

5 George V Avenue

# 5 George V 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

### Care service description

5 George V Avenue is a residential care home for five people with learning disabilities.

### Rating at last inspection

At the last inspection, the service was rated Good.

### Rating at this inspection

At this inspection we found the service remained Good.

### Why the service is rated Good

People told us they were happy living at the service and that it was well managed. The service was small and family run and there was inclusive culture. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. There were always enough staff to keep people safe. Risks relating to people's care and support were assessed and mitigated and people were supported to be as independent as possible.

People told us that staff were kind and caring. Staff treated people with respect and dignity. People were working towards goals such as saving money for their holiday and doing more things for themselves. Relatives told us they were proud of the things their loved ones had achieved since living at the service. People led active lives and we were shown pictures of the things they enjoyed doing, such as driving a horse and carriage, dancing and going on trips to London and to local farms.

People were encouraged to access the kitchen whenever they wanted and were able to prepare their own drinks whenever they wished. They were supported to shop for and prepare meals of their choosing. Staff had made prompt referrals to healthcare professionals when they needed additional support and advice. People and their relatives told us they saw a doctor when they were unwell and received their medicines when they needed them.

Staff knew how to recognise and respond to abuse and the registered manager had reported any safeguarding concerns to the local authority. Action had been taken to ensure they did not occur again. Small concerns raised by relatives were documented as complaints and responded to appropriately. People and their relatives told us they were happy with the support provided. Regular feedback was sought from people and their relatives. All the feedback we saw was positive, and included comments such as, "More than satisfied with present care and [my relative's] lovely lifestyle has much improved, therefore, cannot think of any improvements."

Staff received appropriate training and were supported by the registered manager to carry out their roles effectively. The registered manager completed a range of checks on the service, including care plan reviews,

environmental checks and weekly audits of medicines to ensure people were safe. Regular fire drills were held so people knew how to evacuate the service in an emergency. Staff were recruited safely. The Care Quality Commission had been notified of important events within the service, as required by law.

Further information is in the detailed findings below.

## 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 remains Good.

Medicines were managed safely.

Risks relating to people's care and support were assessed and mitigated.

There was enough staff to keep people safe. Staff were recruited safely.

Staff knew how to recognise and respond to abuse.

### Is the service effective?

Good ●

The service remains Good.

Staff received the training and support they needed to carry out their roles effectively.

Staff had an understanding of The Mental Capacity Act (2005) and people were able to make choices about their lives.

People were supported to prepare and eat a range of nutritious foods.

People were supported to manage their health care needs.

### Is the service caring?

Good ●

The service remains Good.

Staff had built up strong relationships with people.

People were encouraged to be as independent as possible and make their needs known.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service remains Good.

People received person-centred care. Care plans were up to date and people participated in a range of activities both in and outside of the service.

People told us they knew how to complain if they needed to.

**Is the service well-led?**

**Good** ●

The service remains Good.

There was inclusive culture and people were involved in all aspects of the service.

The registered manager was knowledgeable and experienced.

People and relatives were regularly asked for feedback on the service. The registered manager completed a range of checks and audits.

# 5 George V 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 20 June 2017 and was announced. The provider was given 24 hours' notice because the service was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager, one of the providers and one member of staff. We looked at four people's care plans and the associated risk assessments and guidance. We looked at a range of other records including two staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

During our inspection we spoke and spent time with all four people. We observed how people were supported and the activities they were engaged in.

After the inspection we spoke with three relatives via telephone to gain their feedback.

We last inspected 5 George V Avenue on 13 April 2015 when no concerns were identified.

## Is the service safe?

### Our findings

People told us they felt safe living at the service. A relative told us, "I know if something happened to me tomorrow, there is nothing to worry about, [my loved one] would be well looked after." Another relative said, "It is very safe. I know they check all of the alarms as [my relative] tells me so." And a third told us, "Of course, my relative is safe, there is no trouble at all about that." In a recent survey relatives had fed back, 'Cleanliness and tidiness are good' and 'You provide a safe, caring personal service to clients. I never have to worry about [my loved one] as you take such good care of them.'

The temperature of the room where medicines were stored was not currently recorded. Medicines need to be stored at a safe temperature to ensure they continue to work as prescribed. The temperature in the lounge, where medicines were stored was a safe temperature, however, the registered manager agreed that this was an area for improvement, and immediately implemented a monitoring procedure.

People told us they received their medicines as and when they needed them. One person said, "I have my creams on in the morning. [Staff member] helps me." Relatives confirmed that people received their medicines as necessary. There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. Staff were trained in how to manage medicines safely and were observed by senior staff a number of times administering medicines before being signed off as competent. The registered manager told us that there had been a medicines error. They had introduced a new weekly auditing system for medicines to ensure that it did not happen again.

Staff had identified the risks associated with people's care, such as mobility, eating and drinking and any behaviour that could be challenging. Each care plan explained how to manage these risks and ensured that people received the care they needed to minimise the risks from occurring. One person became distressed if staff did not follow their usual routine. This was clearly documented and all staff knew how the person liked to be supported. This minimised the number of incidents that occurred.

Staff told us there had been no accidents in the last 12 months. The registered manager told us people were settled and staff knew them well, so it was rare for anything untoward to happen. Staff told us they were able to anticipate people's needs which also reduced the risk of accidents from happening.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

There were enough staff on shift to keep people safe and meet their needs. The rota was flexible and ensured that people were able to access the activities they wanted, with the right staff support. One member

of staff told us, "The best thing here is, if we are out doing something and people are enjoying it, we don't have to rush back because it is 'the end of our shift.' Timings are based around people not staff, and it means they can do exactly what they want."

The staff team was small and they knew people well. If staff were unavailable, because of sickness or other reasons the rest of the team covered the shortfall. People were never supported by staff they did not know or had not met before.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse. Staff told us they would report any concerns to the registered manager. One member of staff said, "I would talk to [the registered manager] or [one of the partners]. I could also go to the adult protection team in the local authority." Staff were confident that the registered manager would act on any concerns that were raised. The registered manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of incidents happening again.



## Is the service effective?

### Our findings

People received effective care, and staff were competent in their roles. A relative told us, "Oh it is excellent, first class. The family is really happy and we have never seen [my loved one] so happy." Another relative said, "People comment to me now that they have never seen [my relative] looking so well. That says it all really."

Staff told us they were well supported by the registered manager. There was a small staff team of three, including the registered manager, and additional two members of staff who worked when more support was needed. Staff worked alongside the registered manager each day, and had the opportunity to discuss any issues informally. Regular, formal supervisions had not been occurring, however. The registered manager told us they were aware that this was an area for improvement, and were going to document their discussions going forward.

There was an ongoing programme of training which included face to face training and in house training. Staff completed basic training in topics such as safeguarding, mental capacity and first aid. All of this training was up to date, and staff had been booked onto refresher courses in line with the provider's policy. The registered manager told us they liked to book training with other services in the local area so they could share good practice.

Training was provided about people's specific needs and staff had a good understanding of people's varying needs and conditions. Staff put their training into practice and gave people the support they needed. People were leading full and active lives and staff understood the principles of person-centred care. Staff spoke to us about people's needs with knowledge and understanding.

One new member of staff had joined the service recently. They were experienced at working in care, but had received a full induction and been given the time to get to know people. The registered manager told us that if they had new starters, without care qualifications they would undertake the Care Certificate. The Care Certificate is an identified set of standards that social care workers work through based on their competency.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS for people, when necessary, but these had not yet been authorised by the local authority.

People were able to make day-to-day choices about what they wanted to do, eat and wear. Staff assessed people's capacity regarding each aspect of their care. When people did not have capacity, best interest meetings involving people's loved ones were held to ensure that appropriate decisions were made on people's behalf. One person had recently needed a blood test to check for an underlying health condition. All of the people important to them had been involved in making this decision.

People told us that they enjoyed the food at the service. People said, "The food is nice" and "Put it this way, we all like the food." Some people needed assistance to eat and drink safely and staff were knowledgeable about how their food needed to be served, and they needed to be discreetly observed whilst eating. People told us that they regularly got to eat their favourite foods, and they took it in turns to go shopping and choose what people were going to eat. One person said, "My favourite is Italian; lasagne with salad or pasta bake." Another said, "I like macaroni cheese" and "I like spring rolls."

People were encouraged to be as independent as possible and were able to freely access the kitchen. One person's care plan said, 'I can make my own hot drinks and can make drinks for other people.' People confirmed they participated in preparing meals and drinks and enjoyed making food for everyone. One person told us, "I like cooking. I made a marshmallow cheesecake with raspberries for everyone."

People were supported to live healthy and full lives. Prompt referrals had been made to professionals such as speech and language therapists to ensure that staff had up to date advice and guidance on how to support people effectively.

Staff assisted people to attend a variety of healthcare appointments and check-ups. One person told us, "We go to the doctors." A relative told us, "They are very good there. If they are concerned at all they take [my loved one] to the doctor." The outcome of all appointments was recorded clearly and risk assessments and associated documents were updated regularly as a result.

There was information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed.

## Is the service caring?

### Our findings

People told us that staff were kind and caring. They felt comfortable in the service and in the presence of staff. When we arrived for the inspection one person greeted us and said, "Welcome to my home." They stood in the lounge and introduced us to all of the people who lived there. They were smiling and enjoyed showing us their friends and where they lived. Another person told us, "It is nice. I like it here."

Staff had built up strong relationships with people, and knew them well. The registered manager, and one of the provider's lived at the service. They told us that the people living at the service were like their family. People were involved in all aspects of their lives. The registered manager told us, "This is their [the people's] home. Their friends and family are equally as important as ours."

People personalised their rooms in line with their particular likes and preferences. One person told us, "I have got my own bedroom and tele and books and cds." Another person showed us their bedroom, they said, "I have a really big room. I am car mad. My favourite is a red Ferrari." The person showed us their large collection of model cars, that were displayed in their bedroom.

Staff treated people with respect and dignity. They listened to what people had to say, and supported them to make their own decisions. Relatives told us, "[My loved one] is so happy. We have a laugh and a joke when we go and see them, and I can tell they are happy there."

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. The registered manager told us that no one currently used an advocate, but people had friends and relatives who supported them to make important decisions.

People were encouraged to be as independent as possible and helped to keep their service clean and tidy. They told us about the range of household tasks they took part in. One person said, "I clean the tables, I clean my bedroom, it needs doing at the moment." Another person said, "I lay the tables." A third person told us, "I put the cereals out for breakfast." People were pleased to be able to take ownership of these tasks and were visibly proud when talking about the different jobs that they completed.

People were supported to stay in touch with their friends and relatives and visitors were always welcome at the service. Relatives told us that they were able to visit whenever they wished and that staff kept them informed of any changes to their loved one's care. One relative told us, "They are very welcoming whenever we visit and they always offer us a cup of tea." Another relative said, "It is a bit like a home from home, [my loved one] gets on with the other residents so well and we love coming to visit them there."

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

People had a variety of goals that they were working towards. One person had identified they wanted, 'To continue to do more for myself rather than asking others to do things for me.' Staff encouraged the person to tuck their shirt in independently, which is something they had never done before. Their relative told us, "They are looking so much smarter than they did before, it is lovely to see." Another person had chosen to 'To save money for things I want for holiday and for my Christmas shopping.' They spoke to us about their upcoming holiday and the different things they may choose to buy with their savings.

## Is the service responsive?

### Our findings

Staff were responsive to people's needs. One person said, "I am happy here." Relatives told us, "I have never seen [my loved one] so well...They are just so good at looking after my [loved one] and keeping them so well and happy with all their activities." Another relative said, "They are great at getting [my loved] out and about. They are enjoying life so much more."

People's needs were assessed before moving into the service, with as much involvement from people, their relatives, health professionals, and other stakeholders involved in their care as possible. Risk assessments and guidance for staff were in place before people moved in and staff continually updated people's care plans as they got to know people better.

People received the care and support they needed, in the way they wanted. Staff told us that some people's daily routines were very important to them, and they could become distressed if they were not followed. These were clearly documented in their care plan. Care plans contained details about people's specific preferences during personal care, such as, 'I do not like a shower...I need my bath water run for me and I like lots of bubble bath and pretty smelling soap.'

People told us they took part in a range of activities, both inside and outside of the service. They talked positively about their lives and the variety of things they enjoyed doing. One person told us, "I go coach driving, I go to golf and my art class." We saw pictures of the person taking part in their regular coach driving session, which involved driving a horse and carriage and they were smiling broadly. Another person told us, "I do jigsaw puzzles and a bit of colouring." On the day of the inspection people went to their regular day service to spend time with their friends and take part in a range of activities.

People showed us pictures of the different trips they had been on recently. They talked enthusiastically about recent visits to London to go to the theatre and to see the changing of the guard. One person told us about a recent visit to a farm where they were able to hold and stroke lambs.

One person was involved in a dance group. They told us, "I did a dance show in Ashford." Another person said, "I came to watch you. When they played that drum, it made me jump." We were shown pictures and videos of the person taking part in a variety of shows with their dance group. The registered manager told us that they regularly supported the person to travel so they could perform.

People told us that they were looking forward to going on holiday. One person said, "Soon we are going to Devon." They showed us pictures of the barn they were going to rent and talked excitedly about the different things they could do whilst they were there. One person showed us a board they were, 'in charge of' and they had put information about the holiday on there, so that everyone was able to look at it.

The registered manager had recently arranged for the service to take part in a reminiscence session, that was part of a research project at a local University. They had hosted an event at the service and people from other local services and the University had attended and been able to reminisce about the past. Everyone

spoke positively about this event and said they had enjoyed the cake and talking with different people.

People told us that if they had any concerns or problems they would talk to the staff. We asked people what they would do if they had any worries and one person said "I would talk to [the registered manager] or [staff member]." Staff knew people well and noticed if and when people were anxious or upset about something. One person was visibly apprehensive about our presence, and staff spent time explaining to them who we were and why we were there.

When relatives raised small issues regarding their loved ones' care and support these were documented and responded to as complaints. Everyone we spoke to was happy with the way the support was provided. One relative said, "It is very good, I do not think there is anything to complain about." Another relative said, "If there is anything wrong the registered manager tells you straight away, you don't even have to ask."

## Is the service well-led?

### Our findings

People and their relatives told us they thought the service was well-led. One person said, "[The registered manager] and [staff member] are very good to us, they look after us. We all think they are great." Another person told us, "Everything is fine. [The registered manager] and [staff member] are perfect. They try and help us." The registered manager showed us feedback from a relative that said, 'The registered manager could do no more than they already do.' A relative told us, "I was wanting [my loved one] to go there. Everyone you speak to sings [the service and the registered manager's] praises, I was over the moon when they moved in."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

The service had been run by the registered manager for a number of years. The service was a small, family run business and there was a small staff team, who all knew people well and had worked with them for some time. People and their loved ones were fully involved, in a meaningful way, in developing and shaping the service. There was a culture of inclusion and equality with everyone taking a role in the running of the service. Everyone took part in some way in the cooking, cleaning and people were always consulted on any changes to the service.

Staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the service which were based on its homely ethos. The registered manager told us, "We want everyone here to lead individual lives." A staff member confirmed this vision, saying, "It is relaxed and that means people get so much more out of it. People get to choose more here and there is a family atmosphere. I am so happy to work here." A relative told us, "It is like a family from family."

The registered manager worked alongside staff so they could observe and support them. Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager who was skilled and experienced in providing person centred care. Staff told us they felt well supported and felt comfortable asking the registered manager for help and advice when they needed it.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. They held the Registered Managers Award. The registered manager participated in a variety of online forums to keep them informed of best practice. They were actively involved in a local learning disability charity. The registered manager had notified the Care Quality Commission of important events as required. Documents and records were up to date and readily available and were stored securely.

There were links with the local and wider community and people had friends in the local area. One person told us, "We have lots of friends around here." People were supported to use public transport and regularly ate out in local restaurants and cafes.

People had detailed care plans, risk assessments and communication passports in place. Staff regularly updated these when people's needs changed to ensure that everyone received consistent care, regardless of who was supporting them.

People and their relatives, staff and other stakeholders were asked for their feedback about the service on a regular basis. All the feedback responses we saw were positive and included, 'You are compassionate and consistent. You ensure that [my loved one] does everything that they can. You treat them with respect and listen to them, encouraging them to be a part of everything you do.' And, 'More than satisfied with present care and [my relative's] lovely lifestyle which has much improved, therefore, cannot think of any improvements.'

The registered manager carried out regular monthly checks on the service. These covered a range of areas such as medicines administration, the quality of completed paperwork, including daily notes and incident forms and whether relevant health and safety checks were carried out.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the entrance hall.