Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Avenue Care Home

23 Avenue Road, Malvern, WR14 3AY

Tel: 01684575922

Date of Inspection: 18 June 2014

Date of Publication: July 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Avenue Care Home Limited
Registered Manager	Mrs Sandy Rowley
Overview of the service	The service provides personal care and accommodation to adults who have needs associated with their mental health or who may have a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 June 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members.

What people told us and what we found

A single inspector carried out this inspection. When we visited we spoke with seven of the 25 people who lived at the home. We also spoke with two relatives, six staff, the deputy manager, registered manager and the owner. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, their relatives, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

People we spoke with told us their rooms and other areas were clean. They told us: "It's clean and tidy" and: "Staff vacuum regularly". The registered manager regularly checked the cleanliness of the home which ensured the risk of infection was reduced.

Staff employed by the home had been recruited effectively before starting work at the home. People told us: "Staff are nice" and: "They (staff) are all lovely here". The provider demonstrated that appropriate checks had been obtained and that staff were trained and supported in their role. People at the home had been the opportunity to be involved in staff recruitment.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberties Safeguards which applies to care homes. Staff had been trained to understand when an application should be made. No current applications were in place. The provider might find it useful to note that there were no policies and procedures in place for staff to follow should a referral be required.

Is the service effective?

People's health and care needs were assessed with them, but they were not always involved in writing their care plans due to their conditions. The provider had also considered information and involvement from relatives, other health professionals and staff. People told us: "They (staff) know how to look after me" and: "I mostly do things myself, if you need anything though, they (staff) know me".

Visitors confirmed that they were able to see people when they wanted to and the home were accommodating and welcoming.

The service worked well with other agencies and services to make sure people received their care in a joined up way. We saw evidence of this in people's care records when the provision of people's care was planned and reviewed. These reviews involved social workers, district nurses and consultants.

Is the service caring?

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. People told us: "They (staff look after us alright" and: "I do most things on my own but the staff are nice when I need them". A relative told us: "The staff are lovely, very supportive".

Staff we spoke with had a good knowledge of people's individual needs, and knew how to support people so that their needs were met. Staff spoke about people as individuals and we observed that staff listened to people's views and opinions.

Is the service responsive?

People completed a range of activities in and outside the service regularly and staff supported people to attend these activities. People told us they had their own interests which they enjoyed and that other group events were arranged for them by staff.

We saw the home had been responsive to people's changing needs and had responded to professional advice that had been provided. For example, we saw the home had requested one person to be reassessed due to their changing needs. Appropriate action had been taken to ensure they received continued care and support until alternative arrangements had been made.

Is the service well-led?

The provider had a quality assurance system in place. We saw records that identified shortfalls and the actions that had been taken to address them. The provider listened and responded to people, staff and visitors who had left comments and suggestions. The provider had produced a summary of the actions taken and further improvements they were planning to do.

There were a range of audits and systems put in place in by the manager and provider to monitor the quality of the service being provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spent time in the communal areas of the home and observed the care provided to people. We saw that staff had a kind and caring approach towards people they supported.

People looked happy, comfortable and relaxed in their home. We spoke with six people who told us: "I am happy living here", "They (staff) look after us alright" and: "Well looked after and supported. Never have to wait for anything". One relative told us: "Very glad X (person that used the service) is here and safe. I have no concerns at all".

People choose where they spent their time and we saw that staff provided support and guidance if needed. For example, we saw that where people had chosen to go out staff knew where they were and staff provided constant checks and reassurance for people who spent their time in the home.

We found that staff had a good knowledge of the care and welfare needs of the people who used the service. When we spoke with staff they told us about the care they had provided to people and their individual health needs. Staff told us: "Resident's care, that's what I am here for", "Daily changes to their (people) needs, so we make sure we are aware of any changes" and: "Everyone is an individual. I know their needs and support them".

During our inspection we observed people involved in activities. For example, people enjoyed a game of bingo in the afternoon and talking with staff. Staff told us: "Activities are planned for each person and group things". People we spoke with told us they enjoyed the activities and were supported in their individual chosen activity. People told us: "I like to knit squares and the staff help sew them together to make blankets" and: "I go out to the town and do some voluntary work". This meant that people were supported in the activities that they wanted to take part in and planned to do.

Staff told us they made sure they were fully up to date with any changes to people's care

needs. Staff told us that they discussed the care and support for all people daily and that senior staff made changes to people's care records plans when necessary. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw that plans were in place that made sure staff had information to keep people safe. Where a risk had been identified it detailed how to minimise or manage the risk. For example, we saw that one person's eating had been identified as a risk. The plans in place told staff how to support them and staff confirmed the support that person had needed.

At this visit we assessed how the Mental Capacity Act (2005) was being implemented. This is a law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent. We also looked at Deprivation of Liberty Safeguards (DoLS). DoLS aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. There were no current applications in place.

Training had been provided to staff in understanding the Mental Capacity Act and they told us they knew to refer any concerns to the registered manager. The provider might find it useful to note that there were no policies or procedures in place for staff to follow in relation to the Mental Capacity Act or the action to follow to make a DoLS application.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We looked at two care records. These provided contact details of other services involved in the person's care and were clearly recorded. For example, their dentist and consultant details. People's appointments were planned and recorded in a diary that staff used. This meant that staff supported to attend their appointments with an external provider or health professional.

People told us: "The staff go with me for my regular blood test" and: "I go out to see my doctor and opticians". We spoke with a professional who visited the home every six to eight weeks, or as required. They told us: "The staff listen and act on any advice and also share any concerns they have about someone". This meant that the provider had developed good working relationships that supported people's care and welfare needs.

Care staff told us that they supported people to attend appointments where required. They also told us that they made a written record of the visit. These would then be discussed with the senior team on duty to ensure treatment plans or advice was then followed. Two members of staff that we spoke with told us they had helped people to attend hospital appointments. One member of staff told us: "We know why we are going and the information we may need to share". We saw that contact with other services and any action required had been recorded. For example, one person had been referred to their consultant and the outcome of the referral had been recorded in the person's care plan.

The care records we looked at contained assessments that had been made by the registered manager with the involvement of health care professionals. We saw that there were detailed plans for people which supported them with their health care needs. This meant people's health, safety and welfare was protected when more than one provider was involved in their care and treatment. This was because the provider worked in cooperation with others.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

During our inspection we found all communal areas of the home looked clean and were free from unpleasant odours. People told us that staff supported them to be healthy and maintain their personal hygiene. People said: "Clean and tidy here", "Laundry, washing and all that is done" and: "We change the bed lined on a Monday". Visitors to the home told us they felt the home and their relative's rooms were clean. They told us: "It's always clean and fresh smelling" and: "Always spotlessly clean".

There was anti-bacterial gel available thought the home, which we saw staff using. We saw that staff used protective equipment, such as gloves and aprons when handling food. This meant that the provider ensured that staff had access to equipment that supported them to reduce this risk of infection.

We spoke to the domestic staff who told us about their cleaning tasks, laundry tasks and the any chemicals they used. The cleaning schedules included daily, weekly and monthly tasks. For example, mattresses were checked weekly to ensure they were clean and fit for purpose. We saw that staff had completed infection control training and they told us about the training they had received. This meant that staff knew about keeping people protected from the risks of infections.

The provider had completed monthly checks around the home to ensure that it had remained clean and free from odour. This meant that the home had been regularly monitored and checked to ensure people's rooms were clean and useable.

Chemicals were stored in a locked room and safe usage information about each chemical used in the home was available for staff to read. We saw that staff had signed to confirm that they had read them. The home was recently in the process of changing a number of the chemicals used and we saw that written information had been updated. This meant that the provider ensured staff had information available for the safe use of chemicals to reduce the risk of harm to staff and people in the home.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We found that staff either had the experience, knowledge and skills to carry out their role or had undertaken further training when they began work. Staff told us that when they started work at the home they had received an induction programme. This had included completing the provider's mandatory training courses. For example, manual handling training. Staff we spoke with also confirmed that they had worked with experienced staff until they had felt confident to carry out their role.

We looked at two staff records. We found there were work references on file for each member of staff which indicated they were of good character. We found that these staff had a Disclosure and Barring Service check (DBS) on file and that they had not commenced employment until the DBS check had been received. A DBS check enables an employer to check the criminal records of employees and potential employees to see if they are suitable to work with vulnerable adults. We found two identification documents for each member of staff. This meant that the provider had undertaken appropriate checks before staff began work.

We found that the application forms detailed some staff work history. Where there were gaps in employment the registered manager was not able to provide the reason for the gaps. The files did not contain a recent photograph of the staff member. The provider might find it useful to note that a full employment history together with the reasons for any gaps in employment history must be written down and a recent photograph of the employee needs to be available.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who lived at the home, relatives, staff and other professional views had been sought using various methods. For example, questionnaires. The information had been reviewed by the provider and registered manager. In addition, people, visitors and staff we spoke with told us they were happy to speak with staff and the registered manager if they had any concerns.

We found the provider held 'residents' meetings with people who used the service to seek their views. We looked at the minutes of the last meeting held in May 2014. These minutes recorded people's feedback and we saw comments people made regarding the quality of their care and services provided. Records showed people's comments had been listened to and progress of the suggestions made would be followed up at the next meeting. For example, people gave their views about the new flooring in the communal areas.

The registered manager had monitored and reviewed the service through monthly audits. These audits looked at the environment, policies and procedures and an analysis of incidents, accidents and falls. We found the provider had analysed these incidents and put measures in place to reduce the potential of further incidents reoccurring. We saw the results from a recent audit for people's care plans. This audit had identified areas for improvements and a plan to complete required actions. This meant that the provider had been monitoring and assessing the quality of the service they provided and had considered the views of people who used the service.

The provider told us they were in the home four days a week. They then completed a monthly report with any actions required. For example, we saw that the provider had spoken with people about their care and had observed staff to ensure care and treatment was delivered in line with people's plans of care. This meant people were protected from the potential risk of receiving inappropriate care and support.

We found regular checks had been completed for fire and emergency equipment, infection control, staff training, water safety, housekeeping, medicine management and health and safety. We saw examples where these audits had identified concerns and we saw action

plans had been completed. This meant that the provider had an effective system in place that monitored the service and took action that led to improvements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk