Avenues London

Neave Crescent

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

About the service
Neave Crescent is a residential care home that provides personal care for up to ten people with learning and physical disabilities. At the time of the inspection there were seven people living at the service receiving care.

The service comprised of two adjoining purpose-built bungalows. The service is larger than recommended by best practice guidance. However, we have rated this service good because the provider arranged the service in a way that ensured people received person-centred care and were supported to maximise their independence, choice, control and involvement in the community. The size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service
The service applied the principles and values Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff were trained in safeguarding and knew what to do if they suspected abuse. People were risk assessed to monitor and mitigate risks to them. Regular health and safety checks were completed to ensure the property was safe for people. Relatives told us and records confirmed there were enough staff working. Staff were recruited safely. Medicines were safely managed. Staff understood infection control and relatives told us the service was clean. Incident and accidents were recorded, and lessons learned when things went wrong.

People's needs were assessed to ensure the service could meet their needs. Staff received inductions to ready them in their new roles. Staff were trained to do their jobs and were supervised by the management team at the service. People were supported with their nutrition and hydration and the service followed

instructions from dieticians where required. Staff communicated with other agencies to support people. People were supported with their health care needs. People were able to decorate their rooms how they pleased. 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.

People were treated well by staff and the service had received numerous compliments. Staff were trained in equality and diversity and the service supported people's human rights. People and their relatives were involved in decisions about their care. People's independence was promoted and their dignity and privacy respected.

People's care plans recorded their needs and preferences, and these were reviewed regularly. Staff knew how to communicate with people. People were supported to take part in activities they enjoyed including going on holiday. Relatives knew how to make complaints and when this happened the registered manager responded appropriately. People's end of life wishes were recorded.

People, relatives and staff thought the service was well managed. Staff knew their roles and responsibilities. The registered manager was supported in their role. People, relatives and staff were engaged and involved in the service and staff had received positive feedback from stakeholders. The service worked in partnership with other agencies. Quality assurance processes at service ensured people received a good standard of care and the service sought to improve where shortfalls were found.

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

Rating at last inspection
The last rating for this service was good (published 20 September 2017.)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Neave Crescent

Detailed findings

Background to this inspection

The 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.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Neave Crescent is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with five members of staff including the registered manager, a senior support worker and three support workers. We also spoke with a visiting professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with three relatives about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found. We looked at training data and medicines audits.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There was systems in place to safeguard people from abuse. One relative said, "Yes I think now they know that [how to keep people safe]. They employed a lot of people in the last year. The new people are very dedicated." The service had a safeguarding policy and there was information displayed throughout the property, so people, staff and relatives knew what to do if they had safeguarding concerns.
- Staff were trained in safeguarding and knew what to do if they suspected abuse. One staff member said, "I would go to my line manager and inform them [if I suspected abuse]. I could also whistle blow too. There is a number by our front door." This meant staff were supported to report abuse.
- Safeguarding alerts had been sent to the local authority. Where the service had safeguarding concerns for people, they had completed investigations and informed the local authority and notified CQC. The service communicated with people, relatives and social workers appropriately about safeguarding concerns. This meant people were kept safe from risk of abuse.

Assessing risk, safety monitoring and management

- People's risks were monitored and mitigated. Risk assessments were completed so staff were aware of the risks to people and how to best avoid harm coming to them. Risk assessments mirrored people's support plans and covered areas including "my time at home", "my community life and leisure" and "my support and risk taking" as well as other areas.
- These areas were explored and risks to people identified and mitigated. For example, Within the risk assessment section of "my community life and leisure", there were numerous risks which may present when traveling in a minibus or public transport or visiting a zoo, and what to do if they occurred. Mitigating factors included ensuring the minibus driver was insured and had received appropriate training, contacting emergency services if people were unwell and checking weather conditions to ensure they were appropriate. People's risk assessments sought to cover most eventualities. This meant people's risks were assessed and mitigated as much as possible.
- The service completed various health and safety checks and assessments for the property. These included portable appliance testing, hoist checks, food hygiene and fire safety as well as others. We saw these were completed regularly, by professionals where appropriate, and if issues were noted, actions were completed to address them.

Staffing levels

- There were enough staff employed to meet people's needs. One relative told us, "I think yes [there are enough staff] and [person] receives 1:1 support." Staff rotas indicated there were always staff on shift to provide care. The service maintained a list of bank staff, many of whom had been full time staff previously. This meant people knew them and there would little disruption to service should a staff member be absent.

● There were robust recruitment processes. The provider recorded people's employment histories and made checks to ensure staff were suitable to work in the social care sector. This included criminal checks on employees' pasts. This meant the service sought to keep people safe through safe recruiting.

Using medicines safely

● Medicines were managed safely. One relative told us, "They know what they are doing [with medicines] they follow the GP recommendations." Staff were trained to administer medicines and their competency checked regularly. One staff member told us, "I was shadowed [by experienced staff] to make sure I was doing it correct. We follow the six 'R's, the right dose, right route, right meds, right person, right time and right to refuse." The service had a medicine administration policy which all staff had signed to say they had read.

● Specific information about people's medicines were recorded. Medicines folders contained their photos so staff would always know the right person to administrate medicine to, information about their allergies and administration records to record when people had taken their medicines. There were also protocols for when to give people medicine as and when people might need it. Administration records were audited to ensure people received the right medicine at the right time. This meant people's medicines were safely managed.

Learning lessons when things go wrong

● Lessons were learned when things went wrong. Incidents and accidents were recorded and investigated where appropriate. Actions were completed to ensure people were safe and limit reoccurrence of incidents. One staff member told us an incident or accident, "Would be documented on a body map and reported to shift leader, reported at handover, put in their care plans and the manager told. Also, the family would be told." The provider analysed accidents and incidents to recognise themes to further limit reoccurrence.

Preventing and controlling infection

● Staff understood the need for infection control. One staff member said, "We've had training in PPE [Personal Protective Equipment], we use PPE; wear aprons and gloves, wash your hands, use sluice washes if things get soiled." There was an infection control policy staff followed and information about infection control was displayed in places where people, relatives and staff would see it. For example, in bathrooms there were reminders about the importance of washing hands to limit the spread of Corona virus. A relative told us, "What I like about this house is it's really clean."

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

● People's needs were assessed before they started receiving care. The service did this so they would know whether they could meet people's needs. Assessments contained information on different areas of people's lives, focusing on their relationships, their safety, their health and other areas of their lives. Assessments were written in line with the law and followed best practice guidance with regards to recording people's protected characteristics.

Staff skills, knowledge and experience

● New staff were inducted into the service to teach them how to work with people and meet their needs. One staff member said, "[I received] some training, signed a good lot of risk assessments and read through them to familiarise myself [with people's needs and risks]. I read the "All about me" folders so I knew who I worked with. I shadowed and was being shadowed." Staff completed induction paperwork which focused on learning about the organisation, their vision and values, getting to know the service and people they worked with and shadowing experienced staff.

● Staff were trained to do their jobs. One relative told us, "Yes the do [know what they are doing and how to work with people]" Staff completed training which supported them to do their jobs. All staff were required to be trained in medicines administration, basic life support and equality and diversity as well as other topics.

● Staff received supervision and appraisals. One staff member said, "[I receive supervision] once a month. [Registered manager] is my line manager, they are good, [I feel] 100% supported." Staff told us, and records confirmed, they discussed supporting the people they worked with, areas for development and their wellbeing.

Supporting people to eat and drink enough with choice in a balanced diet

● People were supported with their dietary needs. One relative told us, "[Person] is PEG fed [fed using a tube directly into their stomach] and it is done properly, and staff are following the dietician's recommendations."

People were supported to eat and drink as well as make choices about what they wanted to eat. Staff were trained to support people with nutrition needs, such as PEG feeding and or diabetes. People's nutrition and hydration was recorded so healthcare professionals could analyse records should they need to. Care plans recorded people's food preferences, special dietary requirements and what type of support people required.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live

healthier lives, access healthcare services and support

● Staff communicated with health and social care professionals to ensure people were supported with their needs. One relative said, "[Staff] let me know straight away [if they have concerns] and they will contact the GP to prevent, not just to cure. [Person] never misses any appointments, hospital appointments and staff are always on task." Information about people was recorded across a range of systems including handover sheets, communication books, meeting minutes as well as care plans. This information was shared with other agencies and professionals as and where appropriate. These professionals included social workers, legal advocates, dieticians, and other healthcare specialists.

● The service maintained health plans for people, including oral health plans. These plans monitored people's ongoing health needs. The service also maintained hospital passports to ensure staff in hospitals would know people's needs and preferences should they be admitted.

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

● The service consisted of two purpose built adjoining bungalows which were suitable to meet people's needs. The service was accessible to wheelchairs and there was access to the gardens should the people or their relatives wish to spend time there. The registered manager told us they had plans to make a sensory garden this year. We will follow this up at our next inspection. The service already had a sensory room.

● Each person had their own room with ensuite bathrooms. People's rooms were decorated to their preferences. We saw evidence where one person volunteered by decorating empty rooms, ensuring they were more hospitable to new people moving in.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People were supported to make their own decisions. Observations and records confirmed people's consent was sought where possible. Where people lacked the ability to make decisions, mental capacity assessments and best interest decisions were recorded. One relative told us, "I always get asked. I don't have power of attorney, but I am involved and get asked my opinion [as per person's best interests]." We saw best interest decisions recorded with input from relatives, advocates and health care professionals. This meant the service complied with MCA and sought to act in people's best interests.

● Staff were trained in MCA and DoLS. There was information displayed about MCA and DoLS in offices and communal areas to remind people, relatives and staff about people's capacity and why people's liberties may be restricted. One staff member told us, "[We've] learned about MCA and DoLS and why they are in place. They are the guidelines that authorities put in place to stop people who lack capacity from coming to harm, such as locks on doors and seatbelts, to make sure they are safe."

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

● People were supported by staff who treated them well. One relative told us, "[Staff are] very caring. At this moment … The really care about [person]." Observations confirmed staff were kind and caring. People smiled when staff were interacting with them and staff sought to ensure people were comfortable and engaged at all times. Activities were completed at each person's individual pace demonstrating patience and kindness

● The service received compliments from people and relatives. Compliments included "I would like to thank you for making our visit the most precious memories I have with the four of us together and how lovely it was to see [person] so relaxed and comfortable, thank you from the bottom of my heart," and, "I cannot speak highly enough of your service."

● Staff had been trained in equality and diversity and were guided by visions and values of the provider, "Everyone should have the opportunity to be an active citizen and engaged in the community where they live." Policies protected human rights and sought to ensure people were able to make choices and decisions to live as normal lives as possible, no matter their race, culture, gender, disability or sexuality. One staff member told us, "We work with people from different cultures, it's no problem. We learn from families and let people be themselves."

Supporting people to express their views and be involved in making decisions about their care

● People and relatives were able to express their views and were involved in decisions about their care. One relative told us, "They always ask my opinion." People and relatives were invited to regular care reviews where they had the opportunity to input into decisions about people's care. People and relatives' opinions and feedback were also gathered through a survey. The management team offered an 'open door' policy where people or relatives could speak to staff about the care provided at any time they liked.

Respecting and promoting people's privacy, dignity and independence-

● The service promoted people's independence. People's hobbies and leisure activities were recorded and people were supported to attend activities. We observed joint activities being held in the service and staff encouraged people to do as much as they could to be involved. On the day of the inspection one person was attending college.

● People's privacy and dignity was respected. One relative told us, "Definitely yes, [they respect person's privacy] if they are doing changes, they'll have the doors closed so people can't see, and they respect that." People's personal information was stored in locked cabinets or on password protected computers. Staff understood the need to maintain people's dignity and privacy. One staff member told us, "You don't take

nothing out of the home - I won't discuss the service at home - it's their privacy. We have handover away from people."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People received personalised care. One relative told us, "Oh yes, staff know what [person] likes." People's care plans were personalised and recorded information about people's needs and preferences. Care staff signed care plans to indicate they had read them, so they knew how to provide care how people liked and how to keep them safe. Care plans contained specific information about people's physical and mental health needs, their preferences and how they liked to live their lives as well as guidance for staff how to support them in a safe way. For example, one person's care highlighted how they enjoyed attending hockey and provided information to staff how to take them to hockey safely and ensure they are safe whilst there.

● People's needs and preference were reviewed and recorded regularly. A staff member told us about shift handovers, "Typical handover would include what activities people had been doing, what they've eaten or drunk, their bowel movements, meds and if they've refused, activities planned etc." There were various systems in place where staff shared information about people's ongoing needs. We observed a handover and saw staff were keen to ensure vital information about people was shared with their colleagues.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The service supported people with differing communication needs. One relative told us, "[person] can communicate with their facial expression and staff understand his body language." We observed staff communicating with people who were non-verbal; staff understood what people were communicating but took time to ensure people were given options to ensure they got whatever it was they wanted. People had communication plans and communication passports in their care plans so staff and health care professionals who worked with them would know how to communicate with them in a way they liked or understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People completed activities they wanted to. One relative said, "[Person] enjoys their holidays and they usually goes once or twice a year." Each person had activities calendars which staff followed to meet people's activities needs. Care plans recorded what things people liked to do and the places they liked to go. We observed staff working with people to make Mother's Day cards and also playing inclusive games with people. We saw numerous photos of people taking part in outdoor activities including general holiday

photos, day trips and special occasions. This meant people were supported to live enriched lives and avoid social isolation.

Improving care quality in response to complaints or concerns

● Relatives told us they knew how to complain and would be happy doing so. One relative said, "Definitely and [registered manager] knows that if I have worries we talk it over and we will try to fix it." There was a complaints and compliments book for people and visitors to use. Relatives told us complaints and concerns were dealt with responsively by the management team. There had been no formal complaints since our previous inspection, but the registered manager was able to evidence how they would investigate and deal with complaints. We saw historic complaints where the registered manager had investigated concerns, information shared with a local authority and the complainant responded to in a satisfactory manner.

End of life care and support

● At the time of our inspection the service was not working with anyone who was at the end of their life. However, staff had received end of life training and people's end of life wishes were recorded in their care plans. There was policies and documentation to support and guide staff should people reach the end of their lives. This meant that people would be supported at the end of their life.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● People, relatives and staff were happy with how the service was managed. Relatives and staff spoke positively about the management. One relative said, "[registered manager] is good and does their best." Another relative told us, "I think it's good because of [registered manager]. It feels like a home. They're a good manager." Staff confirmed what relatives told us. One said, "Yes they are [approachable and fair to staff]. They're a good leader, a lovely person." The registered manager was open and honest throughout our inspection and actively sought feedback so that they could drive improvement at the service. The systems and processes in place were person centred and aimed to include people as much as possible.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; 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

● Managers and staff knew what their roles and what they were supposed to do. A deputy manager and a senior care worker supported the registered manager. They also received support from the area manager who worked for the provider and from other registered managers who also worked for the provider at different services.

● The registered manager knew their responsibility was the safety and welfare of people using the service and the staff who supported them. All staff were line managed or supervised by members of the management team on a regular basis, where they were provided support and guidance how to do their jobs. Staff files contained job descriptions, so staff knew what was expected of them.

● The registered manager understood and acted on the duty of candour. When things went wrong, they informed people, relatives, local authorities and notified CQC as appropriate. This demonstrated they understood their regulatory responsibilities.

Engaging and involving people using the service, the public and staff; Working in partnership with others

● People, relatives and staff were engaged and involved with the service. One relative told us, "We can have meetings when we want with [registered manager] and with those who work above him. They are pretty good and they listen." Relatives told us they were able to be involved with the service and make suggestions as to how the service was run for people.

● Staff held regular meetings. Topics discussed included people's welfare, mental capacity, training and health and safety. One staff member told us, "[We have meetings] once a month, very informative. We talk about people we support, any complaints, any compliments and discuss any hospital

appointments, any holidays, activities in the community or any work that needs doing."

● People, relatives and stakeholders had the opportunity to complete surveys which provided the service management and provider with feedback about the quality of care. Surveys were generally positive and highlighted how caring staff were considered. Responses from stakeholder surveys included "Staff are very polite" and, "the residents looked happy and dressed nice."

● The service worked in partnership with other professional agencies and services to benefit the people living at the service. The service maintained relationships with local educational facilities, local authorities and health and social care providers

Continuous learning and improving care

● The service used quality assurance processes and systems to check the quality of care and safety of people in the home. There were numerous audits completed by staff to ensure people were provided good quality care in a safe way. These audits included regular health and safety checks on the property and equipment within it, information governance audits and medicine audits.

● There were also audits completed by staff who worked for the provider but not at the service. This ensured a level of objectivity to quality assurance processes. These audits included financial audits, six monthly service reviews and also a key line of enquiry audit, which sought to ready services for CQC inspection. All audits provided comments on different areas of the service and where shortfalls were found actions were tasked to management to address them. This meant people's care was quality assured through processes of continuous monitoring and learning.