

Avenue Community Nursing Home Limited

The Avenue Community Nursing Home

Inspection report

47 The Avenue
Linthorpe
Middlesbrough
TS5 6PE
Tel: 01642 816721

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection on the 7 May 2015. The inspection was unannounced which meant the staff and provider did not know we would be visiting

The Avenue Community Nursing Home provides services for up to 13 people with mental health needs. It is a converted Victorian property in Linthorpe which is close to the centre of Middlesbrough.

The home had a registered manager in place and they have been in post since 1999 and registered with the Care

Quality Commission since December 2010. 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.

Summary of findings

We found that medicines were stored and administered appropriately, however there were gaps in recording of room temperatures.

The registered manager had knowledge of the Mental Capacity Act [MCA] 2005 and Deprivation of Liberty Safeguards [DoLS]. The registered manager understood when an application should be made, and how to submit one. At the time of our visit there was no one that was subject to a DoLS authorisation.

One person's care file stated that they could not go out alone as they have no road sense and that staff were to escort at all times. The registered manager or staff had not obtained formal consent for this. The person had capacity and although was happy with this arrangement, an in house agreement had not been completed or signed. Therefore they had made a decision about this person without gaining their consent.

Staff we spoke with understood the principles and processes of safeguarding, as well as how to raise a safeguarding alert with the local authority. Staff said they would be confident to whistle blow (raise concerns about the home, staff practices or provider) if the need ever arose.

Staff did receive relevant training although some was out of date. No competency assessments took place.

Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the registered manager.

Staff were observed to be caring and respected people's privacy and dignity. People who used the service said that staff were caring and kind.

People were supported to access healthcare professionals and services.

People who used the service had freedom to come and go as they pleased and all enjoyed their activities such as movies, swimming, shopping or listening to music.

People living at the service said they felt safe within the home and with the staff who cared for them. One relative of a person who used the service also indicated that their family member was safe.

People's care records were person centred, person centred planning [PCP] provides a way of helping a person plan all aspects of their life and support, focusing on what's important to the person. The care plans were found to be detailed outlining the person's needs and risks. Risk assessments were in place and these were completed by both staff and the person who used the service. Care plans provided evidence of access to healthcare professionals and services.

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection the accidents and incidents were too few to identify any trends.

We found people were cared for by sufficient numbers of staff. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. However we did not see any evidence of proof of ID. Employers must see original documents of ID, check they are valid and keep copies of the documents and record the date they made the check.

We saw that the service was clean and tidy and there was plenty of personal protection equipment [PPE] available.

We observed a lunchtime and teatime meal. People had choice and enjoyed the food on offer. One staff member was concerned about some people who used the service putting on weight and was keen to offer more healthy options and try and encourage people to cut down on takeaways. On the day of our inspection they had hotdog buns and onions for lunch and cheeseburger, chips and beans or spaghetti for tea.

Staff were supported by the registered manager and were able to raise any concerns with them. Lessons were learnt from incidents that occurred at the service and improvements were made if and when required. The service had a system in place for the management of complaints although had not received any. They had recently introduced a compliments book and had received two.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and water temperature checks. We did not see any evidence of personal emergency evacuation plans [PEEPS]

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

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager.

Assessments were undertaken to identify risks to people using the service and others. Risk assessments were in place and people who used the service were involved in these.

Medicines were stored securely and administered appropriately, although there were gaps in temperature recording.

Staffing levels were appropriate. Recruitment procedures were in place but the required information relating to staffs proof of ID was not documented.

Good



Is the service effective?

The service was not always effective.

Staff had the knowledge and skills to support people who used the service.

People were supported to have their nutritional needs met, although more healthier options should be encouraged.

Staff did have an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards [DoLS] and they understood their responsibilities. Care records for one person did not demonstrate that consent was sought.

People were supported to access healthcare professionals and services.

Requires Improvement



Is the service caring?

The service was caring.

Staff were caring and respected people's privacy and dignity. People who used the service said that staff were caring and kind.

Staff knew people who used the service well and involved people in all aspects of their care.

Wherever possible, people were involved in making decisions about their care and independence was promoted.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and their care planned, care plans were person centred.

Good



Summary of findings

People had access to opportunities for social stimulation or activities that met their individual needs and wishes.

A complaints and compliments process was in place although they had received no complaints.

Is the service well-led?

The service was well-led.

Staff said they were supported by their registered manager and felt they were open and honest.

People were encouraged and supported to provide feedback on the service. We saw that meetings were held with people who used the service

The service had processes in place to review incidents that occurred and we saw that action was taken to reduce the risk of them reoccurring.

We saw evidence of one medication audit and one infection control audit, these took place yearly.

Good



The Avenue Community Nursing Home

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 the 7 May 2015 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the home. We looked at notifications that had been submitted by the home. This information was

reviewed and used to assist with our inspection. We also received information from a recent review by Middlesbrough Contracts and Commissioning Team and spoke with a Commissioning and Development Officer

The provider was asked to complete 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.

During the visit we spoke with seven people who used the service, the registered manager, one nurse and the housekeeper. We also spoke with one relative of a person who used the service and two visiting healthcare professionals [an approved mental health practitioner and a social worker]. We undertook general observations and reviewed relevant records. These included three people's care records, three staff files, audits and other relevant information such as policies and procedures. We looked around the home and saw some people's bedrooms, bathrooms, the kitchen and communal areas.

Is the service safe?

Our findings

All the people who used the service with whom we spoke with said they felt safe within the home and with the staff who supported and cared for them. One person said, “I feel secure, very secure.” Another said, “I feel safe, this makes me feel good inside.”

A relative we spoke with said, “I know she is safe, I don’t worry.”

We looked at the arrangements that were in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. The service provided a safe and secure environment to people who used the service and staff. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. We were provided with the safeguarding policy. We noted that this policy did not contain any information about the different types of abuse or signs and symptoms. The registered manager said they were in the middle of updating all the policies.

Staff did tell us that they felt confident in whistleblowing [telling someone] if they had any worries. Staff told us that they felt able to raise concerns with the registered manager and also knew that they could contact CQC or the Local Authority if they felt that appropriate action had not been taken. There was information on safeguarding and whistleblowing on notice boards in the hallway.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and water temperature checks. The three directors, one of which is the registered manager completed monthly health and safety audits. They had recently introduced monthly health and safety meetings, where both staff and people who used the service attended. During this meeting they discussed any accidents and actions taken.

We found that risk assessments were in place, as identified through the assessment and care planning process; and they were regularly reviewed and evaluated, which meant that risks were identified and minimised to keep people safe. People who used the service were encouraged to highlight and discuss risks for themselves by doing a self assessments.

We also saw general risk assessments which included moving and handling, lone working and hot water/ surfaces risk assessments.

We did not see evidence of Personal Emergency Evacuation Plans [PEEP] for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. **We recommended to the registered manager to put PEEPs in place for each person who lived there.**

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection the accidents and incidents were too few to identify any trends.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. There was a nurse on duty each day and night supported by one or two care staff. The registered manager said staffing was flexible and if people needed to attend hospital appointments, extra staff were on duty.

We looked at the recruitment records for three members of staff. The majority of staff had worked at the service for a number of years. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. However there wasn’t any evidence of proof of ID on any files. Employers must see original documents of ID, check they are valid and keep copies of the documents and record the date you made the check. We discussed this with the registered manager who said they had seen people’s ID but not copied it for files, they would arrange to add these to staff files. We saw they had obtained references from previous employers and we saw evidence that a Disclosure and Barring Service [DBS] check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

The service had relevant disciplinary procedures in place. There was no one subject to a disciplinary at the time of our inspection.

Is the service safe?

We checked the management of medicines and saw people received their medicines at the time they needed them. We observed a lunch time medicines round. We saw photographs were attached to people's medicines administration records [MAR], so staff were able to identify the person before they administered their medicines. We found staff checked people's medicines on the MAR chart and medicine label, prior to supporting them, to ensure they were getting the correct medicines.

Medicines were given from the container they were supplied in. We saw staff explain to people what medicine they were taking and why. Staff also supported people to take their medicines and provided them with drinks. We saw staff remain with the person to ensure they had swallowed their medicines and signed the MAR after administration. Medicines were not left unattended and the trolley was locked after administration.

MAR charts showed that on the day of the inspection staff had recorded when people received their medicines and that entries had been initialled by staff to show that they had been administered. The staff member showed us the daily MAR chart audit, which was used to identify any 'gaps' in entries.

We saw that there was written guidance for the use of "when required" medicines (PRN), and when these should be administered to people who needed them, such as for pain relief.

We saw all medicines were appropriately stored and secured within the medicines trolley. We saw that temperatures of the storage area for medicines were not documented daily. The temperature was taken on the 7 May 2015 and before that it was the 19 April 2015. Temperatures should be recorded daily to ensure medicines are stored safely.

Medicines training was up to date. We did not see evidence of competency checks. We discussed this with the registered manager who said they did not do them. **We recommend the registered manager introduces competency checks at least annually or more if required as per NICE guidelines 1.17.5.**

The service had carried out a medication audit on the 6 April 2015. We were told these were carried out annually. The audit had an action plan and each action had been carried out.

We saw that the service was clean and tidy and there was plenty of personal protection equipment [PPE] available.

Is the service effective?

Our findings

We asked people who used the service if they thought the staff had the skills and the knowledge required. People who used the service said, “The staff are all good in their own rights.” Another said, “Staff make me feel very comfortable.” One person we spoke with said, “Since I have been here, I have not once felt any aggression or violence.”

The relative we spoke with said, “Staff are amazing, they have a lot to cope with and go beyond the call of duty.”

Staff we spoke with said, “X (the registered manager) asks us to join in any training that comes up, I have just done dementia.”

The registered manager and staff had knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards [DoLS]. The registered manager understood when an application should be made, and how to submit one. At the time of our visit no one was subject to a DoLS authorisation.

One person’s care file stated that they could not go out alone as they had no road sense and staff were to escort them at all times. The registered manager or staff had not obtained formal consent for this. The person had capacity and although was happy with this arrangement, an in house agreement had not been completed or signed. Therefore they had made a decision about this person without gaining their consent. We discussed this with the registered manager who said they would get an in house agreement signed.

We saw evidence of consent to share personal information in the care files. There was consent to administer medication but none of these were signed by people who used the service.

We asked to see the training chart and matching certificates. There was no planned in training they just did it as and when needed or if someone wanted to do a particular subject. The majority of the training was still in date although some training such as food hygiene should be done yearly and this ran out in Feb 2015. The registered manager was going to assess all the training and update where necessary.

Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the registered manager. One staff member said, “I find the supervisions very helpful, you can always run things past X [the registered manager].”

Staff also completed a personal development plan which discussed learning's from their successes and what their target achievements were.

One staff member was concerned about some people who used the service putting on weight and was keen to offer more healthy options and try and encourage people to cut down to at least two takeaways a week.

On the day of our inspection they [the people who used the service] had hotdog buns and onions for lunch and cheeseburger, chips and beans or spaghetti for tea. One person did not want hotdogs so chose a corned beef sandwich instead. Lunch was at 12 midday and tea was at four pm. We were concerned that both meals in one day were not particularly healthy options and also the main meal at tea time was quite early therefore people may be hungry by eight or nine pm.

We discussed this with an external healthcare professional who said, “The issue of meal times ending at 4pm was highlighted in a previous review and they were asked to be more flexible with this. Otherwise, the residents resort to unhealthy takeaways. I think they certainly could do more to encourage people to use the kitchen themselves, rather than just saying that they are not interested.”

Staff we spoke with said, “We try to involve people with the cooking and household tasks but they are not interested.” Another staff member said “This is their home, we are the visitors, so if they don’t want to do anything we can’t make them.”

We would recommend that the registered manager looks into people’s diets and incorporates more healthy food options and possibly later meal times.

People we spoke with were very complimentary about the food, one person we spoke with said, “We get a good varied diet, my favourite is pork and chicken dinners. “ Another person said, “The food is fantastic.”

We did see evidence of a food satisfaction survey from March 2015 and the overall rating was very good.

Is the service effective?

People were supported to appointments with external healthcare professionals such as the community psychiatrist, GP and optician, evidence of visits were documented in their care files.

Staff we spoke with said, “We are aware that the building does not support people who may start having mobility

problems and we are keeping an eye on this. We only have one person at present and they have a ground floor room, so they are fine.” And “We had one person who did have a ground floor room and did not feel safe, they wanted to be upstairs, we arranged this and they now feel safe.”

Is the service caring?

Our findings

We spoke with people who used the service they said, “It is marvellous here, I get along with the staff, they do everything for me.” And “If you have a problem staff really help you, they have time for you.” Another person said, “it’s a proper home, I love it.” And one person said, “It is cosy, you get your own freedom and there is always company for you.”

The relative we spoke with said, “Staff are amazing, X the housekeeper works really hard.”

The healthcare professional we spoke with said, “Staff are always very welcoming, they are good at keeping in touch and take on board advice.” And “It is a homely, positive environment.”

We observed the care between staff and people who used the service. Staff knew people well and the environment was very family orientated. Many people who used the service had lived there for about 17 years or more.

Staff clearly cared for people but did not always prompt people to carry out tasks for themselves to maintain and increase their independence. For example people were not encouraged to clean up after themselves. We noticed that people were now not doing their own laundry. Last year during inspection we were told that people who used the service did their own laundry on a specific day. This year the housekeeper and the nurse were doing laundry. Staff were in danger of de skilling people whilst thinking they were caring for them.

All except the one person who needed support to access the community, were fully independent and could come and go as they pleased.

People we spoke with said, “I can do what I want it’s fantastic.” Another said, “I am just off to vote.” One person said, “I like going to Whitby, I often get on the bus and spend the day there.”

The registered manager said, “All residents were encouraged to exercise their rights to vote in the recent election.”

People were treated with dignity and respect and we saw staff knock on people’s doors before entering.

We asked staff how they promote privacy and dignity. One staff member said, “We always knock on doors and we work round them, for instance if they are spending time in their room, we may quickly nip in and tidy round when they are having a shower or having lunch, that way we don’t disturb them.”

People were able to make choices. We saw people had signed a form in their care plans to state what they would like the housekeeper to do. They signed to say they provide permission for the housekeeper to enter their room with a key and pick things up off the floor.

The service also used the Outcomes Star model, this is a system that both measures and supports progress for people who used the service towards self-reliance or other goals.

The service also used a wellness and recovery action plan [WRAP]. The Wellness Recovery Action Plan is an evidence based practice that is used world-wide by people who are dealing with mental health challenges as well as medical conditions.. One person’s WRAP included a daily maintenance list, things they would like to do for themselves everyday to keep themselves feeling alright. This was last updated on the 11 March 2015. It had been highlighted on a recent contracts review that they need to ensure WRAPS were up to date and relevant to people’s needs. We questioned this with the registered manager who said they are now updating them and putting them with daily handover notes.

Is the service responsive?

Our findings

We looked at care plans for three people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Individual choices and decisions were documented in the care plans and they were reviewed monthly. There was some very useful information in the handover notes that would be good to have added into the care plans.

The care files we looked at were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. The files had information stating their life history which included past relationships and family, psychiatric history and psychological wellbeing, which included thoughts, likes and preferences.

Daily records were kept separately in a file to discuss at handover, these included information on certain illness such as epilepsy and diabetes. They also included signs and symptoms of drug toxicity. Drug toxicity is the systemic effects of a drug that are related to the overall level of the medication in the bloodstream. Drug toxicity may occur with over dosage of a medication, accumulation of the drug in the body over time or the inability of the person's body to eliminate the drug.

Care files showed that staff and people who used the service did an assessment. Staff assessed each person through their own perception, such as what do they think are X's main problems and what do they anticipate for X's future. The person who used the service did their own assessment as to what they thought their main problems were and what they themselves anticipated for the future. This showed that people were fully involved in their care and wellbeing.

People who used the service were in and out of the home continuously throughout the day, going to the shops, to vote, or just out for a walk. People had total control over

what activities they did throughout the day, some people attended day centres, some went on day trips out such as to Whitby, some people preferred to stay in and watch movies. One person who used the service said, "I went swimming yesterday, I like swimming."

We discussed whether group activities take place and we told this does not happen often as people independently get on with their own things but one person said, "I sometimes play cards or scrabble with other people who live here."

The registered manager said, "Our aim is to promote independent living. We endeavour to ensure our residents exercise their rights to an independent life style."

Any group event such as new year's eve were analysed afterwards. Everyone was asked their opinion of how things went and if they enjoyed it. The registered manager said they used this to improve future events.

There was full documentation on what people wanted to do for their birthdays. Some people wanted parties, others just a nice meal with their favourite food.

People who used the service went on holidays to Blackpool or Scarborough. People talked about this saying how much they enjoyed it. Holidays were evaluated afterwards and from this evaluation it was decided that Blackpool was not enjoyed as much as Scarborough, mainly due to being very busy.

We saw the complaints policy. The service had not received any complaints. They had recently introduced a compliments book of which they had received two compliments since March 2015. We asked people and the relative we spoke with if they knew how to make a complaint, all said they would speak to the registered manager, but had no need to. The relative we spoke with said, "I have put a compliment in the book, praising the staff."

The visiting healthcare professionals said they had no concerns.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since December 2010.

People who used the service were complimentary about the registered manager and staff at the home. One person we spoke with said, “X [the registered manager] is smashing, she is open, honest and subtle.”

The relative we spoke with said, “The manager is approachable, she keeps in regular contact.”

Staff we spoke with said, “X [the registered manager] is very fair she listens to any concerns and discusses ideas, she is always happy to implement ideas. She is always looking at ways to improve” And “She is a really good manager, open and honest.” Another staff member said, “X is smashing, approachable, you feel at ease with her.”

We asked people about the atmosphere at the home, people who used the service said, “I love this place, I am never leaving.” And, “It’s a proper home, I love it.”

We asked the registered manager about the arrangements for obtaining feedback from people who used the service and their relatives. They told us that they send out satisfaction surveys on a regular basis and we saw evidence of these. The last one they did was a food satisfaction survey.

Meetings for people who used the service took place monthly. We saw the recorded minutes for the last few month’s meetings and topics discussed were holiday preferences, using sun tan lotion, the menu and making it healthier and the recent survey. We saw one person had asked for a handrail in the men’s toilet, saying they struggled to stand up sometimes. This was discussed at the health and safety meeting and a handrail was in place within a week.

We saw records to confirm that staff meetings had taken place on a monthly basis. Topics discussed were people who used the service and how they were feeling, what support they needed and what activities were of offer for them, training, rota’s and what people who used the service brought up at their meetings.

We asked the registered manager what links they have with the community. They said, “We encourage our residents to integrate with the local community by ensuring we provide access to training, and local voluntary organisations, such as MIND [a mental health charity].”

There was a system of audits that were completed which included infection control, medicines, accidents, health and safety, and maintenance.

The law requires providers send notifications of changes, events or incidents at the home to the Care Quality Commission and they had complied with this regulation.