

Avenues London

Neave Crescent

Inspection report

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Date of inspection visit:
14 August 2017

Date of publication:
20 September 2017

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

This comprehensive inspection took place on 14 August 2017. At our previous inspection in March 2016, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the service was rated overall Requires Improvement. The breaches related to the provider not having sufficient systems in place for the safe management of medicines. People's care plans did not have specific risk assessments in place and guidance was not available to staff about how to minimise risks in order to keep people safe.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements which had been signed by the registered manager as completed on 13 June 2016.

At this inspection, we found the provider had made the required improvements as outlined in their action plan. The service was now compliant with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Neave Crescent is registered to accommodate ten people with profound and multiple learning and physical disabilities. People are accommodated in two adjacent bungalows which are purpose built. At the time of our inspection, the service was providing care and support to nine people.

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 and associated Regulations about how the service is run.

During this inspection, we found that people were protected against the risks associated with the unsafe management and use of medicines. Staff received regular competency checks to ensure they had the correct skills for administering medicines.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy. Systems were in place to minimise risk, to ensure that staff supported people as safely as possible.

The provider had systems to deal with foreseeable emergencies and there were safeguarding adult's policies and procedures in place. Accidents and incidents were recorded and acted on appropriately. Staff were recruited safely and there were appropriate numbers of staff to meet people's needs.

Staff were knowledgeable about people's individual needs and how best to meet these. Staff had access to the support, supervision, training and on going professional development that they required to work effectively in their roles. The training and support they received helped them to provide an effective and responsive service.

Staff had received Mental Capacity Act 2005 (MCA) training and understood the systems in place to protect people who could not make independent decisions. The service followed the legal requirements outlined in the MCA and the Deprivation of Liberty Safeguards (DoLS).

People received a person centred service and had detailed personalised plans of care in place. They were supported by kind, caring staff who treated them with respect. Their cultural and religious needs were respected and celebrated.

People were supported to maintain good health and nutrition.

People and their representatives knew how to raise a concern or make a complaint and effective systems were in place to manage complaints.

People lived in an environment that was suitable for their needs. Specialised equipment was available and used for those who needed this.

The quality of the service was monitored by the service's operations manager and the registered manager. The service had a positive ethos and an open culture.

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 were clearly identified with strategies in place to minimise risk. This enabled staff to support people safely.

People received their medicines safely from trained and competent staff.

There were safeguarding adult's policies and procedures to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to ensure they supported people safely and competently.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

Is the service caring?

Good ●

The service was caring. People were treated with kindness and their privacy and dignity were respected.

People received care and support from staff who knew about their needs, likes and preferences. They were encouraged to be as independent as possible.

Staff were attentive to people's needs. They provided care and support to people in a way they understood.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to make choices about their daily lives.

Individualised care plans gave clear information to staff about how people liked and needed to be supported.

Any complaints or concerns were listened to and addressed satisfactorily by the service.

Is the service well-led?

Good ●

The service was well-led.

There were systems and processes in place to monitor and evaluate the service provided.

People using the service and their relatives were asked for their views about the service through satisfaction surveys.

Staff told us they were well supported by the management team.

Neave Crescent

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 comprehensive inspection took place on 14 August 2017 and was unannounced. It was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the other information we held about the service, including previous reports, complaints and notifications. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We met all the people who lived at the service during the inspection. However, most people were unable to speak with us directly about their views of the service because of their disabilities. We therefore observed the care and support provided to them by the staff and briefly spoke with two people and two relatives as well as an advocate representing one person. We also spoke with three members of staff, the manager and the deputy manager. After the inspection we received feedback from professionals who visited the home.

We looked at three people's care records and a range of records relating to how the service was managed. These included training records, staff rotas, documents relating to the provision of the service, medicine records, quality monitoring records as well as policies and procedures.

Is the service safe?

Our findings

At our last inspection in March 2016, we found that medicines were not always managed safely and recorded accurately. Care plans did not contain appropriate risk assessments and strategies to manage these were not in place.

At this inspection, we found that medicines were administered, recorded and managed safely by staff. Care plans we looked at contained up to date risk assessments and guidance was available to staff about how to manage these to ensure people's well-being and safety.

Medicines were administered, recorded and stored safely. The staff responsible for administering medicines had received training and had their competency tested. People's photographs, known allergies and information about their health conditions were recorded to support safe medicine administration practice. In addition, there were individual protocols for the administration of PRN (as required) medicines and the use of emergency medicines (such as those used for someone having an epilepsy related seizure). These protocols gave information to the staff about when these medicines might be needed and specific administration instructions.

We observed how staff administered medicine to people at lunchtime. We found that they followed the medicine management procedure which provided guidance for staff about the level of assistance required by each person. The staff training records confirmed that they had completed up to date medicine administration training. We found the medicine administration records were up to date and accurate. The staff undertook tablet counts and audits of all medicines each day. Additional and more in-depth medicine audits were carried out monthly by the registered manager. We checked how controlled drugs (CDs) were administered within the home. These were stored in a locked cabinet within a large cupboard in the manager's office. Controlled drugs were safely managed according to the protocol for the administration of CDs. All of the above meant that medicines were consistently managed and people received their medicines in a safe and effective way.

At the last inspection, we found that risks to people were not appropriately assessed and sufficient strategies were not in place for staff to understand how to mitigate those risks. At this inspection we found that risk assessments were comprehensive, personalised and included clear information for the staff about how to respond to different situations and how to keep people safe. For example, we saw assessments for using equipment and supporting people at mealtimes. There were risk assessments for people with specific medical needs, such as epilepsy management or risks associated with the management of percutaneous endoscopic gastronomy (PEG) feeding (receiving nutrition via a tube into the stomach) as a result of people's health conditions. When appropriate, there was information from other professionals included in the assessments and plans were in place for keeping a person safe. This showed that risks to people's health and well-being were monitored, managed and minimised where possible, whilst respecting people's choices and preferences. Staff demonstrated a good understanding of the risks people faced and the actions they would take to ensure people's safety without limiting their independence and choice.

The environment was safely maintained. The staff had completed risk assessments about different aspects of the environment, practices and equipment. These were regularly reviewed and updated. There were checks on health and safety, including fire safety, electrical safety, infection control and water temperatures, which were all recorded. Regular fire drills took place and there was an individual emergency evacuation plan for each person, explaining how they should be supported to evacuate the building.

The provider had up to date policies and procedures in place for safeguarding adults from abuse. A relative told us "Yes [the person] is very very safe there. They always keep me informed about everything that happens there." We saw that the local authority safeguarding information was in an easy to read format and was accessible to people using the service. Staff had received training to ensure they were knowledgeable about how to respond to concerns and demonstrated they were aware of the signs of abuse and knew what action to take. Staff were also aware of the provider's whistle blowing policy and knew how to report issues of poor practice. Where required, the registered manager submitted notifications to the CQC and referrals were sent to safeguarding authorities as appropriate.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work, to ensure they were suitable to be employed in a social care environment. The organisation's human resources (HR) department had a robust staff recruitment system. They confirmed at the last inspection that staff records included application forms, proof of identification, references, previous experience and relevant qualifications. The registered manager confirmed in the provider information return (PIR, submitted in February 2017) that disclosure and barring checks (DBS checks) were carried out by the organisation's HR department and references were sought at the recruitment stage. DBS Therefore, people were protected by the organisation's recruitment process which ensured that staff were suitable to work with people who needed support. Staff told us that they were not allowed to begin work until all the checks had been completed.

Staffing rota's demonstrated that levels of staff were suitable to ensure people's needs were met and staff were rostered on and made available to supervise and support people when venturing out. Hence, there were sufficient staff to meet people's needs and to support them with what they chose to do. This was both in the service and out in the community. There was a stable staff team and any absences were covered by them or staff from the organisation's other services. A relative commented "The staff team are consistent and occasionally there are bank staff but they are all very good." Staff members told us "I enjoy coming here. There is a good atmosphere and the staff team are very friendly." And "I really love it here, good work place. People are very well looked after here which I am quite proud of." This meant people received consistent support from staff they knew who were aware of their support needs to maintain their safety. We saw that people were supported in a timely way and staff gave them the time and attention they required .

Is the service effective?

Our findings

People were supported by staff who had appropriate skills and knowledge to meet their assessed needs and to provide an effective service. Written feedback from relatives of people who lived at the service commented that staff were well trained and had the skills they needed to care for people. Relatives told us "I am very satisfied with the way they look after [the person]. They know what they are doing." "When my [the person] was in hospital they always visited [the person] at the hospital and then rang me to let me know what was happening." And "When they are in hospital the staff visit them daily. No problem is too much for them." A professional commented, "Very impressed with the staff knowledge of the young person and how best to support them."

Staff told us they received training to support them in their roles and to develop their practice. The training was relevant to their role and equipped them with the skills they needed to care for the people living at the service. For example, staff had received specialist training about the management of percutaneous endoscopic gastrostomy (PEG) feeding as a result of people's health condition and epilepsy management. The training was a combination of e-learning and face to face courses. There was a computerised system that indicated the training staff had received and when this needed to be updated. This enabled the registered manager to monitor staff training and to ensure it was relevant and updated when needed.

People were supported by staff who received effective support and guidance to enable them to meet their assessed needs. Staff told us that they received good support from the management team. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). There were also opportunities for the staff to discuss their own work and any needs they had. We saw that formal meetings were recorded and staff had an annual appraisal. They said that they were given opportunities to request training and to develop their skills. In addition, all the staff told us they felt well supported informally, as the managers were available whenever needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had completed MCA and DoLS training and were aware of people's rights to make decisions about their lives. We saw that, where required, people's care plans contained mental capacity assessments and records from best interest decisions made. When important decisions needed to be made about a person's care and treatment, meetings were held with relatives and other professionals to discuss what was in their best

interest. The registered manager was aware of when to make a referral to the supervisory body to obtain a DoLS authorisation. Records showed that this was thought to be necessary for eight of the nine people who used the service and relevant applications had been made to supervisory bodies. This helped to ensure that people were not being unnecessarily or unlawfully deprived of their liberty and that their human rights were protected. This demonstrated that decisions were made in people's best interests where appropriate and the service was working within the principles of the MCA.

People were supported to eat and drink suitable, healthy foods to meet their needs. Weekly menus were discussed and planned with people to ensure they took account of their preferences, dietary requirements and cultural needs and wishes. People were offered menu choices at meal times and picture cards of various foods and menu options were used by staff to aid their comprehension and support with choice. Staff were knowledgeable about people's nutritional needs such as the need for soft foods to reduce the risk of choking. People's care plans documented and monitored any risks relating to people's nutritional needs. There was guidance from y health care professionals such as dietitians, nurses and speech and language therapists to ensure people's nutritional needs were met.

People's physical and mental health needs were monitored and recorded by staff and medical advice was sought promptly when required. People's health care needs were documented within their care plans highlighting any risks relating to their health. People were supported by staff to attend medical appointments and health checks when required. Staff worked collaboratively with health and social care professionals such as how to support people who had epilepsy. Care plans also demonstrated that where appropriate relatives were kept informed of any health issues.

Is the service caring?

Our findings

We observed positive interaction between staff and people using the service which indicated that staff had developed good relationships with people. We saw the following compliment received from a relative "Thank you again for your devotion to [the person]. They were so cared for, every need met and truly loved by you all. I can never forget your kindness."

People were supported by a consistent staff team who knew them well. Staff told us about people's needs, likes, dislikes and interests. They knew people's individual routines and any signs that might indicate a change in their overall well being. We saw that staff treated people respectfully and gave them encouragement whilst supporting them with personal care and daily living tasks.

Staff respected people's choices and preferences and we saw some people preferred to spend time in communal rooms, in other rooms and the garden. We observed that staff spent time sitting with people, engaged in conversations and activities of people's choice. For example, we saw people participate in arts and crafts whilst other people wanted to watch television or sit in the garden. Staff have enabled one person to access romany music which he thoroughly enjoyed listening to. The home has an adapted vehicle to support people to access the local community for activities. We saw photographs on display of a wide range of activities undertaken by people. For example, day trips to the sea side and local parks for outings, during fine weather. In a quality assurance survey a professional commented, "Staff extremely friendly, welcoming and accommodating."

Each person had their own room where they had privacy. Staff were aware of the need to maintain people's privacy and dignity and said they would knock on doors and ask before entering people's rooms. They explained to us the importance of informing people of what was going to happen during care and were able to communicate with people and understand their actions to ascertain what they needed. Staff told us how they supported people to do as much as they could for themselves and recognised the importance of promoting people's independence.

People's life history and how they communicated was stated in the support plans. Staff were familiar with people using the service and knew how best to support them. Support plans demonstrated that where possible, people had been involved in decisions about their care. This included involvement from independent advocates for people who required support to make choices about their care. Staff used objects of reference and technology such as tablet computers to communicate with some people. This helped people to recognise and identify items/activities they wanted to undertake. This enabled them to express their wish and make choices. People were allocated a member of staff to be a keyworker who co-ordinated all aspects of their care and keyworkers met regularly with people to review their care needs. They held regular meetings with a named staff member (keyworker) to help people discuss their care and make decisions and choices to the best of their ability. Discussion topics included people's support plans, what was working for them and what more could be done.

Staff respected people's confidentiality. They treated personal information in confidence and did not

discuss people's personal matters in front of others. Confidential information about people was kept securely in the office.

People were supported to maintain relationships with family and friends. Records showed that relatives were actively encouraged to be involved in people's care and advocate on their behalf where appropriate. The manager told us that they would source independent advocates for people who did not have family and required further support to make choice about their care. People and their relatives were also notified about any significant events or visits from health and social care professionals and these were recorded in people's care plans.

Each person had their own room which had the required adaptations in place according to the person's needs. The bedrooms were clean, well-furnished and had been personalised with people's pictures and belongings according to their preference.

There was a well maintained and accessible garden. People had direct access to it and it was used extensively by them. Plans were in place for a large section of the garden to be developed in to a sensory garden and the whole staff team and people were involved in fundraising activities for this project. This promoted people's independence and they were able to make full use of the outdoor space during suitable weather.

Is the service responsive?

Our findings

At the last inspection of this service in we found that care plans were not sufficiently personalised to meet people's needs. They were not always reviewed and updated in accordance with people's changing needs. Some files contained care plans which had been drawn up when people first moved to the service several years ago.

At this inspection we found that a comprehensive re- assessment of people's needs had been carried out. Care plans were developed based on this assessment, were personalised and covered all areas which people required support with.

Therefore, people received care and treatment in accordance with their identified needs and wishes and preferences. A professional commented, "Very person centred. The staff always have an up to date report of the people they care for. They make time to get to know them." And "They are a very close knit group of staff and no problem is too much for them to handle. They listen to me and act on any suggestions I make."

Detailed assessments of people's needs were completed upon admission to the service to ensure they could meet people's care needs and that the environment was suitable to meet people's needs safely and appropriately. Care plans provided guidance for staff about people's varied needs and behaviours and how best to support them. For example, one care plan contained detailed information about how staff should support a person who was at risk of choking and detailed guidelines were provided, upon advice from the speech and language therapist (SaLT Team) about how to manage this. Another person's care plan documented, "[The person] can communicate their wishes, needs full support from staff with all aspects of personal care needs. They like to listen to music during personal care."

Health and social care professional's advice was recorded and included in people's care plans to ensure that their needs were met and contained guidance for staff on managing people's conditions, such as meeting nutritional needs and managing seizures. Care plans also recorded people's progress as advised by health professionals, on their fluid intake and weight. These were monitored by staff using charts to ensure people received sufficient nutrition and hydration to maintain their health and wellbeing.

Care plans detailed people's physical and mental health care needs, risks and preferences and demonstrated people's involvement in the assessment and care planning process. Where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to the planning of people's care. Records showed how relatives had been involved in care planning and reviews and had attended care meetings when required. We saw that people's care needs had been identified from information gathered about them and consideration was given in relation to people's past history, preference and choices. Care plans demonstrated people's care needs were regularly assessed and reviewed in line with the provider's policy. Daily records were kept by staff about people's day to day wellbeing, personal care, nutrition and activities they participated in, to ensure that people's planned care met their needs.

Staff told us that in addition to care plans and records, they got updates at shift handover from other staff. Therefore, staff had current information about how people wanted and needed their support to be provided. Professionals told us that communication with the service was very good.

People's diverse needs, independence and human rights were supported, promoted and respected. People had access to specialist equipment that enabled greater independence and dignity whilst ensuring their physical and emotional needs were met. For example, one person had a specialised walking frame which enabled and promoted independent mobility.

People were supported and encouraged to raise any issues they were not happy about. We saw a pictorial complaints procedure which was displayed in people's rooms. People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be fully considered. Relatives told us they did not have any concerns and they had nothing to complain about. The registered manager had a complaints system in place to record concerns and complaints. There were no complaints recorded in the complaints log because none had been received by the service. Staff told us they would refer complaints if any, to the manager and they immediately resolved any small issues.

Is the service well-led?

Our findings

There was a registered manager in post who had responsibility for the day to day running of the service. There was a clear management structure in place. Staff were clear about their roles and responsibilities and told us they received good support from the management team.

Staff members were encouraged to be a part of the service and were able to contribute to its development. A staff member said, "The registered manager and deputy are very supportive. Everyone gets on with each other, good workplace." All of the staff we spoke with told us that there was good team work and good communication. There were regular staff meetings where the service and people's individual care needs were discussed. Records were appropriately maintained, up to date and accurate.

The provider had systems and processes in place to regularly assess and monitor the quality of service people received. The organisation's operations manager visited monthly to carry out a quality audit. The registered manager showed us the audits that were conducted which were based around the five domains inspected by CQC. The reports highlighted areas for action with timescales for completion of actions, to ensure areas for improvement did not span long periods. In the PIR return the registered manager informed us that regular audits were carried out to foster a routine of "management oversight." The audits included health and safety, medication, quality, finance and information governance.

There was a service development plan in place in order to develop and improve the service. For example, a recent project was implemented whereby an office orientation system was set up. This was aimed to ensure that all staff could access appropriate records and information at the service and not just the management team. Further more the organisation is in the process of introducing "MY PLAN" which is a system aimed to ensure accessing and updating information about people who use the service more efficiently. Mindfulness training is to be offered to staff to support them to achieve a better work /life balance. The registered manager has embarked on a diploma level 5 in leadership and management as part of their development in leadership and management of their team.

We found that the management team had worked hard to up date records which were systematic, accurate and easily accessible. For example, the development of individual folders for each person living at the service, which contained current and relevant information about each person, making it easy to access information. Support plans had been reviewed and updated to take into account any changes in people's support needs. Staff told us "The way we record things has improved and saves time. It is easy to find information." And "The paper work has improved a lot. It has got a lot easier to record things and it is less confusing." This demonstrated that quality assurance systems were sufficiently used to drive forward improvements to the service.

Staff felt listened to, supported and their views were respected by the manager. Staff understood the aims and objectives of the service and these were discussed at staff meetings. Daily handover meetings and staff meetings were used to discuss any issues and share information about any changes. The staff team worked in partnership with relevant health and social care practitioners such as the SaLT team and community

nurses in order to improve people's health and wellbeing.

We saw the registered manager spent time with people using the service and staff which promoted a warm homely environment. They were very 'hands on' in their approach to people. We observed that they assisted staff to take people out to the garden and helped people on to the van when they were going out.

Questionnaires were sent out to people's relatives/representatives for comments about the quality of service. The responses were positive. For example "His years at Neave Crescent were his happiest and we will always cherish your warmth and affection for [the person]. And "You make a difference because you are all so caring and thoughtful. So we want to say thanks."