

Avenues London

6 Peel Way

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 the 23 May 2017 and was unannounced. At our previous inspection in August 2014, we found that the provider was compliant with the regulations we checked.

Peel way is registered to accommodate six people with multiple learning and physical disabilities. People are accommodated in a purpose built house.

The provider of the service is an organisation called The Avenues Group. The home had a registered manager in post. 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 were safe at the service and were cared for by staff who were knowledgeable about safeguarding people. They knew how to report concerns. Medicines at the home were managed safely by staff who were trained and assessed as competent.

Care plans we looked at included specific risk assessments which identified risks associated with people's care and guided staff about how to minimise risks in order to keep people safe.

Staff were supported through regular supervision and received an annual appraisal of their practice and performance.

There were sufficient qualified and experienced staff. Staff received the support and training they needed to provide an effective service that met people's needs. The staffing levels were flexible to support with planned activities and appointments.

The recruitment process was robust to make sure that the right staff were recruited to keep people safe. Staff confirmed and personnel records showed that appropriate checks were carried out before they began working at the service.

Staff had received Mental Capacity Act 2005 (MCA) training and understood the systems in place to protect people who could not make independent decisions. The service followed the legal requirements outlined in the MCA and the Deprivation of Liberty Safeguards (DoLS).

People were supported to have a nutritionally balanced diet and had adequate fluids throughout the day to promote their health and wellbeing.

People were supported to see specialist healthcare professionals according to their needs in order to ensure their health and well being were adequately maintained.

People were looked after by staff who understood their needs, were caring, compassionate and promoted their privacy and dignity.

Care plans reflected people's specific, individual needs and wishes and were regularly reviewed and updated according to people's changing needs.

A pictorial complaints procedure was available. People's relatives were made aware of the complaints procedure and they knew who to speak with if they had any concerns.

Systems were in place to evaluate and monitor the quality of the service and there was continued monitoring of the progress made where actions were identified.

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. Risks were clearly identified with strategies in place to minimise risk. This enabled staff to support people safely.

People were supported by staff to receive their medicines safely by trained and competent staff.

Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

People were protected by the provider's recruitment process.

Good ●

Is the service effective?

The service was effective. Systems were in place to ensure that people were not unlawfully deprived of their liberty.

People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to ensure they supported people safely and competently.

People's healthcare needs were met.

Good ●

Is the service caring?

The service was caring. People were treated with kindness and their privacy and dignity were respected.

People received care and support from staff who knew about their needs, likes and preferences. They were encouraged to be as independent as possible.

Staff were attentive to people's needs. They provided care and support to people in a way they understood.

Good ●

Is the service responsive?

The service was responsive. People were encouraged to make choices about their daily lives.

Good ●

Individualised care plans gave clear information to staff about how people liked and needed to be supported.

Any complaints or concerns were listened to and addressed satisfactorily by the service.

Is the service well-led?

The service was well-led. The provider's quality assurance systems ensured that people received a safe and effective service.

People were very happy with the way the service was managed and with the quality of service.

Staff told us they were well supported by the management team.

Good ●

6 Peel Way

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 service was inspected on 23 May 2017 and was unannounced. It was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the other information we held about the service, including previous reports, complaints and notifications. A notification is information about important events which the provider is required to tell us about by law.

We met all the people who lived at Peel Way during the inspection, briefly spoke with three people about their views of the service and observed the support provided to them. We spoke with two members of staff, the manager and the deputy manager of the service. We also sought feedback from two relatives and a professional.

We looked at two people's care records and a range of records relating to how the service was managed. These included training records, duty rosters, documents relating to the provision of the service, medicine records, quality monitoring records as well as policies and procedures.

Is the service safe?

Our findings

People told us they felt safe at the service. When asked if they felt safe, one person said, "Yes safe" and another person nodded and smiled. Relatives commented, "Yes absolutely safe." and "Yes definitely [the person] is safe."

Professionals felt people who used the service were "safe" and "well looked after."

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Staff had received safeguarding adults training and were clear about their responsibility to ensure that people were safe. They were aware of their responsibilities to raise concerns about suspected abuse and the records they needed to keep. Staff told us that they were confident that the registered manager would take appropriate action in response to any concerns raised. Staff were aware that they could also report any concerns to external agencies such as the local authority and the Care Quality Commission. They were aware of the providers' whistle blowing policy and knew how to report issues of poor practice. Whistleblowing is a means of staff raising concerns about the service they work at, if they felt they were not being listened to by the managerial team.

Risks to the health and safety of people using the service were identified and systems were in place to minimise risk. People's files contained risk assessments which were up to date and were relevant to each person's individual needs. They covered areas where a potential risk might occur and how to manage it. For example, risk assessments were conducted for areas such as medicine management, eating and drinking, risk of falls, personal care and diabetes management. Staff demonstrated an understanding of the risks people faced and the actions they would take to ensure people's safety. Risk assessments were reviewed on a regular basis to ensure people's well-being. Care plans documented further intervention and support from health professionals, such as speech and language therapists, where required. Regular health and safety checks were also completed including checks at night to ensure people were safe. This meant that the service monitored risks and had procedures in place to ensure that people were kept safe.

Systems were in place to keep people as safe as possible in the event of an emergency arising. Staff had received fire safety and first aid training and were aware of the procedure to follow in an emergency. A fire risk assessment had been completed and fire alarms were tested weekly. Each person had an individual personal emergency evacuation plan detailing how they would be supported if the building needed to be evacuated.

The provider had an effective recruitment and selection process in place. The organisation's human resources (HR) department confirmed that they followed the staff recruitment procedure. They then forwarded confirmation of all the checks completed to the registered manager. This included Disclosure and Barring Service (DBS) checks and at least two written references. DBS checks help employers to make safe recruitment decisions by preventing unsuitable people from working with people. Staff confirmed that they had undergone the required checks before starting to work at the service. When appropriate, there was confirmation that the person was legally entitled to work in the United Kingdom. Therefore, people were protected as far as possible, by the recruitment process which ensured that staff were suitable to work with

people who needed support.

Medicines were securely and safely stored either in the office or in a locked cabinet in the person's room. Where the medicines were stored was determined on an individual basis according to risk. There were also storage facilities for controlled drugs if the need arose. Controlled drugs (CD) are medicines which may be at risk of misuse and are controlled under Misuse of Drugs legislation. In line with good practice opening dates were recorded on liquid medicines, drops and creams to ensure that they were not used after the expiry date, once opened. Medicines were administered by staff who had received medicines training and been assessed as competent to do this task. Sufficient guidelines were in place for the administration of 'when required' (PRN) medicine which gave staff clear information about when and how to administer these. The registered manager carried out regular medicines audits at the service to identify and address any issues or concerns relating to medicine management.

Staffing levels were sufficient to meet people's needs and to support them with what they chose to do. This was both in the service and out in the community. There was a stable staff team and any absences were covered by them or regular bank staff. This meant people received consistent support from staff they knew, who were aware of their needs and of the support needed to maintain their safety. Staff and relatives confirmed that staffing levels met people's needs.

The premises were in a good state of repair. Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and were safe to use. This helped to ensure people were cared for in a safe environment.

Is the service effective?

Our findings

Relatives had confidence in the staff who provided support. One relative said, "The staff definitely know what they are doing." Another told us, "Some of the staff have been there for such a long time they are like his family. They are absolutely lovely." A professional said, "There are long term staff there who know all their needs and how to meet them."

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 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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had completed MCA and DoLS training and were due to attend refresher training. They were aware of people's rights to make decisions about their lives. When important decisions needed to be made about a person's care and treatment, meetings were held with relatives and other professionals to discuss what was in their best interest. The registered manager was aware of when to make a referral to the supervisory body to obtain a Deprivation of Liberty Safeguard (DoLS). Records showed that this was thought to be necessary for all of the people who used the service and relevant authorisations had been granted. This helped to ensure that people were not being unnecessarily or unlawfully deprived of their liberty and that their human rights were protected.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service. Staff told us that training was relevant to the needs of the people who used the service and was up to date. A staff member commented, "The Avenues training courses are very good. They help us to be aware of good practice and do our jobs in a safe way." Training was a combination of e-learning and face to face courses. Staff told us that they received support and encouragement to obtain qualifications in health and social care. There was a computerised system that indicated the training staff had received and when this needed to be updated or new training completed. This enabled the registered manager to monitor staff training and to ensure staff had received the necessary training.

People were supported by staff who received effective support and guidance to enable them to meet their assessed needs. Staff told us that they received good support from the management team. This was in terms of both day-to-day guidance and individual monthly supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service).

People were provided with a choice of suitable, nutritious food and drink. They were encouraged to eat and

drink sufficient amounts to meet their needs. Menus were chosen at weekly meetings but people were able to have something different if they wished. If there were any concerns about a person's weight, nutrition, or ability to swallow this was monitored and if necessary a referral was made to the relevant professional. We saw guidance provided by a speech therapist on a person's file who had difficulty swallowing. This guidance was also pinned up in the kitchen to ensure that all staff were aware of the guidance and followed it. Individual files contained details of people's dietary requirements and likes and dislikes. Care plans for food and nutrition outlined what help people needed with eating and drinking and any risk. For example, one person needed a soft diet and another was on a low sugar diet. Some people had specific dietary requirements in relation to their religious or health needs and these were accommodated. For example, halal meals and a diabetic diet.

People were supported and encouraged to maintain good health and had access to healthcare services. They saw professionals such as GPs, dentists, psychiatrists, dieticians and specialist nurses. Individual files gave details of the person's health needs and how to meet these. They also gave details of what might indicate that a person was unwell. Details of medical appointments, why people had needed these and the outcome were all clearly recorded. Each person had a 'health and communication passport', which contained information to assist hospital staff to appropriately support them if they were treated at the hospital. The staff had taken appropriate action when people had become unwell. People had regular consultations with healthcare professionals and staff followed advice given by them. Relatives and professionals were kept informed of any health concerns and the outcomes of appointments with health professionals.

Is the service caring?

Our findings

Relatives gave us positive feedback about the caring way in which people were supported. People were supported by a consistent staff team who knew them well. Staff told us about people's needs, likes, dislikes and interests. They knew people's individual routines and any signs that might demonstrate they were unwell or had a problem. They were treated with compassion and respect. A relative told us, "They are fantastic here. [The person] has been living here just over a year and has improved considerably from where (they) were before." We saw that staff were encouraging and attentive when supporting people at the service.

We saw that people were relaxed in the company of staff and felt comfortable in their presence. We observed that staff knew people well and engaged them in meaningful conversation. People's choices in relation to their daily routines and activities were listened to and respected by staff.

People were supported to be as independent as possible. A member of staff told us, "We encourage people to be independent by assisting with personal care, laundry, cleaning and cooking." People's care plans highlighted the areas where their independence should be encouraged. For example, one person's care plan said "[The person] to gain independence in the kitchen and learn new skills." A relative told us, "They do independence training and it has really improved [person]."

People were treated with dignity and respect. We saw staff knock before going in to someone's room and ask before providing assistance. Staff were aware if people became anxious or unsettled and provided them with support in a dignified and reassuring manner. They approached people calmly, made eye contact and held people's hand to provide reassurance if required.

Staff respected people's confidentiality. They treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information about people was kept securely in the office.

Is the service responsive?

Our findings

People received responsive, individualised care based on their needs, likes, dislikes and preferences. A relative told us, "We don't worry about [family member] because we know is ok." A professional told us "I have never seen anything other than excellent work there. I moved a [person] there about a year ago. With in six weeks they turned their life around. [The person] is really well looked after."

A range of assessments had been completed for each person and detailed care plans had been developed in partnership with them, relatives where appropriate and professionals involved in their care. Staff knew people very well, they understood the person's background and knew what care and support they needed. The care plans contained clear information to enable staff to provide personalised care and support in line with the person's needs and wishes. For example, one plan said the person liked to have a bath in the morning and afternoon and liked to listen to music whilst having a bath. Another person's plan, stated that they "would communicate using single words and short sentences. [Person] would smile if they were happy and stamp their feet if unhappy about something."

People received a service that was responsive to their changing needs. Care plans were reviewed every six months and updated when needed. Staff told us that in addition to care plans and records, they got updates at shift handover from other staff and seniors. Therefore staff had current information about how people wanted and needed their support to be provided.

People were supported and encouraged to make as many choices as they were able. They chose when they got up, what they did, where they went and what they ate. We saw staff responding to individual needs, having conversations, planning the day's activities and enabling people to make choices for lunch. People were asked what they wanted to do and were encouraged and supported to take part in a wide range of activities and trips they liked, both in the service and in the community. The arrangements for social activities met their individual needs. Activities included going to a music group, bowling alley, swimming, going to the park, shopping, day trips, the cinema and meals out. Activities were based upon people's interests and hobbies.

People were supported and encouraged to raise any issues they were not happy about. The provider had a complaints system in place to record concerns and the action that had been taken as a result. We saw a pictorial complaints procedure which was displayed. Relatives were confident that their concerns would be listened to and acted upon. One person's relative told us, "I would go straight to the manager if I had a complaint. I have nothing to complain about."

Is the service well-led?

Our findings

People were happy with the service provided. In a quality assurance survey a relative stated, "It is well managed by on site staff and staff turn over is low. A sure sign that things are run well." A professional told us, "For me the service is excellent."

There was a clear management structure in place. In addition to the registered manager there was a deputy manager and support workers. Staff were clear about their roles and responsibilities and told us they received good support from the management team. One member of staff said, "This home is well managed. We can discuss any issues or concerns with the manager." Another told us, "Management are very supportive." All of the staff we spoke with told us that there was good team work and good communication.

People and their representatives were involved in developing the service. Six monthly surveys were sent to people who used the service, relatives and other stakeholders such as staff and healthcare professionals. We looked at the results from the most recent survey and noted comments received on people's behalf were mainly positive.

People's views were mostly gathered during key worker sessions because they needed individual discussions with staff to express their views. The meetings covered issues such as menus, events, outings and activities. The service also carried out monthly person centred reviews to discuss individual goals and seek their opinion about the service. Staff meetings, handovers and one to one supervision were used by staff to relay information about the people who used the service and improvements that could be made.

Staff felt supported by their manager and were comfortable discussing any issues with them. They felt they worked well as a team and were supportive towards each other. Staff meetings were held regularly and helped to share learning and best practice, so staff understood what was expected of them at all levels.

The provider had systems in place to monitor the quality of service provided, to ensure it was safe and met people's needs and to help drive improvements. The registered manager monitored the service both informally and formally. Informal methods included direct and indirect observation and discussions with people, staff and relatives. Formal systems included audits and checks of medicines, care records and finances. The registered manager also carried out weekly and monthly health and safety checks and audits of people's medicine. Any issues identified were noted and monitored for improvement. This helped to ensure that people were safe and appropriate care was being provided.