

Achieve Together Limited

Carlton Avenue

Inspection report

64-66 Carlton Avenue
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Carlton Avenue is a residential care home which is registered to provide accommodation and personal care for a maximum of 9 people. The care home provides support to people with profound and multiple learning disabilities, all of whom have mobility needs. At the time of the inspection there were 7 people living in Carlton Avenue.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service gave people care and support in a safe, clean, well equipped, well- furnished and well-maintained environment that met their sensory and physical needs. Staff focussed on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People had choice about their living environment and were able to personalise their rooms.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People had individual ways of communicating, using body language, sounds, Makaton (a form of sign language) and pictures and could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

Right Culture:

People lead inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability may have. This meant they received

compassionate and empowering care that was tailored to their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 July 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider consider current guidance on ensuring there is personalised information about the administration of people's PRN medicines, so all staff had the knowledge and understanding to consistently and effectively administer these types of medicines. At this inspection we found the provider had acted on the recommendations and they had made improvements.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

Is the service effective?

Good ●

The service was effective

Is the service well-led?

Good ●

The service was well-led

Carlton Avenue

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Carlton Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Carlton Avenue is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who lived in the home. Some people due to their communication needs were unable to speak with us. However, they communicated in a range of ways, which included, gestures, signs, sounds and speaking a few words. We spoke with the registered manager, the regional manager, the interim manager, 1 lead support worker and 2 care staff.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, incident records, complaints, compliments, environmental checks, and quality assurance processes.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider considered current guidance on ensuring there is personalised information about the administration of peoples PRN medicines, so all staff had the knowledge and understanding to consistently and effectively administer these types of medicines. The provider had made improvements.

- Improvements had been made to ensure people received their medicines in a safe and personalised way. People were supported by care staff and processes to prescribe, administer, record and store medicines safely.
- Protocols for when required (PRN) medicines had personalised descriptions for people. One person required medicines for pain relief but could not use words to communicate when they were in pain. The protocol for the person had a detailed description of how they would present themselves in order for care staff to know they were in pain.
- One care staff told us, "The people we support do not use words to communicate so if they are in pain, we need to know how they can tell us, it might be that they point to where the pain is or are not like their usual selves, this is written down in their PRN protocol."
- Care staff were trained, and their competencies assessed before they administered medicines. There was an up to date medicines policy in place.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because care staff knew them well and understood how to protect them from abuse.
- Care staff had training on how to recognise and report abuse and they knew how to apply it. One care staff told us, "I would report abuse to managers, the local authority, CQC and maybe even the police might also need to know. The number of the safeguarding team are on a poster on the walls around the service."
- One relative said, "I feel [my family member] is safe in the service and I feel their medication is safe and staff are supporting them in a safe way."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because care staff managed risks to minimise restrictions.

- People's care records helped them get the support they needed because it was easy for care staff to access and keep high quality clinical and care records.
- Care staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.
- Safety checks were carried out on a regular basis. This included fire safety, water checks, electric, and gas checks.

Staffing and recruitment

- The service had enough care staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- Various checks had been undertaken on new care staff, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Care staff recruitment and induction training processes promoted safety, including those for agency staff. Care staff knew how to take into account people's individual needs, wishes and goals.
- People were included in the recruitment process. During the inspection the manager was conducting interviews and we observed potential candidates engaging with the people in the service.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no visiting restrictions to the home. People had visitors on a regular basis.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Care staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- A new system was put in place to analyse incidents, accidents, and complaints. This enabled the registered manager to identify any patterns and trends and to share this with the care staff to help prevent similar events being repeated.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the provider had failed to demonstrate that the care provided fully met people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and care staff reviewed plans regularly together.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- Care plans were reviewed every 6 months and when there were any significant changes. Feedback was gathered from those who knew the person including relatives and health care professionals.
- One relative told us, "The service keeps in touch with me and updates me. My [family member] is now doing some of the things they used to do, I thought they had lost their skills."

Staff support: induction, training, skills and experience

- Care staff completed an induction when joining the service. This comprised of face to face training, e-learning, shadowing experienced care staff and completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme]
- Care staff received support in the form of continual supervision, appraisal and recognition of good practice.
- The service checked care staff's competency to ensure they understood and applied training and best practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- People's support plans clearly detailed their eating and drinking needs and included their likes and

dislikes.

- Where risks had been identified in relation to a person choking, we found risk assessments and guidance from external professionals had been included in the person's care plan for care staff to follow.

Adapting service, design, decoration to meet people's needs

- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- The environment was homely and stimulating, with a large accessible back garden.
- People made full use of the communal areas and were supported in the kitchen area to join cookery sessions.
- There were visual aids in the home which helped people know how to find each area, including fire escape routes.
- The managers office was relocated downstairs so they could be more accessible to the people who lived there, care staff and visitors.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to have regular health checks.
- The service worked with external professionals to create individual health action plans for people. The plans identified people's health needs and the level of support each person required.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had individualised mental capacity assessments in place and it was clear what decisions people could make for themselves. Where people were unable to make a specific decision, we saw evidence that best interest decisions had been made with the involvement of relevant people.
- Care staff had received training in the MCA and understood how to support people in line with the act.
- One care staff told us, "People have their relatives to make their decisions sometimes, someone can have capacity in some decisions like what they want to wear and eat but other decisions they may not understand so this is when the relative comes in legally, they can have Power of Attorney."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have effective quality improvement systems in place that ensured people were safe and at minimal risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- Care staff were able to explain their role in respect of individual people without having to refer to documentation. One care staff told us, "We get to know the person their needs, likes, dislikes and how they communicate, this is key to supporting them in the right way so that they can achieve what they want to achieve."
- One relative said, "Since the new registered manager has been on board I have seen more interaction around the home with the residents."
- The provider and registered manager had worked on an improvement plan since the last inspection. They identified where improvements to the service were needed, timescales to complete the improvements and had put systems in place to address them.
- During the inspection we saw improvements to ensure people were safe and received effective personal care. A new care plan had been developed which met each person's specific needs, PRN protocols were person centred and care staff training was up to date.
- There was an up to date quality and risk governance policy in place which detailed a clear structured approach and demonstrated accountability for continuously reviewing and improving the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- The new registered manager had improved communication with relatives and was open and transparent

about the changes that needed to happen. However, there were mixed views from relatives, some although optimistic about the changes thought it was early days and needed to see this consistently embedded.

- Residents meetings took place. Records showed discussions about activities, menu planning and communication. People's reactions were recorded, and actions plans put in place.

- People, and those important to them, worked with managers and care staff to develop and improve the service. One relative told us, "They do listen to us as parents, that's what I like about them they tell you and they are honest about the gaps and will try to rectify them as soon as they can, and they keep us updated along the way. "

- Care staff received equality and diversity training and respected people's differences. They spoke about supporting people to choose the food they wanted to eat and being involved in a range of religious celebrations including Eid, Easter and Diwali.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to keep people informed when incidents happened in line with the duty of candour.

- The registered manager had notified us of incidents and the action they had taken to make improvements and reduce the risk to the people they cared for and care staff.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

- The registered manager had put a service improvement plan in place which detailed the areas they had identified for improvement. This included works to the home, staff training and recruitment.

Working in partnership with others

- The service attended professional meetings with other agencies to ensure care and support was reviewed and monitored.

- The service worked in partnership with other professionals such as learning disabilities services and speech and language therapists to support people to access healthcare when they needed it which had improved people's outcomes

- The provider was involved in provider engagement groups organised by the local authority which aimed to help improve care services in the local area.