

Mrs Sharyn Deidre Buss

Mrs Sharyn Deidre Buss - 95 Ashley Avenue

Inspection report

95 Ashley Avenue
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Kent
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 13 and 16 November 2015. As people and staff were usually out during the day we gave the provider short notice of our inspection to ensure that someone would be available to meet us. The inspection was carried out by one inspector. The previous inspection on 20 February 2014 found that there no breaches in the legal requirements.

The service is registered to provide accommodation and personal care to three people who have a learning disability. There were no vacancies at the time of the inspection. The service is a semi-detached house with accommodation over two floors, which stands back a little from a road. Two bedrooms and a shower room are situated on the ground floor. Shared areas are a lounge and kitchen/diner. There is an upstairs bathroom and the

Summary of findings

third bedroom. The service has small patio garden areas and parking to the front as well as additional on street parking. People freely accessed the service and spent time where they chose.

The service does not require a registered manager as the provider manages this service and another owned by her locally. 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.

People benefited from living in an environment and using equipment that was well maintained. However the electrical wiring certificate had expired and the wiring had not been retested.

Medicines were handled safely and people received them in line with the prescriber's instructions.

Care plans contained information about people's wishes and preferences and used pictures and photographs to make them more meaningful. People had regular reviews of their care and support where they were able to discuss or express any concerns or aspirations. Risks were assessed and staff took steps to keep people safe.

People were protected by safe recruitment procedures. New staff underwent an induction programme, including shadowing experienced staff, until staff were competent to work on their own. Staff received training relevant to their role. Staff had opportunities for one to one meetings, staff meetings and appraisals, to enable them

to carry out their duties effectively. Some staff had gained qualifications in health and social care. People had their needs met by sufficient numbers of staff. Rotas were based on people's needs and activities.

People were relaxed in staff's company and staff listened and acted on what they said. People were treated with dignity and respect and their privacy was respected. Staff were very kind in their approach. Most staff had worked at the service for some considerable time and had built up relationships with people and were familiar with their life stories and preferences.

People had a varied diet and were involved in choosing their meals. Staff understood people's likes and dislikes and dietary requirements and encouraged people to eat a healthy diet. People attended day centres and did a variety of activities that they had chosen, they regularly accessed the community and had their independence encouraged where possible.

People were supported to maintain good health and attend appointments and check-ups. Appropriate referrals were made to health professionals if and when required.

People did not have any concerns, but felt comfortable in raising issues. Their feedback was gained both informally and formally. The provider and deputy manager worked alongside staff and took action to address any concerns or issues straightaway to help ensure the service ran smoothly.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

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 not always safe.

The premises were well maintained and equipment was in good working order. However the electrical wiring certificate had expired and the electrical wiring had not been retested.

People were given the medicines they needed at the right times. Risks associated with people's care and support had been assessed and steps were taken to keep people safe.

People were protected by safe recruitment procedures and there were sufficient numbers of staff on duty to support people.

Requires improvement



Is the service effective?

The service was effective.

Staff received induction and training relevant to their role. Staff were supported and received regular meetings with their manager.

People received care and support from a very small team of staff who knew people well. People were supported to maintain good health and attended regular health appointments to maintain their health.

Staff understood that people should make their own decisions and followed the correct process when this was not possible.

Good



Is the service caring?

The service was caring.

People were treated with dignity and respect and staff adopted an inclusive, very kind and caring approach.

Staff supported people to maintain and develop their independence where possible.

Staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed in the company of the staff and communicated happily.

Good



Is the service responsive?

The service was responsive.

People received personalised care, which was detailed in their care plans and reflected their wishes and preferences.

The service sought feedback from people and their relatives both informally and through care review meetings. People did not have any concerns.

Good



Summary of findings

People had a varied programme of activities and were not socially isolated and staff supported people to access the community.

Is the service well-led?

The service was well-led.

The provider and deputy manager worked alongside staff, which meant any issues, were resolved as they occurred and helped ensure the service ran smoothly.

There was an open and positive culture within the service, which focussed on people. Staff were aware of the provider's philosophy and this was followed through into their practice.

There were audits and systems in place to monitor the quality of care people received.

Good



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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 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 13 and 16 November 2015. As people and staff were usually out during the day we gave the provider short notice of our inspection to ensure that someone would be available to meet us. The inspection was carried out by one inspector.

Prior to the inspection we reviewed information we held about the service, we looked at previous inspection reports

and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with one person who used the service, a relative, the provider and two members of staff.

Two people using the service were unable to speak with us directly about their views of the service so we observed staff carrying out their duties, communicating and interacting with people to help us understand people's experiences of living there. We reviewed people's records and a variety of documents. These included two people's care plans and risk assessments, medicine administration records, the staff training and supervision records, staff rotas and quality assurance surveys and audits.

We contacted two social care professionals who had had recent contact with the service and received feedback from one.

Is the service safe?

Our findings

Most people were unable to tell us whether they felt safe but we observed them to be relaxed and comfortable in the presence of staff who knew their needs well. One person told us they felt safe living at 95 Ashley Avenue and a relative also felt people were safe. During the inspection the atmosphere was happy and relaxed. There were good interactions between staff and people with people relaxed in the company of staff. Staff were patient and people were able to make their needs known.

People benefited from living in an environment and using equipment that was generally well maintained. There were records to show that equipment and the premises received regular checks and servicing, such as checks for fire equipment and electrical items. However the electrical wiring certificate had expired and the provider had failed at the time of the inspection to have the wiring retested, which meant the provider could not be confident it was safe.

The provider had failed to mitigate risks in relation to the premises. This is a breach of Regulation 12(2)(d) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been on-going redecoration to both the interior and exterior of the premises since the last inspection resulting in a clean, fresh and homely environment for people to live. New flooring had been laid in the bathroom and shower room, a new toilet fitted and a bathroom cupboard and new patio doors installed into the garden. One person and their relative confirmed that equipment and the premises were well maintained and was always in good working order. In a recent survey people and relatives confirmed that they felt no improvements were required to the environment.

Risks associated with people's care and support had been assessed and procedures were in place to keep people safe. These enabled people to be as independent as possible and access the community. For example, crossing the road, mobility, accessing the community, showering and dressing and eating and drinking.

People received their medicines safely and when they should. There was a clear medicines policy in place and staff had received training in medicine administration. Medicines were supplied weekly in a monitored dosage

system. These were checked by staff on arrival. Medicines were stored safely and records showed that people received their medicines in line with the prescriber's instructions. A risk assessment was in place where one medicine was stored in a bathroom to ensure this was safe. There was a safe procedure in place for medicines to accompany people to day centres and to return medicines safely to the pharmacist if they were no longer required.

Staff were patient and people were able to make their needs known. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy in place, which staff knew how to locate. Staff were familiar with the process to follow if any abuse was suspected in the service; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

Accident and incidents had been previously reported and recorded. There had been no accidents in the last 12 months. There was a clear written accident procedure in place and staff demonstrated in discussions that they knew what action to take should an accident occur, in order to keep people safe.

The provider had systems in place to deal with emergencies. For example, if there was bad weather most staff lived locally and could walk into work so that people's care and support would not be disrupted and the provider also lived close by. People were involved in fire drills so they would be familiar with keeping safe in the event of a fire.

People had their needs met by sufficient numbers of staff. One person and their relative told us they felt there were sufficient numbers of staff on duty. Staffing numbers were calculated based on people's chosen activities and needs. During the inspection staff were responsive to people and were not rushed in their responses. During the day when people were engaged in activities at local day centres there were no staff on duty, although the provider and deputy manager were on call. Both the deputy manager and the provider worked across two services owned by the provider, 95 Ashley Avenue and another. They worked in a managerial role as well as covering the rota. There were two staff on duty 7.30am to 10.00am and then again when people returned from the centres at 3.30pm to 8.00pm. After 8.00pm staffing reduced to one. At weekends staffing

Is the service safe?

was a minimum of one, but could increase to two depending on people's activities. There was an on-call system covered by the provider and deputy manager. The service used existing staff to fill any gaps in the rota.

People were protected by robust recruitment procedures. We looked at one recruitment file of the only staff member

who had been recruited since the last inspection. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

Is the service effective?

Our findings

One person told us they were “Happy” and “Liked” living at 95 Ashley Avenue. This was also reflected in quality assurance surveys people had completed. A relative was satisfied with the care and support their family member received. They told us “This is the best place I have been in, it is lovely”. A social care professional felt staff had a very good understanding and knowledge of people and their care and support needs. They said, “They pick up on everything and call to talk things through”.

Care plans ‘All about me’ were put together using photographs, words, symbols and pictures. They contained information about how each person communicated including photographs of how people displayed facial expressions and body language for both pleasure and dissatisfaction and this was reflected during the inspection. Staff were patient and not only acted on people's verbal communication, but their facial expressions, noises and gestures. Staff also used pictures and photographs to communicate.

People reacted or chatted to staff positively when they were supporting them with their daily routines. Staff were heard offering choices to people during the inspection. For example, what to eat, where they wanted to spend their time and what they wanted to do.

Staff understood their roles and responsibilities. Staff had completed an induction programme, which had been developed to include specific training about supporting each individual who lived at the service. Induction included getting to know people, their routines and the building, shadowing experienced staff until staff were confident and the staff member they were shadowing was also confident in their ability and then attending training courses. All staff had a six month probation period to assess their skills and performance in the role. Staff received refresher training periodically. This included moving and handling, health and safety, infection control and basic food hygiene. The provider told us two courses for refresher training in first aid and the Mental Capacity Act had been cancelled but these were now rebooked. Some specialist training was provided, such as training on autistic spectrum disorder, epilepsy, continence management and communication. Staff felt the training they received was adequate for their role and in order to meet people's needs.

Four of the five staff team had obtained Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff told us they had opportunities to discuss their learning and development in regular one to one meetings with their manager, as well as group meetings and an annual appraisal. Staff meetings were joint meetings with staff from the other service owned by the provider. Staff said they felt very well supported.

One person told us their consent was gained, by themselves and staff talking through their care and support. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. Staff had received training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 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. The provider had previously been involved in a best interest meeting regarding medical treatment and understood the process, which had to be followed when one was required. No one living at the service was subject to a DoLS at the time of the inspection.

People had access to adequate food and drink. Staff told us no one was at risk of poor nutrition although one person required support to eat and drink. One person told us the food was “Nice” and they were asked about what they wanted for their evening meal each morning. In a recent survey people and relatives indicated that they were satisfied with the choice of food and meals provided. Lunch was a sandwich or light meal with the main meal being served in the evening. Food looked appetising and people were observed to be enjoying their evening meal. There was a varied menu, which was encouraged by using pictures and photographs and staff added their knowledge of people's likes and dislikes where some people were unable to make a choice. People's weight were monitored and a healthy diet was encouraged by staff. Health

Is the service effective?

professionals had previously been involved in the assessment of one person's nutritional needs. Recommendations they had made were followed through into practice. For example, they had a soft diet or their food cut into small bite sizes pieces to reduce the risk of them choking.

People's health care needs were met. People told us they had access to appointments and check-ups with dentists, doctors, physiotherapist, occupation therapist, the

Parkinson nurse and opticians. People attended clinics, such as the well-man clinic, as a proactive way of maintaining good health. One person told us if they were not well staff supported them to go to the doctor, although records showed people were generally fit and healthy. Staff told us they knew people and their needs very well and would immediately know if someone was not well. A relative told us that any health concerns had been acted on.

Is the service caring?

Our findings

One person told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. One person said they liked all the staff and they were kind and caring. During the inspection staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily using either verbal communication or noises and gestures. A relative was complimentary about the staff. In a recent survey people and relatives indicated that people were well cared for.

A social care professional felt staff were “Very” caring and “Nothing, but caring”.

One person confirmed that they were able to get up and go to bed as they wished. Care plans contained people’s preferred getting up and going to bed times based on staff’s knowledge. People were able to choose where they spent their time. During the inspection people accessed the house as they chose. For example, two people spent time in the kitchen/diner with staff. The third person chose to spend time in their own room. When one person wished to go into the lounge they made their needs clear and staff responded. There were areas where people were able to spend time, such as the lounge, kitchen/diner or their own room, which was decorated to their choice. One person told us they had their privacy respected. They told us staff knocked on their door and asked if they could come in before entering. This was also confirmed by a relative. Bedrooms were individual and reflected people’s hobbies and interests.

People’s care plans contained details of people who were important to them, such as family members. Care plans detailed people’s preferred names and we heard these being used.

People’s family were able to visit at any time, which was confirmed by a relative. People’s care plans contained information about their life histories. In one case we saw that the information had been put together by their family. This information helped staff to understand people and what was important to them. During the inspection it was apparent that people respected each other and close friendships had grown between some of them. We observed one person regularly checking with staff that

another person was “OK”. Staff told us that one person always made sure another’s lunch box was how they liked it and always carried their bag for them when they went and came back from the day centre.

During the inspection staff talked about and treated people in a respectful manner. Staff suggested to one person they might like to spend time building their bricks and when the person got their bricks out they joined them all the while encouraging them to build blocks and also building blocks together. In another case whilst one person was waiting for mealtime staff got a musical book and began to sing along and we saw the person’s body language was that they were enjoying this. During the inspection staff were observed to get down to people’s level when communicating and give people reassuring smiles and touches to the shoulder or hold their hand in between preparing the evening meal.

The staff team was small, but mostly a long standing team with many working years for the provider, enabling continuity and a consistent approach by staff to support people. A relative told us that people’s privacy and dignity was always respected. A social care professional told us that people were “Absolutely” treated with dignity and respect. Care records were individually kept for each person to ensure confidentiality and held securely.

One relative in a letter of compliment written to the service had commented, “I want to say thank you for being so caring. (Family member) could not have been loved and cared for more. You gave (family member) a great life”. Another compliment letter stated “You kept me informed. Many thanks to you all for continuing the excellent care that (family member) gets”.

People’s independence was encouraged. One person and their relative talked about how the person’s mobility had really improved since moving into 95 Ashley Avenue. When they arrived they had used a wheelchair, but regular exercises and encouragement from staff meant they could now walk around within the service unaided and used a Zimmer or wheelchair when accessing the community. Drinks were served in a jug so one person was able to help themselves. A social care professional felt staff had developed person’s independence.

Staff told us at the time of the inspection most people that needed support were supported by their families or their care manager. However one person was visited regularly by an advocacy service.

Is the service responsive?

Our findings

One person told us they were aware of their care plan and had had a review meeting to discuss their aspirations and any concerns. They said a family member had attended their review along with their care manager. People had the opportunity to voice or express any concerns they may have had during their review meeting.

Two people had lived at the service since 1999 and another had moved in this year. When people had moved into the service, the service had obtained pre-admission assessment information, included assessments from professionals involved in the person's care, to ensure that the service was able to meet their needs. Following this the person was able to 'test drive' the service by spending time, such as for meals or an overnight stay, getting to know people and staff. The provider made sure people were compatible with each other before anyone moved in. Care plans were then developed from discussions with people, observations and assessments. Care plans contained details of people's choices and preferences, such as food and drink.

Care plans contained information about people's wishes and preferences. People had been involved in creating their care plan 'All about me' and were familiar with the content. Symbols, pictures and plenty of photographs had been used to make them more meaningful. They showed the things people could do for themselves every day and what staff needed to help them with, the things people were good at, the things they would really like to do.

People were involved as much as possible in planning their care and had regular review meetings to discuss or express their aspirations and what they had been doing. A relative told us they had attended the review meeting. A review meeting was held annually between the individual, their social worker, their family and staff. People or staff on their behalf were asked to prepare for their meeting by thinking and recording all about them and their health, what they needed support with and what they had done since their last review meeting. Staff handovers, communication books and team meetings were used to update staff regularly on people's changing needs.

People had a programme of leisure activities in place, which they had chosen or were based on staff's knowledge of the individual. People attended various local day centres during the week, which they enjoyed. Staff knew people well and what activities they enjoyed as individuals. Activities included photography, arts and crafts, reflexology, swimming, volley ball and table top board and card games. One person talked about how they had had the opportunity to try another activity, but had decided against going and this had been respected.

People were aware of their activity programme and one person talked about what they did each week. Other leisure activities included listening to music and watching DVD's or the television. Recent outings had included going out for a pub meal, going bowling in Maidstone, shopping, and a picnic in Victoria Park, Ashford. In a recent survey people and their relatives indicated that they were satisfied with the choice of outings.

One person told us they would speak to the relative if they were unhappy, but did not have any concerns. They felt staff would sort out any problems they had. In a recent survey people and their relatives indicated that they felt able to complain and raise issues. There had been no complaints received by the service in the last 12 months. There was an easy read complaints procedure so people would be able to understand the process. The provider and deputy manager worked 'hands on' shifts so they were available if people wanted to speak with them.

People had opportunities to provide feedback about the service provided. People had regular review meetings where they could give or express feedback about their care and support and the service provided. The provider worked alongside staff, so was able to see and hear feedback. People and relatives had completed questionnaires to give their feedback about the service provided. Responses had been very positive. There was also a compliment letter from a relative, which was very positive about the service their family member had received.

Is the service well-led?

Our findings

The provider managed the service themselves and there was no requirement to have a registered manager in place. The provider owned this and another service and managed them both supported by a deputy manager. One person and their relative spoke highly of the provider. They felt very comfortable in approaching and speaking with them. Staff felt the provider motivated them and the staff team. One staff member said, “She encourages training”.

The provider saw that staff training would help provide and enhance an environment of efficiency and professional expertise for people. This in turn they felt would build the confidence of individual people and maximise their quality of life and fulfil their potential. The provider had changed their training provider in the last 12 months, which delivered courses at the service. They had found that the quality of these courses was better and helped towards the ethos of the service. This was confirmed by staff. The provider organised team building social events, such as birthday and Christmas meals for staff.

Staff told us the provider adopted an open door policy regarding communication. Staff told us they felt the provider listened to their opinions and took their views into account. One staff member said, “She is really nice and always available when you need her. It’s like a family here. We always talk about things and work together. You can go straight to her with any issues”.

One person and their relative felt the service was well-led. The service was very small and it was evident from discussions that any issues or concerns were dealt with at an early stage, to help ensure the service ran smoothly. The provider worked alongside staff and saw problems as and when they occurred. Staff felt the service was well-led.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included regular checks on the medicines systems, health and safety checks and the environment.

A social care professional felt the service was well-led. They said, “I couldn’t wish for better and (deputy manager) is very good”.

In addition to the internet, the provider attended meetings and forums held by the local authority to keep up to date with changing legislation and policy. They told us they had recently attended a meeting about the future of care and support within Kent. The provider also worked closely with other providers of care and support, sharing knowledge, such as the day centres.

The provider’s philosophy was included in the staff information handbook. The provider told us staff were aware of the philosophy of the service through induction training. Staff knew and understood the philosophy, which was to develop a supportive framework to enable people to maximise their potential, provide care to the highest standard and maintain people’s mental and physical well-being, their happiness and their dignity. It was evident during the inspection that this was followed through into practice.

People and relatives completed quality assurance questionnaires to give feedback about the services provided. Responses were positive, but staff told us if there were any negative comments these would have been used to drive improvements required to the service. Staff had also completed quality assurance questionnaires and again these were positive. They showed that staff felt confident in approaching the provider with any problems and felt secure in the knowledge that the matter would be acknowledged and acted on/resolved.

Staff said they understood their role and responsibilities and felt they were very well supported. They had team meetings, supervisions and handovers where they could raise any concerns and were kept informed about the service, people’s changing needs and any risks or concerns.

Staff had access to policies and procedures via the staff handbook. These were reviewed and kept up to date. Records were up to date, well maintained and accessible during the inspection. Records were held securely.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to mitigate risks in relation to the premises.</p> <p>Regulation 12(2)(d)</p>