

Avenues South East

Avenues South East - 288 Shipbourne Road

Inspection report

288 Shipbourne Road
Tonbridge
Kent
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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

About the service:

288 Shipbourne Road is a residential care home that supported older people with a learning disability. The service was providing personal care to six older people, some who were living with dementia, at the time of the inspection.

People's experience of using this service:

- The provider continued to provide a good service.
- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured the person who lives at the home can live as full a life as possible and achieve the best possible outcomes that include control, choice, inclusion and independence.
- People continued to be protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Staff assessed and minimised any potential risks to people.
- Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination.
- The provider had systems in place to enable staff to safely manage people's medicines.
- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service.
- Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported to meet people's assessed needs.
- Staff supported people to have enough to eat and drink and to access external healthcare services. Staff worked well along with external professionals to maintain people's physical and emotional wellbeing.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were involved in making decisions about their care and support. Where people needed additional support to make decisions, staff had referred people to external advocates.
- Staff supported people in a kind and compassionate way and displayed empathy for people's fears. Staff were respectful when they spoke with and about people. Staff supported people to develop their independence. People were supported in an individualised way.
- The service was effectively managed by a registered manager. They led by example and had a passion for continually driving improvements and placing people at the centre of the service. They promoted a culture that focused on people as individuals. The registered manager developed positive links with outside agencies and used feedback to learn from mistakes.
- The provider and manager had put robust systems in place to effectively monitor the service and bring about improvement.
- People and their families felt able to raise concerns. The provider had systems in place, including a complaints procedure, to deal with any concerns or complaints.

Rating at last inspection:

The rating at the last inspection was Good (report published 31 August 2016).

Why we inspected:

This was a comprehensive planned inspection.

Follow up:

We will continue to monitor this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

For more details, please read the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well Led.

Details are in our Well Led findings below.

Avenues South East - 288 Shipbourne Road

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

288 Shipbourne Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 288 Shipbourne Road accommodates up to six people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieved the best possible outcomes. The principles reflect the need for people with learning disabilities and autism to live meaningful lives that include control, choice, and independence. The people using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced.

What we did:

We reviewed information we had received about the home. This included details about incidents the provider must notify us about, such as allegations of abuse. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During inspection we looked at the following:

- ☐ The environment, including the kitchen, bathrooms and people's bedrooms
- ☐ We spoke to two people living at the home and one relative
- ☐ We spoke to three members of staff, the registered manager and the area manager.
- ☐ Four people's care records
- ☐ Medicines records
- ☐ Records of accidents, incidents and complaints
- ☐ Audits and quality assurance reports
- ☐ Rotas

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good - People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff told us they had a good understanding of processes to keep people safe and how to report concerns.
- One member of staff told us, "We work hard to keep people safe."
- Staff told us they had received safeguarding training and were aware of different forms of abuse and their responsibility to report concerns.
- The manager was aware of their responsibility to liaise with the local authority. Where safeguarding concerns had been raised, these had been managed well.
- Positive behaviour support plans were in place to guide staff on how to support people during episodes of behaviour that challenged. Staff understood the routines in place for people which provided continuity and stability which helped to reassure people and reduce causes of distress.

Assessing risk, safety monitoring and management

- Risks to people were anticipated and managed well to keep them safe. This included risks such as bipolar, behavioural support needs, managing finances, and transport. Care plans contained guidance for staff to follow to keep people safe.
- The environment and equipment was checked regularly and had been assessed for safety.
- Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment:

- Staff told us there were enough staff on duty to meet people's needs and our observations confirmed this. Staff worked together to ensure people were safe and well cared for.
- The registered manager told us how they worked out the staffing levels at the service and these were based on people's needs.
- A recruitment and selection process was in place, which ensured staff recruited had the right skills and experience, and were suitable to work with people who used the service.

Using medicines safely

- Medicines were safely received, stored, administered and destroyed when people refused to take them or they were no longer required.
- Where people were prescribed medicines to take 'as and when required' staff had information about when to administer them.
- The registered manager investigated any errors. Staff were re-trained and had additional supervisions to prevent errors from recurring.
- The registered manager carried out a robust process to ensure staff were competent to administer medicines safely. These checks were repeated on an annual basis. The registered manager and staff also told us competency checks were carried out unannounced every now and then to confirm staff competency.

Preventing and controlling infection:

- There were effective processes to prevent the spread of infection.
- The service was clean and tidy and free from hazards.
- Staff followed good infection control practices and used personal protective equipment (PPE) such as aprons and gloves to help prevent the spread of healthcare related infections.
- Cleaning products were stored safely and soaps and hand gels were available in bathrooms and toilets.

Learning lessons when things go wrong:

- Systems continued to be in place to ensure lessons were learned and improvements made when things went wrong.
- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- Incidents were monitored by the registered manager and the operations manager to ensure oversight of health and safety in the service. Learning from such incidents was shared with staff at supervision and monitored through the service's quality audit processes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good - People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's care plans contained information on how their physical and mental health needs were assessed and met. Where people had specific health needs, advice had been sought from health professionals.
- Assessments of people's needs were thorough and people's goals or expected outcomes had been identified. Care plans were regularly reviewed to assess people's progress towards these. Staff helped people make plans to achieve their goals. For example, one person's goal was to grow vegetables in the garden. Staff had supported them to achieve this and they were proud to tell us about this.
- Staff communicated with other care professionals, including social workers, district nurses and occupational therapists. These professionals worked with the registered manager and staff to support and promote people's well-being in line with legislation and good practice guidance. This information was reflected within people's care records and guided staff.

Staff support: induction, training, skills and experience:

- Staff were competent, knowledgeable and skilled to carry out their roles effectively.
- Staff told us they had access to the training they needed that gave them skills and knowledge to carry out their roles. Training included positive behaviour support, Dementia awareness, Mental Health awareness, Makaton, Epilepsy and Equality and diversity.
- One member of staff told us, "We have lots of training and when it's time for any updates we get told."
- Staff told us, and records confirmed, that they received induction training when they first started working at the service. Staff told us that their induction was robust and informative.
- Staff told us they received regular supervision and annual appraisal regarding their performance. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff.

Supporting people to eat and drink enough to maintain a balanced diet:

- People were supported to eat and drink meals of their choice and maintain a healthy balanced diet. We observed staff supporting people to choose and prepare their lunch. One person asked for a sandwich, staff set out a chopping board with a selection of fillings and supported the person to choose their filling and then prepare their sandwich.
- People had access to the kitchen and could help themselves to snacks, as well as being encouraged to shop and prepare their own meals.
- We observed people making their own drinks.
- Mealtimes were arranged to meet people's individual needs and to fit in with structured activities. One person bought a hot lunch on the way back to the service following an activity.
- People's specialist diets were considered and staff were aware of these.

Staff work with other agencies to provide consistent, effective care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with external organisations such as local authorities, GPs and community learning disability teams. This helped to ensure people received effective care that met their needs.
- A healthcare professional told us, "I commend the staff at Shipbourne Road for managing and maintaining [persons] weight, health and diabetes as well as it has been."
- Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required.
- People's changing needs were monitored to make sure their physical and mental health needs were responded to quickly and appropriately. Staff were aware of the signs and symptoms people displayed when their health was potentially deteriorating.
- People had "Hospital Passports" which provided relevant and helpful information to hospital staff if people had to attend.

Adapting service, design, decoration to meet people's needs

- The service had been suitably adapted to meet the needs of people living there.
- Risks in relation to premises were identified, assessed and well-managed.
- Each bedroom was different and decorated in line with people's preferences and needs. Where possible people and relatives were involved in this process. During our inspection we spoke to one person whose bedroom was in the process of being redecorated. They told us that they had helped to choose colours and would be choosing new lighting for the bedroom.

Ensuring consent to care and treatment in line with law and guidance:

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People living at the service were not able to make complex decisions. However, we saw staff enabled people to make decisions about their day to day care, such as what they ate and drank.
- The registered manager had requested authorisation from the relevant authorities when restricting people of their freedom. These applications were personalised, appropriate, and reviewed as required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- Staff had developed good relationships with people using the service. We saw positive interactions between staff, and the people they supported. Staff used appropriate body language and facial expressions as they engaged with people. Interactions were natural, but respectful.
- Staff had a good knowledge of people's personalities, their likes and dislikes and what they could do for themselves. One member of staff commented, "We encourage people to do things for themselves, such as helping with some housework, shopping or cleaning their rooms."
- When new staff came on shift we observed them ask people if they had, had a good morning and asked people what they had done.
- People's rights were respected and consideration was taken of anyone's cultural, religious or other protected characteristic under the Equality Act 2010.

Supporting people to express their views and be involved in making decisions about their care:

- Information, such as how to make a complaint, or what activities or meals were planned had been produced using an easy read format. This enabled people to be involved in discussions and decisions.
- Care plans contained information as to how the person's emotional and social needs should be met and what was important for them. Input from relatives was recorded and the information was user friendly.
- Although most people were not able to hold lengthy discussions about their care, they were able to tell us, either through short conversations or through pictorial images, that they felt comfortable and cared for at the home and felt respected by staff. One person told us, "They always help me." Another person told us, "They make me feel happy."
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff told us they show the person the options available or pictures of activities so they can make choices.
- One staff member said, "Some of the people are unable to speak, many people would assume that they can't understand what is being said to them, however, they can hear and understand everything and have emotions and feelings just like everyone else."

Respecting and promoting people's privacy, dignity and independence:

- People were treated with dignity, respect and kindness.
- Staff were respectful in their interactions with people. They were discreet when offering support to people and ensured people had their needs met in privacy.
- A member of staff told us, "We keep people informed about what's going on and let them choose activities they want to do". They told us about different activities people were supported with, such as trips to a local farm, community groups and shopping trips.

- Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good - People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received care, support and treatment personalised specifically for them.
- Care plans contained detailed guidance for staff on how to meet people's individual needs. The plans were person centred, referring to people's preferences on how they wished for their care to be provided. These included how they communicated, made decisions, and accessed activities of interest and therapies that benefited their health and wellbeing. For example, the use of Makaton to communicate with people.
- Care plans contained information to show that people's care and support needs had been discussed and agreed with family members. Assessments and support plans reflected people's daily life in the home, for example in the choice of activities they participated in or in how staff responded to their needs. The impact was that people were supported in a person-centred way according to individual needs.
- People were supported in a person-centred way. For example, timetables, such as meal times, were flexible and relaxed. Staff clearly knew people and people looked relaxed with staff.
- People had access to a range of indoor and community based activities designed to meet their interests and benefit their health. For example, people were going to local community groups to enjoy time with friends from outside of the service.
- Staff had received training in various communication mediums including Makaton.
- Staff supported people to maintain relationships that were important to them. People were supported to make phone calls to family members when they wanted too.

Improving care quality in response to complaints or concerns

- People had information about how to complain about the service. There were regular discussions with staff and people about the home and any areas they were unhappy about.
- Relatives told us they had never had to complain about anything but believed any concerns would be listened to and dealt with.
- There had not been any complaints. The registered manager told us about the process in place to act upon any complaints they received. They told us complaints would be used as an opportunity to improve the service.

End of life care and support:

- At the time of the inspection no-one was receiving end of life care.
- People's future wishes were considered and included any preferences relating to their culture and religion. Staff spoke to people about what they would like and other professionals were involved in developing plans.
- The area manager told us that they had previously supported people at the end of life and had made links with services such as the local hospice. They told us they supported other people living at the service following the death of a person.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good - The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager told us the vision for the service was to provide people with a good quality of life, positive relationships, and achieve a healthy lifestyle in a calm and peaceful environment.
- Staff confirmed their ethos was to provide people with the support they needed to make choices, build relationships and achieve things which were important to them.
- The management team and staff demonstrated that they had a good understanding of equality, diversity and human rights in order to provide safe, compassionate and individual care.
- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this.
- The provider and the registered manager understood their responsibilities and were aware of the need to notify the CQC of significant events, in line with the requirements of the provider's registration.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager and staff had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.
- Staff told us they felt supported by the registered manager. Comments included, "The manager is very hands-on" and "The manager has got to know everyone."
- There were regular systems in place to effectively monitor the quality and safety of the service. Audits included infection control, medication management, the safety of the environment, the accuracy of care records and the nutritional needs of people.
- Accidents and incidents were analysed to identify any actions needed to prevent reoccurrence. The registered manager had a learning process in place to check for areas of improvement.

Engaging and involving people using the service, the public and staff; Continuous learning and improving care

- People and staff were engaged and felt able to speak up freely, raise concerns and discuss ideas.
- People and their relatives were given opportunities to comment on the service provided. Relatives confirmed that the provider asked for their feedback.
- Staff meetings were organised for all staff to give them an opportunity to discuss any changes and raise any suggestions.

- All the feedback received was used to continuously improve the service.
- The registered manager told us they looked for opportunities to extend staff knowledge and undertake training and reflection.

Working in partnership with others:

- The provider told us in the PIR they worked in partnership with other agencies and sought advice about people's care from health professionals. They told us they made links with the local community for people.
- Staff told us and records confirmed there were other health professionals involved in people's care plans.