Modus Care Limited

West Avenue

Inspection report

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Date of inspection visit: 16 October 2014
Date of publication: 11/12/2014

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

Overall summary

We visited the service on 16 October 2014 unannounced. At our last inspection in October 2013 we did not identify any concerns.

West Avenue is a care home offering care and support for up to six people. The service supports people up to the age of 65 who have learning disabilities including Autistic Spectrum Disorder and associated conditions. At the time of our visit there were four people receiving a service from West Avenue.

When we visited there was no registered manager in post. The home had been without a registered manager since October 2013. 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.

Summary of findings

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. Risk management was important to ensure people's safety. Measures to manage risk were as least restrictive as possible to protect people's freedom. Staff understood the Mental Capacity Act (2005) and how it applied to their practice. We found the service to be meeting the requirements of the Mental Capacity Act (2005).

People received personalised care and support specific to their needs and preferences and their views and suggestions were taken into account to improve the service. They were encouraged to prepare their own meals to develop their skills and to promote their independence. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

Staff relationships with people were strong, caring and supportive. Through our observations and discussions, we found that staff were motivated and inspired to offer care that was kind and compassionate.

Staffing arrangements, which included recruitment, were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke positively about communication and how the manager worked well with them, encouraged team working and an open culture.

A number of methods were used to assess the quality and safety of the service people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. Risk management was important to ensure people's safety.

Staffing arrangements, which included recruitment, were flexible in order to meet people's individual needs.

People's medicines were managed so they received them safely.

Is the service effective?
The service was effective.

Good

Staff informed us they received a range of training and regular supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their knowledge and skills up to date.

There was evidence of health and social care professional involvement in people's care on an on-going and timely basis.

Staff understood the Mental Capacity Act (2005) and how it applied to their practice. We found the service to be meeting the requirements of the Mental Capacity Act (2005).

People were supported to maintain a balanced diet. People were encouraged to be involved in preparing meals with staff support in line with their care plan.

Is the service caring?
The service was caring.

Good

Staff relationships with people were strong, caring and supportive. For example, staff spoke confidently about people's specific needs and how they liked to be supported. Through our observations and discussions, we found that staff were motivated and inspired to offer care that was kind and compassionate.

Is the service responsive?
The service was responsive.

Good

People received personalised care and support specific to their needs and preferences.

Activities formed an important part of people's lives. People attended a work placement, college and the local community in order to develop new skills and interests.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Summary of findings

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about communication and how the manager worked well with them, encouraged team working and an environment which encouraged communication and reflection.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of encouraging independence, choice and dignity.

A number of methods were used to assess the quality and safety of the service people received.

West Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 October 2014 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection, 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 reviewed the information we held about the home and notifications we had received.

We spoke with two people receiving a service, two relatives, two members of staff and the home's manager. We reviewed two people's care files, two staff files, staff training records, a selection of policies and procedures and records relating to the management of the service. Following our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from one care manager.

Good

Is the service safe?

Our findings

People said they felt safe and supported by staff. People said that if they had any concerns they would initially raise these with one of their care staff or their family. One person commented: "I am happy here and feel safe." A relative commented: "The staff always contact me if there is anything wrong."

Staff demonstrated a good understanding of what might constitute abuse and knew where they should go to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission (CQC). Staff told us they had received safeguarding training. We confirmed this by looking at staff records. We saw safeguarding training was renewed on a regular basis to ensure staff had up to date information about the protection of vulnerable people.

The manager demonstrated a clear understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. We saw a copy of the organisation's policy and procedure for safeguarding adults. It set out the measures which should be in place to safeguard vulnerable adults, such as working in partnership with the local authority. The policy included how to report safeguarding, which broke down the actions to be taken if an alleged safeguarding concern, had been identified. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, we saw risk assessments for managing behaviours which challenge, mental health, medicines management and going into the local community. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible, such as the use of distraction techniques when a person was becoming distressed. Another example was when a person accessed the community alone, they had been encouraged to take their mobile phone so contact could be made to ensure they were safe. Staff had also received positive behaviour management training accredited by the British Institute for Learning Disabilities (BILD). This was to ensure the safety of people when a person was displaying behaviours which challenged. This showed that staff were using up to date evidence based interventions to protect the people in their care.

Staffing was maintained at safe levels. People using the service did not voice any concerns about staffing levels and felt their needs were met by staff. Staff confirmed that people's needs were met and felt that there were sufficient staffing numbers. Staff told us the number of staff on duty always matched people's individual support plans and that commissioned by the local authority. They added that skill mix was integral to this to meet people's needs. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff would fill in to cover the shortfall so people's needs could be met by people that understood them. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift.

There were effective recruitment and selection processes in place. We read two staff files and saw completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers, health screening and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

People's medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicine. We saw that the home received people's medicines from a local pharmacy on a monthly basis. These were supplied, where appropriate, in blister packs so that staff could administer people's medicines with ease.

Medicines were kept safely. We saw there was a locked medicine cupboard within a dedicated room, which was also kept locked. We saw the cupboard was kept in an orderly way to prevent mistakes from happening.

Medicines were safely administered. We saw the medicines recording records which were appropriately signed by staff when administering a person's medicines. When the home received the medicines from the pharmacy that they had been checked in by staff and the amount of stock

Good

Is the service safe?

documented. We saw that certain additional checks had been put in place by the home to ensure that people received the correct type and dose of medicines. For example medicines were dispensed by two members of staff, with one dispensing and the other witnessing the procedure and audits were carried out on a weekly and monthly basis.

Good

Is the service effective?

Our findings

People did not voice concerns about the staff's ability to meet their needs and the training they received. One relative told us: "The staff are very good."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's mental health. Staff were able to speak confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported when feeling anxious through effective communication. Staff felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. One staff member commented: "The best care plans I have ever come across. Everything you need is there. I have learnt so much just by reading them."

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP, care manager and consultant psychiatrist. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a six month probationary period, so the organisation could assess staff competency and suitability to work for the service and were suitable to work with people.

Staff informed us they received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. One staff member commented: "We get lots of training which is very good." We saw that staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), epilepsy, medicines management, first aid, food hygiene and a range of topics specific to people's individual needs. This showed that care was taken to ensure staff were trained to a level to meet people's current and changing needs.

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the manager and the wider organisation. Staff commented: "X (the manager) has been great" and "The organisation provides opportunities to develop in your career." Staff files and staff we spoke with confirmed that supervision sessions and appraisals took place on a regular basis. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee. This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. People's individual wishes were acted upon, such as how they wanted to spend their time.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. No-one was subject to DoLS at the time of our visit.

We read two care files for people. Where people did not have the capacity to make particular decisions about their care and support, due to their learning disability, there was

Good

Is the service effective?

evidence of mental capacity assessments. For example, we saw that assessments had taken place regarding where a person should live, medicines and managing finances. There was supporting evidence of how people's capacity to consent had been assessed and best interest discussions or meetings which had taken place.

People were supported to maintain a balanced diet. People were encouraged to be involved in preparing meals with staff support in line with their care plan. One person told us how they were encouraged to eat healthily and cook meals. They recognised this was to promote their independence and physical health. Care plans and staff guidance emphasised the importance of people being involved in the weekly menu and ensuring choice. Where people were at risk of weight loss, their weight was monitored on a regular basis. We saw staff had completed people's food and drink log in order to monitor the amount of food and drink people were having on a daily basis. Staff recognised that this helped them recognise changes in a person's eating habits and when they needed to consult with health professionals involved in people's care. In addition, staff told us and records confirmed that they had training on diet and nutrition. This enabled them to be knowledgeable about the importance of maintaining a healthy and nutritious diet.

Good

Is the service caring?

Our findings

We spent time talking with people and observing the interactions between them and staff. Interactions were good humoured and caring. We saw staff involving people in their care and supporting them to make decisions. Comments included: "It's good living here. The staff are nice" and "The staff are helping me here. I can go out on my own. Staff ask me before helping me. I have been involved in my care plan and have access to it if I want to". Relatives commented: "The staff are brilliant, very caring. X (relative) prefers it at West Avenue" and "West Avenue is a very nice place and I class the staff as my friends now."

Staff treated people with dignity and respect when helping them with daily living tasks. Staff told us how they maintained people's privacy and dignity when assisting them, for example by knocking on bedroom doors before entering and gaining consent before providing care and support. Staff adopted a positive approach in the way they involved people and respected their independence. For example, people's specific plans for going out in the local community to attend college or work.

We heard and saw staff supporting people and they demonstrated empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, how one person wished staff to talk with them about things which interested them and provided them with reassurance.

Staff relationships with people were strong, caring and supportive. For example, staff spoke confidently about people's specific needs and how they liked to be supported. Through our observations and discussions, we found that staff were motivated and inspired to offer care that was kind and compassionate. For example, staff spoke about how working as a team motivated them and how they gained inspiration from each other. Staff demonstrated how they were observant to people's changing moods and responded appropriately. For example, when a person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. We observed that staff communicated with people in a respectful way. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general wellbeing.

Staff adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. For example, staff were seen to work with people individually on activities of their personal interest. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs.

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

There was evidence of people being involved in making decisions about their care and treatment through their discussions with staff. We read two people's care files, which gave information about their health and social care needs. Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific goals to aid their wellbeing and sense of value.

Care files included personal information and identified the relevant people involved in people's care, such as their care manager and GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. We saw that care files included information about people's history, which provided a timeline of significant events which had impacted on them. We saw evidence of people's likes and dislikes being taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, health needs, personal care, communication, anxiety management, activities and eating and drinking. Staff told us that they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

Activities formed an important part of people's lives. People attended a work placement, college and the local community in order to develop new skills. Staff commented: "It's about offering choice and promoting independence" and "Important to tap into people's skills to promote life fulfilment." People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. One person commented "I am confident that staff would do something about my concerns if I had any." We saw a copy of the complaints procedure. It set out the procedure which would be followed by the provider and included contact details of the provider and the Care Quality Commission. The complaints procedure was also displayed in the entrance hall for people to refer to. This ensured people were given enough information if they felt they needed to raise a concern or complaint. We saw that, where a complaint had been made, there was evidence that it had been appropriately followed up by the management team, for example additional support, training and guidance for staff.

Good

Is the service well-led?

Our findings

Staff spoke positively about communication and how the manager worked well with them, encouraged team working and an open culture. Staff commented: "We have regular meetings where we are kept up to date on new information" and "There is good contact with management."

When we visited there was no registered manager in post. The organisation provided us with information to demonstrate they had made every effort to recruit a suitable manager to register, but until recently had not been successful. The manager, who had been in post for four months was due to submit their application shortly.

Staff confirmed that they had attended staff meetings and felt that their views were taken into account. We saw meeting minutes which showed that meetings took place on a regular basis and were an opportunity for staff to air any concerns as well as keep up to date with working practices and organisational issues.

Manager meetings occurred on a regular basis. These were an opportunity to exchange local and disseminate organisational information. The manager recognised the importance of these meetings and how the information fed into local team meetings. This enabled staff at varying levels to remain up to date on issues which affected them directly and indirectly.

People's views and suggestions were taken into account to improve the service. For example, resident meetings took place to address any arising issues and in the main entrance there was a comments box for people to raise issues formally. In addition, surveys had been completed by people using the service, relatives, health and social care professionals and staff. The findings were entirely positive. For example, people reported they were very happy with the way people's privacy and dignity was respected; staff support and timely access to healthcare professionals. This demonstrated that the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.

The organisation's visions and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of encouraging independence, choice and dignity. Our inspection showed that the organisation's philosophy was embedded in West Avenue through talking to people using the service and staff and looking at records.

We saw the service worked with other health and social care professionals in line with people's specific needs. We saw that liaisons took place with the local authority and Care Quality Commission. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, the GP and consultant psychiatrist. Regular medical reviews took place to ensure people's current and changing needs were being met. A care manager commented that the staff at West Avenue worked very hard with people to promote their independence.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. We looked at the records of incidents at the home and saw that actions had been taken in line with the organisation's policies and procedures. Where incidents had taken place we saw involvement of other health and social care professionals to review people's plans of care and treatment. Staff confirmed they were aware of the organisation's whistleblowing policy and the procedure in place if they felt they needed to raise concerns due to unresolved problems. They added that to date they had not had to follow the procedure because issues had been dealt with appropriately by the management team. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

We saw audits were completed on a regular basis. For example, the audits reviewed people's care plans and risk assessments, incidents and accidents, medicines management and staff training and support. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, we saw that these had been followed up. For example, care plans reviewed.

We saw that the premises were adequately maintained and a maintenance programme was in place. We saw that health and safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the organisation and external contractors. For example, fire

Good

Is the service well-led?

alarm, fire extinguishers and electrical equipment checks. We saw that staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care.