

## Avenues South East

# Avenues South East Services (ASES)

### Inspection report

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### Ratings

#### Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

### Overall summary

This inspection took place on 13, 14 and 15 July 2015. We gave short notice of the inspection because the manager was often out of the office supporting staff and the people using the service were often out at their daily activities. We needed to be sure that they would be available to speak with us.

We last inspected the service on 6 February 2014 when it was registered at a different address. At this time the service was meeting the requirements of the regulations.

Avenues South East Services provides personal care and support to people living in their own homes in Kent,

# Summary of findings

Medway and Surrey. The service supports adults and young people; over the age of nine, who have learning disabilities, physical disabilities and mental health needs. It supports people with complex health needs, however it does not provide nursing care. The support provided aims to enable people to live as independently as possible.

Most people using the service previously lived in residential care homes. The service supported people to move to either supported living services or their own homes so that they could live more independently. Where people are living in supported living services the registered manager lead projects with the housing providers to design accommodation that was innovative and met people's individual needs. Many people the service supports had previously challenged traditional services and require bespoke and flexible support packages.

At the time of our inspection the service was providing support to 84 people.

The offices are located in Underriver near Sevenoaks and are wheelchair accessible.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager of this service oversees the running of the full service and is supported by area managers who are allocated a geographical area to manage. Service managers run individual parts of the service, for example support to people in a support living unit or support to young people.

The service provided outstanding care and support to people enabling them to live fulfilled and meaningful lives. Staff were skilled at ensuring people were safe whilst encouraging them to challenge their potential and live independent lives. People and relatives were overwhelmingly positive about the service they received. Comments included "Couldn't wish for a better service", "She's doing things she would never have dreamed of" and "It's an amazing service."

The service had an innovative approach to the use of assistive technology to enable people to be as independent as possible. They had initiated and led projects to help people move from residential services, where they had previously required constant staff supervision, to allow them more privacy and independence in their own homes or supported living services. Staff were available and easily accessible nearby. Staff and managers had an excellent understanding of managing risks and had supported people that had previously challenged services to reach their full potential.

The registered manager ensured that staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Staff were positive about the support they received from their managers. They were encouraged to be reflective in their practice and strive to improve.

People had positive relationships with their support staff who knew them well and used their shared interests to help people live interesting lives. There were enough staff available to meet people's needs and people were busy and engaged with their communities. They were supported to make and maintain friendships and relationships that were important to them.

There was a strong emphasis on person centred care. People were supported to plan their support and they received a service that was based on their personal needs and wishes. The service was flexible and responded positively to changes in people's needs.

People were able to express their opinions and views and they were encouraged and supported to have their voices heard within their local and wider community. They played an active role in the running of the service and the organisation. They were enabled to promote links within the community that improved their own lives and the lives of the wider community of people with disabilities.

The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service. Staff were very highly motivated and proud of the service. The service had developed and sustained effective links with organisations that helped

# Summary of findings

them develop best practice in the service. The registered manager used effective systems to continually monitor the quality of the service and had ongoing plans for improving the service people received.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was outstanding in ensuring people were safe.

People were kept safe from harm and abuse. They had confidence in the service and felt safe when receiving support. People were supported to take positive risks, enabling them to lead independent lives.

Staffing levels were flexible and determined by people's needs. Robust recruitment procedures ensured people were only supported by staff that had been deemed suitable and safe to work with them.

People were supported to manage their medicines safely.

Outstanding



### Is the service effective?

The service was outstanding in ensuring people received effective care and support.

People received innovative care and support that was based on their needs and wishes. Staff were skilled in meeting people's needs and received ongoing support from the registered manager to ensure they delivered the best possible service.

People were encouraged and enabled to have their voices heard, both within the service and the local and wider community.

People were supported to stay healthy, active and well.

Outstanding



### Is the service caring?

The service was outstanding in providing caring staff to support people.

The registered manager and staff were committed to a strong person centred culture. People had positive relationships with staff that were based on respect and shared interests.

People and their relatives felt staff often went the extra mile to provide compassionate and enabling care.

Outstanding



### Is the service responsive?

The responsiveness of the service was outstanding.

The service was very flexible and responded quickly to people's changing needs or wishes.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People's views and opinions were sought and listened to. Feedback from people receiving support was used to drive improvements.

Outstanding



### Is the service well-led?

The leadership and management of the service was outstanding.

Outstanding



# Summary of findings

The registered manager promoted strong values and a person centred culture. Staff were committed to delivering person centred care and the registered manager ensured this was consistently maintained.

The service worked effectively in partnership with other organisation and forged positive links with the community to improve the lives of people with disabilities.

There was strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to ensure quality and identify any potential improvements to the service. The registered manager promoted an open and inclusive culture that encouraged continual feedback.

# Avenues South East Services (ASES)

## 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 13, 14 and 15 July 2015. We gave short notice of the inspection because the manager was often out of the office supporting staff and the people using the service were often out at their daily activities. We needed to be sure that they would be available to speak with us. The inspection was carried out by one inspector.

We gathered and reviewed information about the service before the inspection, including information from the local authority and previous reports. We spoke with the safeguarding team and the commissioners of the service to gather their views of the care and service. We looked at notifications we had received from the provider. This is information the provider is required by law to tell us about.

During our inspection we spoke with 12 people, 11 people's relatives and 16 staff across a range of areas covered by the service. We spoke with some people in the service's office, some in their own homes and some over the telephone. We looked at care records and associated risk assessments for 8 people. We looked at management and staffing records.



# Is the service safe?

## Our findings

People told us that they felt safe using the service. They said “The staff treat me well” and “The staff look after me.” People’s relatives told us they were confident that their relative was safe using the service. One person said “I know X is being treated well because he is so happy” another said, “I don’t feel I have to go in to see her every week now” and another relative told us “I am confident they will call if there is a problem.” Relatives told us that staff were confident in managing the risks and challenges they faced when supporting people. We saw that one relative had provided feedback to the registered provider about the staff member supporting their relative. They had commented “She has shown an ability to forward think any potential risk whilst supporting X.”

The service had a clear and accurate policy for safeguarding children and adults from harm and abuse. This gave staff information about preventing abuse, recognising the signs of abuse and how to report it. It also included contact details for other organisations that can provide advice and support. Staff had received training in safeguarding and area managers had checked their understanding of the policy at monthly audits of the service. Staff we spoke with understood what action they needed to take to keep people safe. Staff told us they were confident to report abuse and one staff member gave us an example where they had needed to do this in the past. The registered provider had set up an anonymous whistle blowing telephone line that allowed staff to raise concerns if they needed to. Staff also knew how to blow the whistle on poor practice to agencies outside the organisation. This meant that people were protected from the risks of harm and abuse.

Safeguards were in place around people’s finances. Service managers made weekly checks to ensure that, where staff were helping people manage their money, the correct procedures had been followed to safeguard their funds. Staff understood the risk assessments in place for individuals around the use of social media. One staff member told us “We have to carefully balance people’s rights with providing education around the safe use of social media.” Information about how to stay safe had been produced in an easy to read format and given to people to keep at home. This supported people to understand abuse and how to report any concerns.

The service had an innovative approach to supporting people to take positive risks. Each person had an assistive technology assessment, carried out by the provider, to establish systems that could be used to help them live as safely and independently as possible. The provider and registered manager had worked closely with housing providers to design and develop supported living accommodation for some people that included assistive technology that had allowed them to move from residential care settings. This included helping people arrange with their landlord for the installation of a water management system with overflow sensors to reduce the risk of flooding in their homes. People that needed it had been provided with small appliance shut off devices by the service, which were programmed to deactivate appliances such as toasters and kettles at specific times. As part of the design of supported living services the provider had arranged for infrared beams in some people’s homes that triggered an alert to staff, located nearby, if they got up in the night. They also had directional lighting that came on when they got up to help them find their way to the bathroom. Staff told us “We want to provide people with the help they need, but without constantly invading their space.” This meant that people who had previously required constant supervision from staff had privacy, but with staff on hand to provide assistance when needed. The registered manager told us “One tenant has been using the call button to tell staff that he needs attention. This is a major breakthrough in his communication as he previously kicked the door.” The registered provider had won an award that recognised their lead role in developing supported living services with assistive technology that allowed people with complex needs to move from residential care homes into their own flats.

One person with a visual impairment had been supported by staff to change the texture of the walls around their home. This meant that they could associate different textures with different rooms to help them find their way around. The décor of their home had been designed by staff in conjunction with the person to provide contrasting doorframes and rounded edges to walls to reduce the risk of injury through bumping into things. Staff told us that the person had been less frustrated since the changes to the décor had been made and that they were no longer bumping into walls and furniture.

The registered provider carried out health and safety audits to ensure that people and staff were safe when in the



## Is the service safe?

person's home. Where repairs were required to the person's home they had been supported by staff to arrange this with their landlord. People had been given easy to follow information about how to switch off their gas, electricity and water in an emergency. Staff reported accidents and incidents to the registered manager who was responsible for ensuring appropriate action had been taken to reduce the risk of incidents happening again. The registered provider had an effective system for identifying trends in accidents and incidents.

The registered provider had a policy in place to reduce the risk of people not receiving a service in the event of inclement weather. Staff who lived nearby people's homes were made available to cover if required. In the event of a staff member not being able to reach people due to car breakdown it was the registered provider's policy to provide a hire vehicle for a week. Staff were paid for their travel time to ensure people received the full visit they had paid for. This showed that the registered provider had proactively considered the risk of service breakdown and had put measures in place to ensure people received a consistent and full service.

Staff recruitment practices were robust and thorough. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups of adults or children. All potential employees were interviewed by the service manager for the part of the service they were applying to work in to ensure they were suitable for the role. All new staff were required to undergo a six month probationary period and there was a disciplinary procedure in place to respond to any poor practice. Where agency staff were used these were only sourced from agencies approved by the registered manager. The registered manager had

visited the agencies to make checks of their recruitment procedure to ensure they were in line with their own. This meant that people were only supported by staff who had been checked to ensure they were safe and suitable to work with them.

The number of staff required to meet people's needs was kept under constant review. The registered manager had responded quickly to review the staffing arrangements where people's needs had changed. For example, one person had begun waking early and therefore required staff to support them earlier in the day. The service manager of the person's service had met with their funding authority to request a review. Another person had required an increase in staffing support in relation to a health need. The registered manager had supplied this immediately and applied for the funding afterwards in agreement with the local authority. The registered manager told us they accepted that the funding may not always be agreed, but would always accommodate staffing flexibility in emergency situations. This meant people had the staff they needed to meet their needs.

People were supported to manage their medicines safely and at the time they needed them. Each person had an assessment of the support they would need to manage their medicines themselves. This varied from people who were able to manage the whole process independently to those who required full assistance. Staff had been trained to administer medicines to people safely. Records showed that people received the medicines they needed at the correct time. Where people were able to manage their own medicines staff had supported them to obtain monitored dose systems from their pharmacist. This helped them manage their own medicines safely by separating the doses required for each day and time. The registered manager had arranged for people to be supplied with secure storage for keeping their medicines in their own homes.





# Is the service effective?

## Our findings

People consistently told us that they were happy with the care they were receiving. One person said “I am happy here” and another said “I like the staff.” People’s relatives said they were confident that the staff were skilled to meet people’s needs. One relative said “All the staff are really good, but our two main carers are fantastic.” Another relative told us that “X’s health has improved so much, there have been no hospital admissions for ages and that is a real achievement.” People and their relatives told us that the support they received was consistent. One person said “We have the same carers, so we get to know them” and another said, “There have been very few staff changes over the years; that must say something.” Staff told us that they were supported to provide effective care. One staff member said “People’s lives have been changed.”

All staff had completed an induction when they started in their role. There were different pathways for induction and training depending on the level of previous experience and qualifications. Learning and development included face to face training courses, eLearning, on the job coaching and workbook assessments. Staff did not work alone until they were assessed as competent to do so. Staff told us they were happy with the training they received. One staff member said “It is really excellent. You have a full programme of training and if you need more you just ask.” Staff completing their induction had their progress reviewed after one, three and six months to ensure their understanding from the learning and to identify further training. All staff members had a personal development plan. Staff were required to complete a relevant qualification, essential training courses, such as first aid, and best practice courses, such as communication skills. All staff had completed a relevant health and social care qualification or were registered to do so. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

The registered provider showed that they were committed to supporting their employees. The organisation was signed up to a “mindfulness in practice” programme which staff could access to develop skills for managing stress and their emotional wellbeing. The service had achieved recognised accreditation schemes, including ‘Mindful employer’ and ‘Investors in people’. The service had a proactive approach to staff members’ learning and

development. Staff met with their relevant line manager monthly to discuss their work and agree areas for development. Staff and managers were encouraged to reflect on how they managed situations to help them improve their practice. Each year staff had an appraisal of their performance and set objectives to challenge them in the following year. Staff told us that they felt supported in their roles and enjoyed their work.

The service worked effectively in partnership with other organisations to make sure they were training staff to follow best practice. This included joint working with a leading learning disability research and development team affiliated with the University of Kent to provide training for staff in person centred active support. The team had carried out assessments of how staff were supporting people to be actively involved in their lives and had found a significant increase over a twelve month period. The registered manager had enrolled a service manager and two care staff on the BTEC SRF qualification in positive behaviour. They told us they had a rolling plan to provide this qualification to all staff. Staff had access to a positive behaviour support team, within the service, who supported staff in meeting the needs of people who challenged the service. A person using the service had trained their own staff team in the use of sign language. This meant that people were supported by staff who had access to the best practice guidance and training, that they then used in practice when supporting people.

Staff told us that additional training was provided quickly in response to people’s changing needs. Training had been provided to staff in using a PEG (artificial feeding system) and supporting a person who used oxygen. This meant that the individuals had continued to receive their care package without having to change provider. Staff told us their training was continuous and one staff said “We are all learning together.”

Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice effectively, and ensured people’s human and legal rights were respected. The staff had a clear understanding of people’s rights in relation to staff entering their own homes. Each person had been supported to draw up a document called ‘My house, my rules’. This clearly laid out their rights plus any particular rules they wanted staff to follow when accessing their home. We saw that staff followed the rules, for example asking the person if they



## Is the service effective?

could come into their home and supplying their own drinks rather than using the person's. This protected the person's rights and enabled people to be in control of who came into their home.

People had been supported to vote if they wished to. The registered manager had distributed easy read manifesto information and helped people to arrange postal votes or a visit to the polling station depending on their preference. People had been enabled to meet with their local MP through community partnership groups they had organised with help of the service. One person had raised with their MP their concerns about the lack of cycle paths in their area and the MP had taken this to the council planning board for discussion. Some people were waiting for new supported living accommodation to be built and it had been identified that the building specification would not enable people's independence. As a result the registered manager had represented people's needs and challenged the building contractor. This led to changes being made in the way people's kitchens were designed and equipped. This showed that people were given the support they needed to have their voices heard.

People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the right professionals. Where people did not have the capacity to make decisions they were given the information they needed in an accessible format, and where appropriate, advocates or their friends and family were involved. One example was that service managers reviewed on a monthly basis, people's capacity to manage their own money. This meant that people's right to make the decisions they were able to, was upheld.

Staff only used restraint as a last resort and only when trained. The registered provider was registered with the Physical Interventions Accreditation Scheme, which showed that they had met the required standard for training their staff and the reporting and reviewing of the use of physical restraint. Staff understood the need to apply to the Court of Protection for authorisation if anyone using the service was deprived of their liberty. This had been done for two people. Staff were clear about the conditions of the agreed restraint and when the authorisation expired. The registered manager and staff

had worked closely with healthcare professionals to reduce the need for restraint. A person who previously required full sedation for a blood test had been supported through a desensitisation plan to help them become more comfortable with the blood test procedure. This had resulted in the person having a blood test with no sedation or other restraint.

People were supported to maintain a balanced diet. Staff provided people with information about healthy eating and helped them to plan their meals and manage their budget to purchase a balance of healthy foods. Some people were given support to grow their own vegetables and they proudly showed us these when we visited them at home. People were encouraged to be as independent as possible in preparing their meals. They told us that they liked to help cook and that they chose all their own meals. Some people had been supported to host dinner parties for friends. They told us they had enjoyed preparing the meals. This meant that people were supported to maintain a healthy diet and to enjoy socialising around their meals.

People experienced a level of care and support that promoted their wellbeing and meant they had a meaningful life. One person had complex health needs. Careful planning to meet these needs and a flexible approach to the person's care had meant that the person had stayed healthier with fewer hospital admissions. Staff worked in an innovative way to improve the outcomes for individuals. Staff and relatives worked together with a person who required liquidised meals to obtain specialist food flasks so that they could go out for meals with others.

Each person had a health action plan that set out their specific health needs. An anticipatory health calendar was used to record daily information about people's health needs and this identified potential health problems in the early stages. This had helped one person who had previously required medication for bowel problems. Staff had been able to anticipate their needs and provide support earlier, removing the need for the medication. Another person had been supported by staff and healthcare professionals to be free of anti-psychotic medication for the first time in 15 years. Staff told us this had had a major impact of their life and they were able to enjoy more community activities such as going to the cinema. A further person had been supported to undergo health investigations which resulted in treatment and a reduction in behaviours that challenge.



## Is the service effective?

People were supported to be lead healthy and active lives regardless of their age or physical ability. A person who wanted to purchase a self- propelling wheelchair to increase their independence, had been supported to attend weekly wheelchair exercise classes to build their upper body strength. Some people enjoyed cycling and visited a cycle park each week. Another person had

rediscovered their love of swimming. One person told us that they had recently been to the local sports centre to try out a range of sports and activities on a taster day. Other people were supported to go out for walks. This meant that people were encouraged to remain active and to try new activities.



# Is the service caring?

## Our findings

People and their relatives were consistently positive about the caring attitude of the staff. They told us the staff were caring and friendly. One relative said “The staff are really keen and want to make people’s lives interesting.” Another relative told us “They take real care, X is always clean and looks well” and another said “They are really caring.” A person told us “I am happier now as I can be more independent than when I was living at home.” Feedback from healthcare professionals about the service was extremely positive. One told us that the staff “treat people as people and not service users.”

The service had a strong, visible person-centred culture. Staff had developed positive relationships with people. The staff were organised into small teams to ensure that people received support from a small number of staff that knew them well. Staff and their mix of skills were used innovatively to give them the time to develop positive and meaningful relationships with people. We saw that a staff member with a background in acting had been assigned to support a person who wished to pursue this interest. The staff member told us they were helping the person find an amateur dramatics group. Another staff member that enjoyed cycling was matched to work with a person who was a keen cyclist. They had participated in a 50k cycle ride together and regularly mapped out and completed new cycle routes together. This showed that the registered provider took care to deploy staff that would enthusiastically meet people’s individual needs.

Staff had supported people to complete a one page profile about themselves. This included ‘What people like and admire about me’ and included comments such as ‘People like my can do attitude.’ Staff had also completed these profiles for themselves and shared them with people using the service. This showed that staff respected people as equal partners.

People valued their relationships with the staff team. They spoke highly of individual staff members. Relatives described staff members who had gone the extra mile in supporting their relative and who had “Become part of the family.” Staff listened to people and respected their wishes. There was clear information for staff to follow to recognise when people were distressed and needed comfort. Staff told us this was especially useful where people did not use verbal communication. Staff were comfortable in

displaying warmth and affection toward people whilst respecting people’s personal space. Staff recognised the importance of self-esteem for people and supported them to dress in a way that reflected their personality. A person we visited was busy planning a shopping trip with staff to buy a new outfit for an important community partnership event. This showed that staff provided sensitive and compassionate support.

Staff were exceptional in enabling people to remain independent. Without exception, when we visited people, staff respected people’s homes and their right to do things for themselves. Staff encouraged and supported people to prepare their meals, do their chores, access community facilities and to try new activities. Assistive technology was widely sourced, supplied and used to help people retain or develop their independence. Staff told us that one person had had no access to the kitchen area in their previous home and had not been involved in any meal preparation or cooking. Since being supported by the staff the person had increased their skills and we saw photos of the person enjoying cooking and baking. Opportunity sessions were carefully planned and carried out to enable people to try new things and develop new skills. For some people this meant that they were able to further develop their independence, for example by seeking employment. The service managers and staff used observations to monitor how they were supporting people to be as active and involved as possible. Feedback was then provided to the staff member about what had worked well and what could be improved. This meant that people were supported and encouraged to be as independent as possible.

Staff respected people’s privacy. They phoned ahead to arrange appointments for us to visit people and knocked at people’s front doors before asking permission to enter. In some parts of the service staff met with their manager in the person’s home to talk about the support they were providing the person. This had been agreed with the person, but had not been recorded. We discussed this with the registered manager who, during the inspection, arranged for this agreement to be recorded in the person’s ‘My house, my rules’ document. Staff were discreet when discussing people’s needs, moving to quiet areas of the office as required. This meant that people’s right to privacy was respected.

Staff communicated effectively with every person using the service, no matter how complex their needs. For some



## Is the service caring?

people this meant using alternative or supportive communication methods such as computer apps and picture boards to assist them in speaking out. The registered provider had produced easy read information guides and policies for people to use. Staff had worked with the speech and language team to develop visual storyboards to help people that had moved from a residential service to understand the journey to their new supported living accommodation. The registered manager had arranged for technology to be used to provide a 24 hour camera view of the building works underway to build

people's new accommodation. This meant that people could be involved in the process and stay up to date with the development of the site. A healthcare professional told us "They advocate really positively for people," Staff were committed to involving people in their service. People had been provided with training to undertake interviews and were actively involved in the recruitment of new staff. They, and their circle of support, were involved in planning their own care and they were involved in meetings with their team of staff that supported them. This meant that people were involved in developing the service they received.



# Is the service responsive?

## Our findings

People told us that the service supported them to lead meaningful and interesting lives. They said that they were enabled to do the activities they wanted to. One person said “I go to clubs and discos” and another said “I like my job.” Another person said “I go out every day.” People and their relatives said that the staff helped them to achieve their goals. One relative told us “She’s doing things she would never have dreamed of” and another said “They got X horse riding again and that’s amazing.” People told us that the service had been responsive to their needs and was flexible. A relative told us “They have been so flexible and covered when X went into hospital 24 hours a day.” Another said “They have increased the support we get when we needed it, but they are the best agency around so we’d always like more.”

People received consistent, personalised care and support. They and the people that matter to them had been involved in identifying their needs, choices and preferences and how these should be met. People’s care and support was set out in a written plan that described what staff need to do to make sure personalised care was provided. For example, a person that had previously enjoyed horse-riding had it included in their plan that staff were to support them to do this weekly. Records showed that this had taken place and we saw photographs of the person enjoying the activity. Another person had expressed an interest in acting classes and had a plan in place to help them find a local drama group. A person enjoyed music lessons with an instructor they had known for a long time and had built a positive relationship with. Staff respected the person’s time to enjoy the lesson, whilst being available if needed. People were supported to plan holidays to destinations of their choice and some people were away on holiday with staff during our inspection. People’s plans were reviewed every six months or sooner if their needs changed and they were provided with support that met their needs and preferences.

People had a person centred plan that set out their goals and aspirations. Staff had worked with people to make this a reality. One person showed us photographs of a recent trip to London to visit the transport museum. This had been included in their plan as a goal and staff had ensured it had happened. Several people had wanted to find work and had been supported to find jobs in the local

community. Opportunity sessions were planned with people to try new activities. One person proudly showed us photos of them playing golf. Their records showed they had been several times since as they had enjoyed it. Another person, who had previously had a number of placement breakdowns, had been supported to increase their involvement in community activities. This included visiting a theme park which they and their relatives confirmed was a great success. Staff told us the person had really “come to life” that day. Plans were in place to repeat the activity. People were supported to be involved in a range of community activities, including swimming, social clubs, going to the cinema, eating out and drinks at the pub. One person was supported to regularly attended a local ‘Knit and Natter’ group held at a library and had been able to teach others to knit. Staff had told us the person was “seen as a member of the group and not a person with a learning disability.” Staff worked enthusiastically to support people to lead the life of their choosing and as a result their quality of life was enriched and optimised to the full.

The service was flexible and responsive to people’s individual needs and preferences. One person had required immediate support from Avenues South East Services following a breakdown in their care package with another provider. The service manager for the person’s service told us that they had been provided with resources to deploy additional staff to meet the person’s needs during the transition phase. They had worked alongside the previous organisation to understand the person’s needs quickly and had been able to ensure a continuation of service for the person. Another person had been supported by staff whilst being in hospital and during a move between homes. Staff working in the young people’s service had an excellent understanding of the difficulties young people face when leaving school and when moving between services. They gave examples of how they had worked alongside other agencies in a flexible way to meet the person’s needs. Relatives told us that the service was flexible and had regularly provided additional support to respond to urgent changes in need. Health care professionals told us that the service was responsive. One commented “They have proved to be both flexible and innovative in their approach.” People received a consistent service that responded flexibly to changes in their needs.

Several people using the service had previously experienced more than one breakdown in their support package and had challenged traditional services. The





## Is the service responsive?

support they received from staff was tailored to their individual needs and staff had worked extremely hard to get to know people and understand what was important to them. When people started using the service a tool had been used to understand people's current levels of community participation. This tool had been used again one year later and had found that there had been a significant increase in the level of regular participation in community based activities. They had also found a decrease in incidents of challenging behaviour for many people. Staff told us that people were less frustrated when they were supported to do the things they enjoyed. One staff said "Some people we support were written off as being challenging and never accessed normal social activities like you or I. Now they are out and about and the change is immense." This showed that people were given opportunities to live fulfilled and meaningful lives regardless of their complex needs.

Staff recognised the importance of social contact and companionship. They supported people to develop and maintain friendships and relationships. Staff had been proactive in helping a person, who had lost contact with their family 50 years earlier, find their relatives and rebuild relationships. The person told us they were happy to be seeing their brother again. Another person had been supported to set up and use skype to stay in contact with their relative who had moved away. Several others were supported to use the telephone, email and skype to stay in contact with family and friends. Some older people were members of their local Royal British Legion club and staff told us that when they went for a drink there "they are just seen as one of the club". People that had formed friendships in previous areas they had lived were supported to stay in contact if they wished. Staff helped people to arrange visits for dinner or a social catch up. People were helped to organise and host dinner parties for their friends

and several people regularly grouped together to hold a pool competition at one person's house. Staff told us some people had very positive relationships with their neighbours. One person had been involved in a fundraising activity with their neighbour and had played a full role in the whole event. This showed that staff valued people's personal relationships and enabled them to pursue them.

People were supported into employment if they wished. Some people worked in a shop and others on a local farm. One person had a job walking neighbours dogs and another person was employed in the services local office. The young person's team had helped a person find work experience at a web design agency. The person had identified flaws in the security systems at the agency and the agency made changes based on the person's recommendations. In return the person was provided with funding for IT tuition and went on to secure employment. Some people were provided with support during their education. This was either to attend school or college or to find and access adult education courses. People were given the support they needed to follow the education and career path they wished to.

The registered provider had given people clear information about how to make a complaint. There was a written and pictorial procedure and staff discussed people's satisfaction with the service at regular meetings with them and the key members of their team. In addition to the formal complaints procedure area managers visited people monthly and asked if they were happy with the service as part of their quality monitoring checks. Records showed that complaints were taken seriously, investigated comprehensively and responded to quickly and professionally. Relatives told us that they felt confident they would be listened to if they made a complaint.



# Is the service well-led?

## Our findings

People and their relatives were consistently positive about the service they received. One relative said “We are so pleased with the service, it has made such a difference” and another said “They always tell us what is going on and I really trust them.” A relative told us “We have a lot of faith in them.” Everyone we spoke with said they would recommend the service to others who needed support in their own home. Staff were positive about the support they received. One staff member told us “I work with a really good team. There is openness and we are trained well” and another said “It’s a great company to work for, they are really supportive.”

The registered manager had developed and sustained a positive culture in the service encouraging staff and people to raise issues of concern with them, which they always acted upon. Staff were able to use the ‘ASK EMT’ email to raise questions about organisational policy and direction with members of the executive management team. They were also sent an email requesting their feedback on the service at regular intervals throughout the year.

The registered provider had clear vision and values that were person centred and focussed on people having the opportunity to be active citizens in their local communities. These values were owned by people and staff and underpinned practice. Staff consistently provided person centred care and support. The registered manager, area managers and service managers provided clear leadership and used systems effectively to monitor the culture of the service. This included a regular presence of managers working in the service alongside staff to role model. Observation of practice was used, along with reflective logs to help staff develop their practice. Staff spoke highly of their managers and said that they were accessible and approachable. Managers at all levels had meetings within the organisation to share good practice ideas and problem solve. The open and progressive culture of the service meant that people received continually improving support.

The service had actively sought and acted upon the views of others through creative and innovative methods. This included an annual survey and monthly visits by area managers to seek feedback from people the service supports. Relatives told us they were frequently asked for their views and could speak with the registered manager at any time. Assistive technology had been used, including

computer apps, to help people communicate their views. People were involved in the ongoing development of their service. A co-production project was underway to formalise how people were involved. An involvement strategy working party had been developed and included people the service supports. The registered provider was holding an annual BBQ for people and their families. It was planned that people from the working party would speak with others using the service at the BBQ to seek feedback about how they would like to be further involved. The executive board included two people the service supports and others attended quarterly to share their experience with board members to generate improvements. As a result of a request by one person, board members visited services to meet with people in their own homes. People were supported to have an Avenues email account if they wished, the same as staff, and staff told us this had enabled the registered provider to share more information directly with those that wished to be more involved.

The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of any significant incidents and proactively shared identified risks and plans for improvement. The registered provider had a dashboard system for identifying risks. Through this the registered manager had quickly identified that there had been a number of medication errors in one part of the service. The registered manager had conducted a full and comprehensive investigation and took action which reduced the risk of further errors.

The registered manager received consistent support from the registered provider and told us that the resources required to drive improvement were readily available. There was a strong emphasis on continually striving to improve. There was a 6-12 month improvement plan in place for the service. Area and service managers came together monthly to work on the plans and report on progress to the registered manager. The next action on the improvement plan was to test the business continuity plan to ensure it was effective. The following action was to increase the use of IT for storing people’s care records, to make them more accessible to people receiving support.

Quality assurance audits were carried out at least monthly by area managers, with informal visits from service managers on a daily basis. The registered manager carried





## Is the service well-led?

out regular visits to parts of the service, which included speaking with people and staff to review the effectiveness of their support. We saw that improvements that had been recommended at the previous audit had been made.

The service had sustained outstanding practice and improvements over time and had achieved recognised accreditation schemes. This included The Social Care Commitment, Investors in People and a Housing and Support award for partnership working in setting up a supported living service. Staff were willing to go 'the extra mile' for people who may have struggled with placements in the past. The registered manager had been creative in the use of staff resources, assistive technology and person centred planning to improve the lives of people who had previously not been enabled to live fulfilled lives. The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. This included being part of the voluntary organisation disability group and partnership working with a leading learning disability research team. The service had a number of multi- agency working agreements with other care providers. This had been carefully managed to ensure people received consistent support regardless of which agency was supplying the support at the time. Relatives of people receiving multi-agency support told us that this worked "Extremely well."

The service was exceptional at supporting people to form and sustain links with their local community. A lottery grant had been obtained to bring people within a local community together for events to plan how lives of people with disabilities can be improved. A steering group for the events included people with a variety of needs. People the service supported had been asked to research venues to hold the events. The registered manager told us "We felt they would be in the best position to advise us on venues as they are the ones using their community facilities all the

time." Events had been held in Surrey and West Kent and had brought together MPs, pub landlords, supermarket managers and people from all parts of the community. Group activities were used to look at how community members with a learning disability could be further involved. As a result members of a local church began visiting people in their homes on a social basis. A further event was scheduled for Medway.

Some people had been supported to work as mystery shoppers to provide feedback on customer services and the built environment on behalf of various disability groups. Recent customers included the National Trust, local leisure centres, libraries and a local football club. This enabled people to contribute to making community and leisure services more accessible to people with disabilities.

People had recently been supported to run a float in a local carnival. Two people had successfully completed the Three Peaks Challenge alongside staff to raise money for charity. People, were supported to be active members of their church if they wished and some people attended social groups and church events. The service held charity coffee mornings at the local office and invited employees from other business in the complex to raise awareness of the abilities of people they support. People were supported to make and sell cakes. People told us that being involved in charity work and community events made them feel valued.

The service facilitated placements for police officers and student nurses who were undertaking training in equality and diversity. The registered manager also visited local colleges to participate in career days for students of health and social care qualifications. The registered manager told us this helped them understand the needs of people with a learning disability and the challenges they can face in their communities.