

West of England Friends Housing Society Limited

Avenue House - Bristol

Inspection report

Avenue House
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Bristol
BS6 6BH

Tel: 01179892020

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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

The inspection took place on 14 November 2017 and was unannounced. At our last inspection we found a breach of Regulation 13 in relation to the process for applying for Deprivation of Liberty Safeguards authorisations. When we returned to the service we found that action had been taken to address this breach. At our last inspection we rated the service as Requires Improvement, at this inspection we rated the service as Good.

Avenue House provides residential care and accommodation for up to 30 people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there were 28 people living at the home. The service is provided by a Quaker organisation; however people of all backgrounds and faiths can use the service. There was a registered manager in place.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At our last inspection, we found that the procedures had not always been followed when a person needed Deprivation of Liberty Safeguards (DoLS) in place. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the registered manager submitted an action plan to show how they would address the shortfall. At this inspection, we found that the action had been taken and the service was no longer in breach.

We found that people living in the home were positive and happy with the care they received. They told us that staff treated them well and with dignity and respect. This was reflected in our observations. People and their families were involved in decisions about care and about the running of the home. There were plans in place to involve people further in directly influencing developments in the service. The business plan contained an objective to have at least three service users on the board of trustees by 2018.

People received care that was safe. Medicines were stored securely and there were processes in place to

record their administration. We did find some errors with stock levels of some medicines, however this was rectified promptly following our inspection and evidence sent to us to confirmed that this had been done. There were enough staff to ensure people's needs were met safely and when new staff were recruited, checks were carried out to ensure their suitability. Improvements had been made in how the service managed safeguarding referrals. Concerns were shared with the local authority when necessary.

The service was effective at meeting people's health needs. If there were concerns for example about a person's nutritional intake, then this was monitored and plans put in place to support the person. People's GP and other healthcare professionals were involved in people's care. Staff were well trained and received regular supervision to ensure they were able to carry out their roles effectively.

People received personalised care that met their needs. A pre assessment took place prior to the person arriving at the home and this helped staff create suitable care plans for people. Care plans covered a range of needs, including nutrition, moving and handling, personal care and emotional needs. People were able to take part in a range of activities if they wished to do so. There was a procedure in place for managing complaints.

The home was working towards the Gold Standards Framework accreditation. This is a framework that supports a service to provide high quality care at the end of people's lives. The registered manager spoke enthusiastically and positively about the accreditation and showed us evidence of the work completed to date.

The home was well led. The registered manager had close links with the board of trustees, and trustees made regular visits to the home. There was a business plan in place outlining the aims and objectives for the service and how it could be improved. We saw evidence that this was being worked towards. For example, it outlined that a dignity in care champion would be put in place in the staff team; the registered manager told us this member of staff had been identified and would be supported over the coming weeks to develop the role.

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 had improved to Good.

There were sufficient numbers of staff to ensure people's safety. Suitable procedures were followed when new staff were recruited.

Staff understood their roles in safeguarding people from abuse. Improvements in this area had been made since our last inspection.

Risk assessments were in place to guide staff in providing safe support for people.

The home was clean and so people were protected from the risks of cross infection.

Is the service effective?

Good ●

The service had improved to Good.

Staff received good training and support to carry out their roles effectively.

Improvements had been made in relation to the procedures for applying for Deprivation of Liberty Safeguards (DoLS) authorisation.

The home was suited to the needs of people living there. People had a say in any work being done to improve the building.

People received support to see healthcare professionals when they needed to.

People were positive about the food at the home and support was in place if people were at risk nutritionally.

Is the service caring?

Good ●

The service remained Good.

People were supported by staff who were kind and caring in their approach.

People and their families were involved in decisions about their care

Is the service responsive?

Good ●

The service remained Good.

People received personalised care that met their individual needs.

There was a process in place to manage and respond to complaints.

People had access to a range of activities both in and outside of the home.

Is the service well-led?

Good ●

The service remained Good.

There was a clear management structure in place that was supported by a board of trustees.

There were plans in place to make improvements to the service. This included more direct involvement of people using the service in making decision about the home.

There were systems in place to monitor the quality and safety of the home.

Avenue House - Bristol

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 inspection took place on 14 November 2017 and was unannounced.

The inspection 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. Prior to the inspection we reviewed all information available to us. This included a Provider Information Return (PIR). A PIR is a form completed by the registered manager to evidence how they are providing and care and any improvements they plan to make. We also reviewed notifications. Notifications are information about specific events that the provider is required to send us by law.

We spoke with 10 people using the service and three relatives. We spoke with the registered manager, deputy manager, assistant manager, three care staff, the activities coordinator and the chef. We reviewed records relating to three people's care, as well as records relating to the running of the home, such as the business plan, audits and satisfaction surveys.



Our findings

People in the home told us they felt safe. Comments included; "I cannot fault it here, I feel really safe there are a lot of carers and they really do show kindness" and, "Safe as houses they look after me very well". One relative commented, "It's excellent, wonderful, we feel so lucky that mum lives here we never worry about her safety". People had access to call bells if they needed them and so they could call for help in emergency. People wore alarms on their wrists that they could use when they were outside of their room to summon staff.

People received support with their medicines. We found that medicines were stored and administered safely. Where people had medicines that weren't contained in a monitored dosage system, these were stored in boxes labelled with people's names so that it was clear who they belonged to. The temperature of the room where medicines were stored was monitored so that staff could check whether they were stored in suitable conditions. Medicine Administration Records (MAR) sheets were used to record when medicines had been administered. We checked a sample of these and found no errors or omissions. Since our last inspection, the system for administering topical creams had been improved because their application was now being recorded. Some medicines required extra measures for storage to ensure they were safe and we saw that these were stored in a suitable cupboard.

We checked the stock levels for five medicines and found that two of these were correct according to the home's own records. However, the stock levels of three medicines were incorrect. Through discussion it was evident that the errors had occurred because staff hadn't recorded the number of medicines carried forward from the previous month on to the new MAR chart. The deputy manager told us they would immediately recheck all stock levels and record these on the MAR charts. The day following our inspection the deputy manager sent us evidence to show that this had been done.

At our last inspection we found that the process for making safeguarding referrals for people who had skin that damaged easily was not always clear. We saw that care plans and risk assessments had been improved, so that they made it clear that all marks and bruises should be reported, so that the manager could make a decision on whether a safeguarding referral should be made. The full details of what would lead to a safeguarding referral weren't identified specifically in the care plan; however we saw that an alert had been made for one person where there was an unexplained mark found on their skin, this demonstrated that the manager had understood their responsibility. Through discussion, it was also clear that the manager and deputy manager had a rationale for making safeguarding alerts for bruises and marks.

There were systems in place for recording accidents and incidents and these were analysed so that the manager could easily see how many incidents were happening a month. The registered manager also commented that they would look at the times of incidents to see if there were any factors that were contributing to the number of incidents at a particular time of day. We did discuss that the record forms for accidents and incidents would benefit from some more information in areas to fully state what had been considered and put in place to avoid reoccurrence. This was being recorded inconsistently. The registered manager was able to tell us verbally, the action that had been taken in to certain circumstances, such as checking the area for trip hazards.

There were sufficient numbers of suitably qualified staff to ensure people's safety. During the day three to four members of care staff were on duty and staff told us this worked well, though at times, having three members of staff could be quite busy. In addition to this there was a senior, deputy manager and registered manager. The service had also recently recruited an assistant manager to improve the amount of time that a senior member of staff was on duty. One person commented, "There is always someone around if you need them", another person said, "I wear a pendant, they always respond well"

When new staff were recruited, we saw that suitable checks were carried out to ensure they were safe to work for the service. This included a Disclosure and Barring Service (DBS) check, gathering references from previous employers and checking photographic ID.

Staff were protected from the risk of abuse because staff had received training in safeguarding vulnerable adults and understood the signs to look for and the reporting procedures if they were concerned. There was a culture of people feeling able to report any concerns they had and this further protected them from any risk. Comments included; "If I needed to complain I would speak to anyone, I know it would be sorted" and, "I would complain to the manager if I had a grumble".

The environment of the home was clean and fresh. Bathrooms and communal areas were clean. The registered manager told us that only one person in the home was using a hoist and sling and so there was no risk of cross infection between people using the equipment

There was a fire safety risk assessment in place and fire drills were carried out every six months.



Our findings

At our last inspection we found that procedures for making referrals to the local authority for people who needed Deprivation of Liberty Safeguards (DoLS) authorisation had not been followed as required. Following this the registered manager sent us an action plan of what they would do to address this shortfall. We checked to see that the action had been completed. We saw that the relevant policy had been updated and that senior staff had received further training in the Mental Capacity Act and DoLS. An application to the DoLS team had been made for one person and the registered manager had checked with the team on occasion to see how the application was progressing.

Most people in the home had capacity to make decisions about their own care and treatment. However, staff were aware of the Mental Capacity Act and what the main principles of the legislation were. Staff told us they had received training in this. Staff told us for example that it was a, "Law protecting people who can't make decisions for themselves".

Staff were positive about their training. Topics covered included safeguarding vulnerable adults, health and safety, diet and nutrition, dementia and mental capacity. Staff told us they had regular supervision. Supervision is an opportunity for staff to discuss any performance and development needs they may have. We also saw that people had an annual appraisal as an assessment of their performance over the previous year. Staff also told us that the management team were very approachable and "the door was always open". One member of staff told us how they had appreciated the support they'd had during a difficult personal time.

Staff told us they had completed moving and handling training. We observed one person being helped to transfer from wheelchair to chair. Two members of staff explained to the person what they were doing and kept them informed of the process. The person appeared to be at ease and the staff asked her if they were comfortable at the end and if they could reach everything they needed. Another moving and handling procedure happened later with two different staff and they also showed the same qualities.

People received support to ensure they received adequate nutrition. We spoke with the chef who told us they were aware of people's individual likes and preferences and their dietary needs. Some people in the home wished for a vegetarian menu and this was well catered for. People were asked for their opinions and views on the home's menus so that this could be taken in to consideration. The chef told us they were supported with a good budget to enable them to plan and provide nutritious meals. There was one person in the home for whom there were concerns about their nutrition and weight. This person's health was

regularly monitored and their GP was informed of any concerns. We viewed in the records that staff had noted when a person's weight had fallen and following this their care plan was reviewed. This led to an increase in the person's BMI score. We saw that people were offered drinks and snacks and these were available at any time. We also observed how people were able to eat at a time of their choosing; some people were having their breakfast late morning. One person commented, "We can eat anytime and anywhere most people have breakfast in rooms".

We observed the lunch time meal and saw that people had utensils suited to their needs. People made positive comments about the food; "Food is very good I cannot fault it", "Food is good here and so varied" and, "It was lovely, always plenty of it, you can have more if you like".

When people had specific health needs, there were care plans in place to guide staff in how to manage the concern. For example, we saw that one person was at risk of tissue damage to the skin. There was a plan in place guiding staff to apply creams, encourage the person to mobilise and to use a pressure cushion. People told us they could see a doctor at any time and the doctor would come into see them, this would be arranged by the home. People were able to remain with their own GP when staying at the home. Assessments were used to identify where a person may be at risk of a particular health condition. These were nationally recognised tools and staff reviewed them regularly to ensure they were reflective of people's current health.

The building was suited to people's needs and people were consulted on any changes or improvements to the environment. We saw that people mobilised easily along the corridors and there were grab rails along the wall for people to use if they wished. The home was set out over two floors and there were lifts available for people who required them. The registered manager told us that they had recently been donated some money and the residents had been involved in deciding how the money should be spent. It was evident from meeting minutes that people had been consulted about how they wished the outside environment to be improved and their views had been taken in to consideration.



Our findings

People and their relatives were all positive about the care they received. Comments included; "It's lovely, very friendly I cannot grumble at anything" and, "It's lovely here, I like living here they look after me very well", "The people are so kind no-one has ever spoken to me sharply" and, "I am well cared for, nothing is too much trouble" another person said, "Excellent kindness is shown they are so patient" and, "I am very comfortable with all aspects" another said "couldn't ask for anything better".

We observed staff treat people with respect and in a kind and pleasant manner. One person approached staff to say they wanted to go up to their room to sleep. The member of staff responded that this was fine and asked if there was anything they would like to be brought up to them. Another person told us that they missed their pet dog and but hadn't been able to bring it with them to the home. They told us that staff would bring in their own pets for them to see. We saw how staff adjusted how they stood with a person to ensure they could be heard and ensure clear communication.

People were treated with dignity and respect. One person commented, "No problems with privacy I can be left alone if requested and when being supported with dressing they really show dignity". Another person told us, "I don't have any problems with being bathed they all look after us and show great respect". A member of staff had recently been identified to take on the role of dignity in care champion. This role would involve promoting care that ensured people were treated with dignity and respect at all times.

People were able to maintain relationships with people who were important to them. There was a room in the home where relatives could stay if they wished to. It was clear from people's care records that relatives were involved in care reviews and they were kept informed of any significant developments in people's care. One relative commented, "When we were shown around it felt homely and secure, we can visit any time of day, we could stay over if ever needed as they have a guest room also we can take dad out when we like". Another relative told us, "We looked around so many homes and this was so far the best even the volunteers have offered to take dad out".

People's independence was encouraged and supported. People were able to go out as they pleased. Staff told us how they would encourage people to carry out the parts of their care routines that they were able to manage and support them with the aspects that they weren't able to. We observed how staff made sure they were close by when people got up from the table but let the person do this independently. Staff checked with the person whether they needed any help and if the person declined, staff stood back allowing the person to continue as they wished.



Our findings

People received care that was person centred and that met their needs. Care plans were in place that gave clear guidance on people's individual needs and preferences. Prior to arriving at the home, people's needs were assessed. We saw that the preadmission assessment looked at aspects of support such as mobility, breathing, personal care and nutrition. This helped ensure that the service were able to meet the person's needs and helped staff to devise suitable care plans.

There was a keyworker system in place at the home. A keyworker is a member of staff with specific responsibility for the wellbeing of the person they are allocated to. This helped staff build positive relationships with the people they supported.

People were able to take part in a range of activities if they chose to do so. We noted that there was a board on display with information about the activities taking place that day. There was an arts and crafts room in the home; we saw this in use on the afternoon of our inspection. People were clearly engaged in the task that had been arranged and we saw how it encouraged conversation and interaction between people. Some people chose not to take part in the art activity but were encouraged to come and sit in the room to engage in conversation. We spoke with the member of staff who organised activities in the home and they told us about some of the other activities on offer. They said they would organise outside entertainers to come to the home on occasions and that in the past they had also made links with a local school and the university. On one occasion a lecturer from the university had brought music students with them, which we were told people had very much enjoyed. On another occasion a troupe of ballet dancers had performed. The activities coordinator told us that they took people on trips out of the home, but for some people this was getting more difficult due to their physical needs.

The activities coordinator showed us a magazine that was produced on a yearly basis. This included articles written by people in the home, reflecting on their childhood memories and other aspects of their lives. There was also a newsletter produced on a weekly basis with information about what was going on in the home.

Some people had particular beliefs and faiths that were supported by staff. We read that for one person attending quaker meetings in the home was important to them. It was clear from the person's daily notes that they were supported to do this. It was identified in another person's care plan that they were a member of the Church of England and wished to be involved locally in the organisation.

There was a procedure in place to manage and respond to complaints. The process for raising complaints

was on display on the home's notice board. There had been one formal complaint made in the last 12 months. This had been investigated and responded to appropriately.

The registered manager told us the service were currently working towards achieving the Gold Standards Framework (GSF). This is an accreditation related to best practice in supporting people at the end of their lives. The registered manager hoped to achieve this accreditation within the next 18 months. The GSF provides a framework to enable the service to discuss people's and families wishes at the end of their lives. It also aims to reduce unnecessary hospital admissions and enable the person to die in the surroundings they would choose. The registered manager spoke positively about the GSF and showed us the work on it they had completed to date.



Our findings

The service was well-led. The registered manager had clear ideas about how the service could continually improve. The GSF accreditation was a good example of this, to support people in receiving the care they wished for at the end of their lives. There was a business plan in place with clear aims and objectives. We noted from the business plan that there was an aim to increase service users in governance and decision making by the board of trustees. The aim was to have at least three service users on the board by 2018. There was also an objective to create the role of a dignity in care champion. The registered manager told us that a member of staff had been identified for this role and would be supported to carry out this role over the coming weeks and months.

The registered manager told us they attended board meetings and were due to attend one, on the day following our inspection. They told us they were intending to share their idea for a new form to use when board members visited the home as part of their quality monitoring of the service. There were photographs of board members on display so that people in the home knew who they were when they visited. The registered manager told us how they encouraged discussion between board members and people in the home, when board members visited. Links with the board would be further developed with the implementation of the business plan to include service users on the board. This would clearly empower people to be directly involved in influencing and making decisions about the service.

Resident meetings took place regularly and these were an opportunity for people to give their views and opinions. From the meeting minutes we viewed it was clear that people engaged in this process. People were given opportunity to talk about their views on subjects as the food and menus, and how they would like money to be spent on developing the outside area. We read for example that people had been involved in choosing new doors, by being shown photographs and being asked to give their preference.

There was a clear management structure in the day to day running of the home. The registered manager was supported by a deputy manager and an assistant manager had also recently been recruited. We were told that part of the reason for hiring an assistant manager was to increase the amount of time when a senior member of staff was present on site.

Staff were all positive about working in the home and told us they felt valued and listened to. We received comments such as, "The door is always open", when referring to the registered manager. Another member of staff commented that everyone had been, "Really helpful and welcoming". Staff told us they felt able to give their views and opinions and felt they would be listened to. One member of staff commented that the

registered manager "appreciates new ideas". People all knew who the registered manager was and we saw how people came freely to the manager's office to chat. Staff told us they worked well together as a team.

The registered manager understood the responsibilities associated with their role. We saw for example that the rating from the last inspection was on display in the home, as is required by law. The registered manager also made notification when required to do so. Notifications are information about specific events that the provider is required to send to us by law.

There were systems in place to manage the quality of the service provided. This included gathering views from people in the form of a survey. The results of the last survey were positive and included comments such as, 'I appreciate the great thought and effort that goes in to encouraging activities' and 'helpful staff and residents'. The results of surveys were used meaningfully to make changes and improvements to the service. For example, one action arising from the relatives survey was to ensure people were reminded of the activities taking place that day. We observed that there was a board on display in the reception area detailing what was taking place that day.

Other audits that took place included an infection control audit, food safety audit and a monthly care plan audit.