks and medicine administration records reviews. Records also showed that an external pharmacy audit of people's prescribed medicines had been carried out. This was as well as un announced day and night spot checks to make sure that the high quality of the service provided was maintained in the registered manager's absence.

There was also an organisation audit that looked at the service as a whole. This reporting procedure was in place for the service's management team to inform the provider of the progress made in these areas. This demonstrated to us that the provider had a range of systems in place that assessed and monitored the

quality of the service, including shortfalls and actions taken to address them to drive forward improvements.

Notifications are for events that happen at the service that the registered manager is required to inform the CQC about. Our findings showed that the registered manager informed the CQC of these events in a timely manner.