Norwood

Blenheim Avenue

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 14 November 2018 and was announced. Blenheim Avenue provides supported living and community based domiciliary care services, particularly to support people with learning disabilities from the Jewish community to live as independently as possible. Supported living is where people live in their own home and receive care and/or support in order to promote their independence.

At the last inspection in April 2016 the service was rated Good. At this inspection we found the service remained Good.

At the time of the inspection the service was providing support to 20 people who lived in their own home.

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

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. There were systems in place to recognise, report and ensure people were protected from harm. Each person had a risk assessment which identified possible risks and provided guidance for staff on how to minimise them. Staff had attended safeguarding training and knew how to report any incidents of abuse.

Incidents and accidents were recorded, monitored and lessons were learnt to ensure people were safe. People and their relatives were involved in the review of care plans. We noted staff had a good understanding of people's needs in the way they provide person centred care. People's equality and diversity was at the heart of the service ensuring people's race, age, sex, sexuality, faith, etc. were recognised and respected.

There were sufficient number of staff to meet people's needs. The service's staff recruitment processes were robust ensuring that staff were appropriately checked before they started work. The registered manager provided staff with training, support and supervision that enabled them to deliver effective care.

People's communication needs were included in their care plans. The registered manager also used easy read and pictures as ways of communication to help people access information.

Staff promoted people's independence and made sure that their choices and privacy were respected at all times. They worked well with external health care professionals, and people were supported with their needs and accessed health services when required. People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the

service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

The registered manager welcomed complaints and feedback from people and relatives. This was reviewed and used to solve any concerns and improve the service.

People at the service were supported to choose, prepare and enjoy meals that reflected their dietary and religious preferences.

There were established quality assurance and auditing systems in place to ensure the service was well run and people's needs were met.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Blenheim Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The inspection took place on 14 November 2018. This was an announced inspection, which meant the registered provider knew we would be visiting. We gave the provider 24 hours' notice. This was because it was a supported living service and we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to support us with our inspection. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service and provider. The provider had completed and sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also contacted health and social care commissioners for their feedback on the service.

During the inspection, we spoke with three people who used the service and three relatives of the people. We spoke with two care staff and the registered manager.

We looked at four people's care records and other records relating to the management of the service. This included four staff recruitment records, training documents, accident and incident records, complaints, medicine records, health and safety information and quality monitoring systems.

Good

Is the service safe?

Our findings

People and their relatives told us people were safe in the service. One person said, "Yes, I am safe. I have friends here." A relative told us, "Yes, definitely [my relative] is safe in the service."

People had a risk assessment, which detailed possible risks and how to mitigate them. Staff reviewed the risk assessments regularly to ensure they were always up-to-date. The registered manager had put in place systems to ensure identified risks were managed appropriately. For example, one person who lived on their own, had a panic alarm linked to the provider's office. This ensured that staff were alerted to any incidents involving the person. Staff were aware of each person's risk assessment and how to manage them.

The service had a safeguarding procedure in place. Staff knew what adult safeguarding meant and the action they needed to take if they became aware of people being a victim of emotional, physical, financial or any kind of abuse. They were aware of the whistleblowing policy, which enabled them to report any concerns they had about their employer to regulatory authorities, such as the police or the Care Quality Commission.

People and relatives told us they felt there were enough staff at the service. One person told us that staff were always there to support them with their needs. A relative said they had no concerns about staffing level. Staff told us they had enough time to travel in between care visits to people to ensure they arrived at the scheduled times. One member of staff said, "I have enough time to travel [to a person's place]; it takes me 30 minutes by bus." The registered manager told us and records showed that there was an out of hours on-call system in place to organise extra cover when staff were unable to visit people due to any reasons.

The service had safe recruitment procedures in place. The registered manager carried out the necessary criminal checks to find out if new staff had any convictions or were barred from working with people who use care services. Records showed that new staff had completed application forms and provided two references.

There were infection control procedures to help protect staff and people who used the service. Staff told us they used gloves, anti-bacterial gels and aprons, to prevent the risk of infections spreading when they provided personal care.

A medicine policy and procedure was in place for staff to administer medicines safely. Staff who administered medicines had appropriate training and experience. The Medicine Administration Record sheets (MARs) evidenced people were given their medicines as prescribed. We noted staff regularly audited medicines to ensure any gaps or errors were spotted and appropriate action taken.

The registered manager recorded and monitored incidents and accidents. We noted that lessons were learnt ensuring improvements. For example, the registered manager said they had put a policy in place for staff to seek medical advice if there was a report of a bruise or pain from a person using the service. They said this was a lesson they learnt from a previous incident, which was not reported to a healthcare

professional.

Good

Is the service effective?

Our findings

People and relatives told us staff met people's individual needs. One person said, "Staff are not bad. They help me out if I am stuck." A relative told us, "Staff are very good. They are very knowledgeable. I couldn't wish for better staff." Another relative told us that they were very happy with the care and support staff provided to a person.

Records showed that staff had completed training programmes related to their roles. We also noted there was an induction programme, which new staff completed when they started work at the service. The registered manager confirmed that all staff had previous work experience in care. We noted that there was a plan to provide a care certificate training to staff (a set of standards staff working within health and social care are expected to achieve should a new member of staff without care experience was employed).

Staff told us and records showed that supervision meetings had regularly taken place. One member of staff said, "I had regular supervision with my manager. It helps me improve my work. We discuss work and training." Records also confirmed that staff had annual appraisals.

The 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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We noted staff sought people's consent when providing personal care.

People's needs were assessed by the provider before the person started to use the service. The assessments set out the needs of the person, their current health, what they required help with and how they kept safe. The information was included in their care plan. Each person had a copy of their care plan in their home, which contained details of what support people wanted for each part of the day, such as in the morning and in the evening. Discussions were held with other health or social care professionals for further information and contact details were included in the care plan.

People were supported to have their nutrition and hydration requirements met by staff and told us that staff provided them with food and drink, when they requested it. A person told us, "Yes, the carers do everything and provide me with meals."

People's care was planned and delivered to maintain their health. Records confirmed that people's relatives and their GP were informed of any concerns raised about people's wellbeing or health. Staff told us they knew how to respond to any concerns they had about a person's health. One person told us, "They can't take me to hospital or doctor appointments, only personal care. But they would know what to do if I was unwell."

Good

Is the service caring?

Our findings

People and relatives told us staff were respectful and kind when providing care. One person said, "They are caring. They listen to me." A relative told us, "Staff are very caring and respectful. I can talk to them anytime. They are kind."

Staff told us they had a good understanding of people's care needs and developed positive relationships with people. People and their relatives told us they usually saw the same care staff, who provided care. This ensured continuity of care. We observed in the supported living setting that there was friendly relationship when people interacted with staff.

People and relatives told us they felt comfortable with staff who visited them. One person said, "The carers always take time to chat, they always say good-morning, they always finish task before they leave." A member of staff said, "I really enjoy what I do. I love supporting service users."

People's care plans identified their specific needs and how they were met. People and relatives were involved with making decisions about their care. A member of staff told us, "We encourage people to be independent as much as possible, for example, letting them dress or wash themselves."

The registered manager and care staff recognised and ensured people's human rights were respected and people enjoyed care and support they required regardless of their race, religion, sexuality or gender.

People were treated with respect and dignity, and their privacy was ensured. A person told us, "They are really kind and nice, they knock on the door when they come. They close the door when they give me a wash." One member of staff said, "We give people privacy and make sure they are covered and the doors are closed when providing personal care."

People's personal information and care plans were filed securely in the office, which showed that the registered manager recognised the importance of people's personal details being protected. Staff said they were aware of confidentiality and not sharing people's personal information.

Good

Is the service responsive?

Our findings

People and their relatives told us and we noted in the supported living setting that people had access to a wide range of personalised activities. One person told us, "Staff take me to school, shops, shows and movie." Another person said, "I go out when I like. I use the bus by myself to go to the shops." A relative explained, "[My relative] has activities. [They] also had a holiday. They enjoyed their holiday."

Staff told us people were involved in planning their activities and holidays. They told us each person had their own activity plans. During the inspection, we saw people going out to places independently or supported by staff. We noted that staff had a good understanding of people's needs and supported them with activities that suited them.

People and relatives told us that they were involved in the planning and review of their care. One person said, "Yes, I attended my care review meeting." A relative told us, "I attended care plan review. I am invited to the meeting and we go through it every year. We talk about [my relative's] needs." We noted that the service had a key working system whereby a named staff member took special interest in person's care. This ensured that people's ongoing care needs were discussed and met by staff.

Staff had a good knowledge of equality and diversity. For example, one person's care plan stated that they preferred a male member of staff to support them with their personal care. We noted this was respected.

The service complied with the Accessible Information Standard, in providing easy read formats of care plans and some policies for people who used the service. Staff were involved in creating and updating care plans and this was considered the best way of knowing people. Care plans were personalised describing each person's support needs. For example, care plans detailed the support people needed including the times and duration of support.

People and relatives told us they knew how to make a complaint. One person said, "I talk to staff [if I have a concern]." A relative told us, "I have never had any complaints. If I had a concern, I would go to staff or straight to the manager. There is always someone to talk through with." We noted that the registered manager recorded, investigated and responded to complaints. A letter written by a relative to the registered manager stated, "Your prompt reply [to my complaint] was much appreciated. Thank you for your help again with [my relative's] care."

Good

Is the service well-led?

Our findings

People and relatives spoke highly of the registered manager. One person said, "The manager listens to me. She is good." A relative told us, "I am happy with the manager. I can talk to her; she contacts me by telephone or email and keeps me up-to-date about the care of [person using the service]." We noted from discussions with people, relatives and staff that the registered manager had experience in management and care.

Staff told us they were happy working at the service. One member of staff said, "I won't ask for another manager. You can go to her at any time for anything; she is supportive." Staff told us and records showed that staff meetings were held regularly. We observed a good working environment where staff supported each other.

The management structure was clear. This included the deputy manager (who supported the registered manager) and the operational manager (who undertook audits and supervised the registered manager). We noted that the registered manager used an effective delegation for carrying out tasks such as the monitoring of infection control, health and safety and care plans. The registered manager used 'a recognition of length of service', a programme through which staff who remained employed with the service for a period of five, 10, or 15 years were recognised and received rewards in the form of financial and extra holidays.

The registered manager worked in partnership with other organisations such as GPs, psychiatrists and local authorities. For example, the registered manager was involved in 'a positive support plan', an initiative designed to further develop the service and ensure consistency of support to people. The registered manager also worked with people's relatives and local voluntary groups to ensure people received appropriate support.

People and relatives were able to share their views of the service with the registered manager. For example, tenants' meetings took place every other month and families' meetings, where families shared their views with the registered manger, took place every quarter. We saw the minutes of the tenants' meeting and a relative confirmed that they had attended the quarterly families' meeting.

The registered manger also used satisfactory questionnaires to obtain people and relatives' feedback. The last feedback exercise was conducted on September 2018 and at the time of our visit the outcome was being analysed. A look at a sample of the feedback showed that people and relatives were satisfied with the service. The registered manager told us that the feedback would be collated, analysed and a report produced with an action plan to make further improvements to the service.

The registered manager and deputy manager undertook spot checks of staff visits to people and completion of planned tasks. They also undertook various regular audits including medicines, care plans, health and safety, staff training and people's personal allowances. This ensured that the service was well led.