CareQuality Commission

City of York Council

Flaxman Avenue

Inspection report

77 Flaxman Avenue
York
North Yorkshire
YO10 3TW

Tel: 01904206243

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service
Flaxman Avenue is a short-break support service providing personal care to 2 people at the time of the inspection. The service can support up to 6 people with a learning disability, autism and /or other sensory and complex needs.

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

Right Support:
People were supported in a service which promoted choice, control and independence. Staffing levels ensured people's needs were met. People were supported to take their medicines safely.

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.

Right Care:
Risk assessments were in place, however individual risks to people were not always assessed, and control measures reviewed.

We have made a recommendation about how risks are recorded and managed.

People received person-centred care which met their individual needs. People were always treated with dignity and respect. Staff understood they had a responsibility to protect people from abuse and were clear about how to report concerns and these would be acted upon.

Right Culture:
There was a schedule of audits and governance checks. However, these were not always effective.

We have made a recommendation for the provider to review the effectiveness of governance systems in the service.

The culture of the service was empowering for people receiving care and support. People and their families were communicated with in a way which was appropriate for them. Relatives were involved in developing people's support plans. People were supported to develop skills and be as independent as possible.

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

Rating at last inspection
This service was registered with us on 21 September 2022 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 30 December 2017.

Why we inspected
This was the first inspection since registration.

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.	
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?	**Requires Improvement** ●
The service was not always well-led.	
Details are in our well-led findings below.	

Flaxman 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.

Inspection team
The inspection was carried out by 1 inspector.

Service and service type
Flaxman 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. Flaxman 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
We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 25 October 2023 and ended on 27 October 2023. We visited the location's service on 25 October 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We observed interactions between people and staff, and reviewed feedback from 2 people and their relatives. We spoke with 3 relatives. We spoke with 6 members of staff including the registered manager, the service manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 3 people's care files, including support plans, records of support and their medicine administration records (MARs). We reviewed various other documents and policies relevant to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
• Risks to people were assessed. However, most risks assessments were generalised and did not always consider the individual's specific needs or show control measures to reduce these particular risks. In one case it was not clear that a potential risk was not current.

We recommend the provider review their risk assessment process.

• Support plans detailed how to support people while managing risks and supporting people's independence.
• People's safety was monitored and support plans were reviewed. Staff were diligent about discussing risks with relatives and reporting any changes.

Learning lessons when things go wrong
• There was a process in place to monitor accidents and incidents. These were reviewed by the registered manager. Not all incidents had recorded actions against them, and incident forms weren't noted in people's support plans. We discussed these with the registered manager who was considering additional steps in this process.
• Learning from incidents was shared at team meetings. However, due to staffing levels team meetings had been minimal. Although regular discussions were held with staff members it was not clear what information had been shared.

Systems and processes to safeguard people from the risk of abuse
• Systems and processes were in place to safeguard people from the risk of abuse.
• Staff were trained and knowledgeable about the signs of abuse and were confident to report concerns, should they find any.
• Relatives told us they felt their relative was safe. One relative said, "I'm reassured by staff."

Staffing and recruitment
• The provider had a robust recruitment policy in place. Prior to employment, checks were made on the suitability of potential staff to work with vulnerable people.
• People were supported by enough consistent staff to meet their needs. Although people were often supported by agency staff the service ensured these were familiar with the service and the people they supported. The service was in the process of recruiting more permanent staff.

Using medicines safely

• Medicines were administered safely. People received their medicines as prescribed.
• Robust systems were in place for booking medicines in and out of the service, and these were followed.
• Staff sought guidance from relatives and appropriate professionals when they had any queries about people's medicines.

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.

Good 🟢

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.

This is the first inspection for this newly registered service. This key question has been rated 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
• People's needs and choices were assessed and reviewed each time the person was attending the service to stay. Staff spoke with relatives before any stay commenced and made a record of this conversation and any changes to people's needs
• People's support plans were person-centred and detailed all aspects of their care, support, likes and dislikes.
• Support plans were reviewed regularly.

Staff support: induction, training, skills and experience
• Staff completed training to support people safely and effectively. However, we identified staff had not always completed training relevant to the needs of the people they supported. Although team leaders ensured an appropriate skill mix on each shift.
• Agency staff received an induction from team leaders.
• Staff had received group supervisions.
• Staff saw the registered manager regularly and felt able to seek direct support.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat and drink to maintain a balanced diet. People's support plans showed how they liked to eat their meals. Plans included what support they needed to prepare food, and eat and drink.
• There was a varied menu, developed by people who stayed at the service, and tailored to individual's needs, likes and dislikes.
• Where people needed a specialised diet, this was clearly recorded and staff were knowledgeable about how to prepare these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Staff sought advice and support from relatives and professionals to ensure people's health needs were met. Advice was well-documented and followed.
• People's oral health care needs were documented and routines followed.

Adapting service, design, decoration to meet people's needs
• The service was designed to meet the needs of the people staying there. Appropriate equipment was in place. The environment and decoration supported people's physical and sensory needs.
• Relatives were encouraged to identify and supply familiar items to support people to settle during their

stay.
• Consideration had been given to people's communication needs and items to support a variety of communication styles were evident within the service.
• A programme of refurbishment had been scheduled.

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.

• The service was working within the principles of the MCA. Support plans documented whether people had capacity to make decisions about different aspects of their care.
• Staff were aware of people's capacity to make decisions through verbal and non-verbal means, and this was documented.
• DoLS authorisations had been sought, where applicable.
• Best interest decisions had been undertaken, where appropriate, and documented. However, it was not always clear how relatives had been involved in these decisions. We discussed how this could be documented with the registered manager.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.
This is the first inspection for this newly registered service. This key question has been rated good. 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; respecting equality and diversity
• People were very well supported. They had good relationships with staff.
• Staff were passionate about the people they supported. Staff were caring, patient and attentive.
• Relatives' comments included: "[Name of person] is well cared for and happy in the Flaxman environment", [I am] happy with how staff are attentive", "The staff are very caring. [Name of person] likes being in their company".
• People and relatives were treated as individuals.

Supporting people to express their views and be involved in making decisions about their care
• Support plans provided clear and detailed guidance for staff to follow when supporting people. These included details of how people expressed their choices and how staff could support and encourage these through their interactions. A relative said, "[I am] reassured they understand [name of person]."
• Staff supported and encouraged people to express their views. Staff used people's individual preferred communication styles to develop a rapport with them and support them to make decisions.
• Staff responded to people's wishes promptly.

Respecting and promoting people's privacy, dignity and independence
• Staff respected people's privacy, dignity and independence. Staff knew people well and developed relationships based on trust.
• People's freedoms were respected and they had opportunity for privacy, where safe to do so.
• People's support plans and support notes were written in a respectful manner. Confidential information was stored securely.

Good ●

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 were free to choose how they spent their time when staying at the service. Activities were individualised to support people's needs and preferences.
• People's needs were discussed with them, and relatives, each time they stayed at the service. A relative said, "[Staff are] always very communicative about anything that concerns [name of person]."
• Staff sought guidance from relatives to ensure information was up-to-date and relevant for the person's needs at that time. A relative said, "Everything seems to be communicated, we were involved in the original support plan, also if anything gets changed plans get updated."

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
• People's communication needs were met. Staff knew how people communicated and were observed responding to people appropriately.
• A relative told us, "[Staff] use visual cards to communicate with [name of person]."
• Information within the service was held in a variety of forms to support the communication needs of the people they supported.

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 were supported to take part in activities relevant to them.
• Staff maintained close working relationships with relatives to ensure transitions between going to, staying in the service, and returning home were seamless for the people supported.

Improving care quality in response to complaints or concerns
• The service had a complaints policy and monitored and responded to all comments, concerns, and complaints.
• The registered manager and staff actively sought feedback from relatives.
• Relatives we spoke with told us they had never had cause to complain but were confident if they did their concerns would be addressed quickly.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
• Effective governance systems were not always in place. Not all documentation relating to the management of the service had been updated or reviewed. For example, agency induction records and aspects of people's files contained out of date information. It was not always clear what information was current.
• The registered manager undertook regular checks and audits. However, they were unable to explain a potential discrepancy identified during the inspection. Albeit, this was later explained by another member of the staff team, it was acknowledged the way it was written was confusing. Furthermore, the potential error had not been picked up as part of the auditing process. This meant we could not be assured of the effectiveness of their audits of this process.
• Staff had recently received new job descriptions and were looking forward to working within these. However, due to a shortage of permanent staff this had not taken place. This meant some aspects of the role had not been undertaken. For example, not all documentation within the service had been fully updated.

We recommend the provider ensures the effectiveness of governance systems in the service.

• The service manager undertook regular checks on the audits performed by the registered manager. The nominated individual received regular self-assessment reports from the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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
• Systems were in place to support staff. Staff had received group supervisions and saw the registered manager regularly. Formal support structures, such as regular team meetings, had not taken place due to the lack of permanent staff. A recruitment programme was ongoing.
• The registered manager sent quarterly newsletters to relatives, as a reminder to book stays at the service, and to update relatives about certain changes within the service, such as new staff.
• Whilst there was no formal mechanism or analysis of feedback in place, relatives told us they were happy with communication from the service and the updates they received about the service and people.

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

outcomes for people
• There was a positive culture in the service. People and relatives had good relationships with staff. Staff were committed to ensuring people received good quality, person-centred care tailored to their needs. People received good outcomes as a result.
• Relatives told us they were happy with the care people received and found all the staff approachable.
• There had been a period of transition from the old provider to the new provider which had left staff feeling unsettled. However, staff told us they now felt supported by colleagues and able to approach senior managers.

Working in partnership with others
• Staff members worked closely with all those involved in people's support to ensure the best possible outcomes for those people.
• Staff members worked closely as a team, and with those colleagues in other services within the provider organisation.
• Staff members had produced effective systems to ensure all aspects of people's support was well-planned and provide clear step by step guidance. For example, a whiteboard on the office wall contained reminders for each part of the week, such as 'prepare cooled, boiled water for [person]'.
• Plans were in place to further develop partnership working across different services.