

Living For Life (Cumbria) Limited

Ava House

Inspection report

16 Loweswater Road
Maryport
Cumbria
CA15 8JR

Tel: 0190067501

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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

Ava House provides personal care and accommodation for up to four people who may have a learning disability. The accommodation is provided in two semi-detached houses which have been adapted and turned into four separate self-contained flats. There is a communal dining kitchen and a staff office on the ground floor. People have their own flats that have a kitchen, bathroom, bedroom and a lounge. The ground floor units are wheelchair accessible.

The home was designed to provide a transitional service with a view towards moving people on to more independent living. This is sometimes termed a 'Reablement Model' as people were generally expected to stay up to two years, or less depending on their needs. This intent has changed somewhat as only one person is currently undertaking reablement. The registered manager was working with the local authority on future planning needs.

This was an unannounced inspection that took place on 18 October 2017. At the last inspection in June 2015, the service was rated as Good. At this inspection we found the service remained Good. We judged that the domain 'Responsive' was no longer outstanding because the previous outstanding elements of reablement work were no longer being carried out to the same extent in the home.

The service had a registered manager who also managed a domiciliary care service, Living for Life, which provides support to people living with learning disability in the community. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was suitably qualified and experienced to manage the service.

Staff had received training on ensuring people were kept free from harm and abuse. They were confident in management dealing with any issues appropriately. Staff knew how to contact outside agencies if necessary.

Good risk assessments and emergency planning were in place. Accidents and incidents monitoring was in place but there had been no recent issues in the home.

We saw that staffing levels were usually suitable to meet the assessed needs of people in the service. An extra member of staff was in place in the house because there was a problem with assistive technology. The registered manager had also increased staffing levels so that people could be taken out to activities more often.

Staff recruitment was thorough with all checks completed before new staff had access to vulnerable people. The organisation had robust disciplinary procedures in place.

Medicines were managed appropriately. People had their medicines reviewed by their GP and specialist health care providers.

Staff were trained in infection control and supported people in their own environment. The home was clean and orderly on the day of the inspection.

Staff were supported to develop appropriately. Staff told us they were keen to learn and we saw that induction, training, appraisal and supervision helped them to give good levels of care and support.

Staff received good levels of training around principles of care in relation to people living with a learning disability and/or autism. Restraint had not been used in this service. Consent was sought, where possible. The manager and the local authority worked together to ensure the service operated within the Mental Capacity Act 2005

People were supported to get good health care support from their own GP, specialist nurses and consultants. Staff worked with people to support and encourage them to visit dentists and other health care providers.

Staff we spoke to displayed a caring attitude. They understood how to support people and help them maintain their dignity and privacy. Staff showed both empathy and respect for people living a learning disability or with autism. People in the service had access to advocates. Staff understood the values and culture of the organisation.

Everyone supported by the service had been appropriately assessed. Each person had a person centred plan that staff followed closely. New plans had been put in place that were comprehensive yet were easy to follow.

People were encouraged to go out and to engage, where possible, with age and ability appropriate activities and social events. Staff were aware of how difficult this was for some people and planning for activities was done with care and consideration.

Complaint procedures were in place. There had been no complaints received about the service.

The service had a suitably experienced and qualified registered manager and she delegated the day-to-day running of the service to a senior support worker. Some changes were underway to introduce another senior support worker to the home. Staff understood the scheme of delegation.

There was a suitable quality monitoring system in place and regular audits and analysis undertaken. The registered manager was developing a plan for the future of the service. Suitable record keeping was in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service was responsive. Care planning was suitable and up to date. People had activities that met their needs and abilities.	Good ●
Is the service well-led? The service remains good.	Good ●

Ava House

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 18 October 2017 and was unannounced. The inspection was carried out by an adult social care inspector.

Ava House provides care and support to four people with a learning disability. It is situated in a residential area of Maryport. The provider also owns a domiciliary care service in the Allerdale area which is also managed by this registered manager.

Before the inspection 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 reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also spoke with social workers, health care practitioners and commissioners of care. We planned the inspection using this information.

We met all the people living in the home, spoke with them or observed their interactions with staff. We read all four care files in depth. We checked on medicines managed on behalf of people who lived in the home. We also looked at individual menu plans, daily and weekly planners and daily notes.

We met four members of staff and the registered manager on the day of the visit. We read five staff files including recruitment, induction and development information. We saw the rosters for the four weeks prior to the inspection.

We also looked at quality monitoring records, records related to fire and food safety and records of individual financial transactions.

Is the service safe?

Our findings

When we last inspected the home in June 2015 we judged that the rating for 'safe' was good. We again judged at this visit that the home was rated as good for safe.

We spoke with one person who told us they felt, "Very safe...no problems" and who said they were happy with the staff who they felt, "Know their job...and are around for me."

We met with staff on duty who could talk about their responsibilities in relation to safeguarding. They told us that they had on-going training in safeguarding and that this was also discussed in supervision and in team meetings. Staff were aware of how to contact outside agencies if necessary. They trusted the registered manager to deal with any concerns appropriately.

There were suitable risk assessments and risk management plans in place for each person. There had been no incidents and no safeguarding in the home since before our last inspection.

We looked at rosters for the four weeks prior to our visit. We saw that there was one waking night support worker. On the day of our visit there were plans to temporarily increase this as there was a problem with a bed monitor needed by one person. This was put in place by the end of our visit. By day there were normally two support workers with extra staff in place to ensure that people could be safely taken out to activities. We judged staffing levels to be suitable.

We looked at recruitment in the service and spoke to members of staff who confirmed that background checks were made prior to them having any contact with vulnerable people. We looked at recruitment records and these were in order.

The registered provider had suitable disciplinary procedures in place and we had evidence to show that the registered manager followed these when necessary. There had been no need to take action of this type.

We checked on medicine records and looked at stored medicines. These were in order. Some medicines were prescribed by GPs but some of the stronger medicines were prescribed by psychiatrists and monitored by the staff and by the specialist community learning disability nurses. Staff ensured that they kept medicines under review and one person was going back to the GP to have a follow up about a new medicine. Suitable monitoring of administration was in place with staff training and competence checks being undertaken.

Staff had suitable training in infection control and care files showed how they supported people. We walked around all areas of the home and found them to be clean and hygienic. The registered provider was planning to replace some skirting boards and panelling in toilets and bathrooms to ensure that good infection control could be maintained in these areas.

Is the service effective?

Our findings

When we last inspected the home in June 2015 we judged that the rating for effective was good. We again judged at this visit that the home was rated as good for effective.

We spoke with one person who told us they judged the staff to be, "Very good...trained and know their job."

We asked for a training plan and a copy of training completed. We saw that staff were encouraged to attend face-to-face training and to complete e-learning. Training covered all the aspects of the support worker role. The training included health and safety, fire, food hygiene, nutrition, understanding learning disability and autism, safeguarding and some specialised training related to the needs of individual people in the service.

Staff told us that they received training in all aspects of the work they undertook. We had evidence to show that staff were suitably inducted to the home. They said that the training included 'e-learning' and some staff found this to be "Very good because you can go back over it". Staff told us that they were given support if they found accessing this a problem. The registered manager had a procedure in place where she could access training at short notice if there was a sudden change in people's needs. We saw an example of this happening to keep someone safe and well and the registered manager had delivered training herself at short notice out of office hours.

We looked at supervision and appraisal records and we saw that these were up to date and quite detailed. Staff said they could talk to the registered manager and the senior support worker whenever they were unsure. Staff told us they were satisfied with the support they received and we noted that staff could work between the registered provider's domiciliary care service and this home if they wanted to expand their experience.

Staff had access to information about issues that might impact on the care delivery. They told us they could talk to psychiatrists, specialist nurses and social workers if there were changes to people's support needs. They judged that they were kept fully aware of current good practice. When we spoke with the registered manager we learned that she kept up to date with good practice and had introduced some new ways of planning care delivery.

The registered manager was aware of her duty of care under the Mental Capacity Act 2005. 'Best interest' reviews had been held and the team had considered that some people had been deprived of their liberty to ensure they were kept safe. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We found that the authorisations were in place, where necessary, and that a new application was underway.

We observed staff asking people and giving them options about their lives. We saw that, where appropriate, people were asked for both formal and informal consent. When people lacked capacity to make major decisions the team consulted with social workers and other interested parties.

Restraint had not been used in this service and it was not the policy of the registered provider to restrain anyone. The registered manager told us that they did not admit people who needed this kind of intervention but that they had contingency plans in place if this were ever to be necessary.

When we inspected we noted that people were encouraged and supported to eat and drink as well as possible. We had evidence to show that the team would call on the services of specialists like dieticians if this was necessary. One person had been supported to lose some weight and the senior support worker was planning how to continue with this. We saw that nutritional planning was in place and that the registered manager was aware that this needed to be a little more detailed and was planning to help staff develop this.

We noted that people saw their GP on a regular basis. People were given help to access health care support if they were unwell and were taken to appointments for things like well woman/well man check ups. People were also supported, as much as possible, to go to opticians, dentists and chiropodists. Some people needed specialist support from learning disability nurses and specialist psychiatrists. We saw reports and advice given by these professionals. We noted that advice was followed by the staff team.

The home had been designed to give people their own personal space. Each person had their own lounge and kitchen area, own bathroom and bedroom. People could be safe and also given independence within each of their flats. For example each flat was on a different electrical circuit that included a separate circuit for the kitchen. This could be switched on and off dependent on risk. Some people did not use these adaptations so the equipment was switched off but it was hoped that these would be used in the future. There were plans in place to improve access and facilities in the secure garden area and updates to bathrooms and toilets. The home was warm, comfortable and had good quality fixtures and fittings.

Is the service caring?

Our findings

When we last inspected the home in June 2015 we judged that the rating for caring was good. We again judged at this visit that the home was rated as good for caring.

We observed how people responded to the staff on duty. We saw that they responded warmly and confidently when interacting with staff. People were able to make their needs and wishes known. Staff responded appropriately and were able to give sensitive and empathic care responses. One person told us the staff were, "Very nice...kind."

We observed kind and caring interactions where staff displayed genuine affection whilst remaining professional and objective in their approach.

We saw that staff ensured that people had privacy and dignity when they were supported in personal care matters. Staff encouraged people to be dressed appropriately and helped them to make the most of themselves.

Staff explained any interactions to people in a pace they found appropriate. We also heard staff discussing much more complex issues with one person. We could see that the staff member understood this person's psychological and social needs.

We learned that the staff team reviewed people's care needs on a regular basis and that they discussed the person's needs and wishes with them. We also saw that, where people could not communicate these needs, the staff gave people options and developed care plans that would enhance the person's well being. People could have an independent advocate appointed when necessary.

We also noted that people were encouraged to be as independent as possible. Staff encouraged people to undertake tasks, rather than doing these for them. Support for people to be more independent was written into care plans. We did also see that where people were more dependent then the staff delivered sensitive care to these people.

Staff told us that they had training on equality and diversity matters and that they were able to discuss these in supervision. The staff on duty could discuss their approach to the work from this perspective. We judged that the staff team had a good understanding of these issues and could support people appropriately when there were issues around equality, diversity and human rights.

Is the service responsive?

Our findings

When we visited the service in June 2015 we judged this domain to be outstanding because the team were working with people to enable them to transition to more independent living. This involved complex goal planning which had been very successful. People had also been very involved with the local community and had been involved in some innovative activities. People had successfully moved on to more independent living.

The service had successfully helped people to transition between services in the past and had helped some people to live more independently. This intent has changed somewhat as only one person was currently undertaking reablement. The registered manager was working with the local authority on future planning needs.

A senior social worker told us, "Ava House was set up to be a move on service, where people live there for a relatively short amount of time before moving on to hopefully more independent setting. [Recently] this has not been how it has been used. It works well for the people living there and they have been able to manage some quite complex needs in the past." At this visit we saw that the service had admitted new people who, due to their life stage and abilities, did not have these more complex independence building goals. We judged that care and support and the activities they were involved in should now be rated as good, rather than outstanding.

Not everyone who lived in Ava House could express themselves verbally but we spoke to one person who could confirm that they had an up to date care plan. They told us, "I am hoping to live somewhere on my own and I have started to make some plans. The staff have written these down and I want to do more cooking and that's in my plan. [My health care needs] are in the plan too."

We read all four person centred plans and we saw that a new format had been devised. Staff said these were easy to follow. Staff were aware of the content of these plans and daily notes showed that these were followed through. One person was in the process of devising new goals which would meet their need to move on from the home. We had evidence to show that care plans were regularly reviewed. The plans covered health and social care needs. Some people in the home had very simple needs and we saw these were being met and that staff were giving them suitable levels of support.

People in the home went out for walks and went further to shop and to have meals and snacks. One person really enjoyed activities and went swimming and to other sporting activities, to discos and to other social events. One person chose to have less active pursuits but told us they were, "Happy with what I do." Other people in the home had health and life stage issues which meant they enjoyed low key activities. People went on days out and had short holiday breaks.

There had been no formal complaints made by people in the home or by their families or advocates. The service had a suitable complaints policy and procedure in place.

Is the service well-led?

Our findings

When we last inspected the home in June 2015 we judged that the rating for 'well-led' was good. We again judged at this visit that the home was rated as good for leadership.

We spoke with one person who told us that the registered manager and the senior support worker were, "Good...do the job well."

The home had a suitably qualified and experienced registered manager who also managed the registered provider's community based domiciliary care service. Some of the management task was delegated to a senior support worker who dealt with day to day issues in the home. We spoke with staff and they told us that they would feel comfortable speaking to the registered manager about any concerns. They told us that there were staff meetings where they could voice their opinions. Staff were happy with the way the home was run on a day-to-day basis.

We judged that the registered manager had a sound value base and that she ran the home with the interests of the people who lived there at its heart. We also judged, by talking with staff that they had a good understanding of the vision and values of the organisation. Staff said they hoped that they might return to doing more independence building work as they had enjoyed helping people to develop.

We heard about the plans to make subtle changes to the way the home operated. The registered manager hoped to develop her management role so that she had more oversight of the business and the day-to-day management would be with senior support workers. The registered manager told us that she was planning to have two senior support workers in the home. Staff said they welcomed this and were looking forward to having two people who would deal with the day to day issues in the service.

These ideas about the way the home had been operating and how it should improve had been as a result of monitoring quality and asking stakeholders opinions. We spoke to one person from the local authority who told us. "My concern for this provider is that the manager...may move on at some point and I feel she is critical to the successful running of the whole organisation". This view was also reflected by others and the registered manager had devised a mentoring plan for existing staff to ensure they became more confident in their leadership roles. We noted that this registered manager was very open about these issues and had taken a 'lessons learned' approach to her role.

We saw that there were regular audits in the service. The registered manager also used surveys and discussions to ascertain how stakeholders saw the service. Staff views were sought through supervision and staff meetings. We also saw that the monitoring of quality was analysed and that action planning was in place to ensure that the home would continue to develop and improve.

The home had easily accessible records relating to all aspects of the care and services provided. Records were stored securely.

We had positive feedback from health and social care professionals who were complimentary about the manager and her staff team. They judged that the team, "Works very well with us when people are in transition."