

Avenues South East

# Avenues South East - 356 Station Road

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

356 Station Road is a residential care home. The home accommodates up to two people in one house. At the time of our inspection two people with learning disabilities were living at the service.

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 ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

The provider had systems in place to ensure people remained safe. Staff had completed safeguarding training and were aware of the provider's whistleblowing process. Risks had been identified and managed.

The provider ensured checks were in place to maintain the safety of the home. People received support to take their medicines safely. The provider ensured staff employed were suitable with the right skills and experience to support people living at the service. Enough well-trained staff were available to ensure people's needs were met.

Staff treated people as individuals with compassion and kindness. The provider had a clear ethos which staff spoke proudly about. Staff told us they were supported by the management team.

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.

We observed many happy interactions between people and staff. Staff clearly knew people well and were knowledgeable about people's life histories, family structures, preferences and care and support needs. We observed staff seek permission before supporting people.

Care plans were person centred and provided staff with clear information on how to support people in line with their preferences. People were supported to take part in activities and interests they enjoyed.

The registered manager set high standards and led by example. The staff team felt supported by the registered manager and the organisation. Staff promoted a culture of inclusiveness and people were valued for their individuality. Effective checks and audits were completed to make sure people received a good quality of support. Staff worked with people's health care professionals to ensure care was joined-up.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was Good. (published on 21st March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor this service and inspect in line with our re-inspection schedule for services rated good.

## 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 safe.

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 - 356 Station 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

356 Station Road is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider/registered manager would be in the office to support the inspection.

#### What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. The registered manager had completed a Provider Information Return [PIR]. The PIR is a form that asks the provider to give some key

information about the service, what the service does well and improvements they plan to make. We used this information and the previous inspection report to plan our inspection.

#### During the inspection

We met with the two people who lived in the service and observed them in their home and how they interacted with the staff. We spent time with people in the shared areas of the service. We walked around the building and saw individual bedrooms. We looked at information contained in both care files. We looked at the records related to medicines management and to people's finances.

People using the service had a range of communication needs. Some people were able to say a few words. However, people mostly communicated by gestures, behaviour and by using signs and pictures. People were not able to provide us with detailed information about their experience of living in the service. To gain further understanding of people's experience of the service we spent time observing how they were supported by staff and spoke with their relatives.

We spoke with four members of staff including the registered manager. We looked at two staff records which confirmed what staff told us about their induction, training and development.

#### After the inspection

We spoke with two health and social care professionals to gain their views of the service people received and have incorporated this feedback into this report.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely.

- The provider ensured staff were appropriately trained in medicine management. Staff completed training and had an assessment of their competency to safely support people in the administration of medicines. However, when we checked we found that some staff members had not completed competency assessments since 2017. We checked that this had not impacted on people being provided with their medication and found that there had been no medication errors. The registered manager told us that they were in the process of updating these. This was an area for improvement.
- Medicine records contained a photograph of the person to aid identification and had been completed to show medicines had been administered as required.
- People often visited their family. Staff prepared people's medicines for the days they were not in the service and worked with families to ensure people continued to receive their medicines as planned. We checked this person's medication administration record (MAR). The correct coding had not been used for the periods that the person was away from the service. This had not impacted on the person receiving their medication. The code that had been used was unclear and there was no written reason for using the code. This was an area for improvement. The registered manager told us that they would make sure that staff were reminded about using the correct codes.
- Medicines were administered to people as prescribed. People confirmed and we observed staff supporting people with taking their medicines which helped them to manage their health care needs.
- The provider's medicines policy gave staff guidance on safe administration of medicines.
- Staff were aware of STOMP, a national initiative for stopping the over medication of people with a learning disability, autism or both with certain medicines which affect the mind, emotions and behaviour. As a result people's medication had been decreased.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and trusted the staff who supported them. One person said, "They make me feel safe here."
- People continued to be protected from abuse and discrimination by staff who were trained and knowledgeable about the signs of abuse. Staff knew how to report concerns and had confidence in the registered manager to take the right action.
- Safeguarding processes and concerns were regularly discussed at staff meetings.
- The provider had effective safeguarding systems and the registered manager and staff understood their responsibility to raise concerns with the local authority and CQC in line with guidance.

Assessing risk, safety monitoring and management

- Risks continued to be identified and managed safely, so people were kept safe whilst still promoting

independence.

- Risk assessments had been completed when people first moved into the service. These were detailed and included information for staff to follow to keep people safe from harm. Risks identified had been reviewed to ensure they were being monitored and managed effectively.
- Health and safety checks were carried out to ensure people had a safe environment.
- People had a personal emergency evacuation plan (PEEP) in place to help evacuate people safely in an emergency.
- Care plans were in place which provided guidance for staff for the management of behaviours that challenged when a person may become agitated or distressed. Staff knew people well and were able to pre-empt situations.

#### Staffing and recruitment

- Staffing levels were determined by the support hours that people needed. Additional staff were deployed when people were on activities in the community or attending medical appointments.
- People received care from a regular group of staff who knew people well. The registered manager told us that they did not have to use agency staff as they had bank staff available from the three services that they managed.
- The provider continued to operate an effective recruitment process to ensure suitable staff were employed. This included obtaining satisfactory references and checks with the Disclosure and Barring Service (DBS). These help prevent unsuitable staff from working with people who could be vulnerable.

#### Preventing and controlling infection

- The provider had an infection control policy in place which guided staff to follow and implement safe hygiene practices.
- People lived in a service that was free from odour and was clean. The registered manager ensured there was enough personal protective equipment available for staff such as gloves and aprons to help reduce the risk of infection.

#### Learning lessons when things go wrong

- The staff team were encouraged to report incidents that happened at the service and the registered manager ensured lessons were learned and improvements made when things went wrong.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- There was a system in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice.
- Training methods included online and face to face training
- Staff training covered those areas identified as necessary for the service and additional training to meet people's specific needs. For example, all staff had received training in dementia in people living with a learning disability.
- The registered manager used supervisions and team meetings to deliver additional learning. We observed staff were supportive of each other and worked well together.
- New staff completed a comprehensive induction and worked alongside more experienced staff to get to know people. Staff new to care completed the Care Certificate, a set of national standards social care workers are expected to adhere to.

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

- People's needs were assessed before they came to live at the service. The people currently living at the service had been resident there for many years.
- Information gathered during pre-assessment meetings was used to create people's care and support plans. These set out people's needs and how they preferred to be supported.

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

- Staff promoted a healthy, balanced diet and prepared homemade meals for all. We observed people asking for drinks and staff encouraged people to help as much as they were able to do safely. We saw people making their breakfast of their choice.
- Care plans outlined people's preferences in relation to food and drink.
- People were supported with shopping and menu planning in line with their needs and preferences.
- People and staff chose to eat together at mealtimes. Staff were attentive to people's needs and offered support when required.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked regularly with external professionals, such as speech and language therapists and GPs, to support and maintain people's health.
- The community professionals we spoke with described effective working relationships and good communication with staff and management. They had confidence their recommendations regarding people's care would be listened to and acted on.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to remain physically and mentally well. Health care professionals were contacted promptly when people needed support.
- Staff supported people to arrange and attend medical appointments, and to seek professional medical advice and treatment if they were unwell.
- People's care plans included information about their medical history and current health conditions to help staff understand their related needs.
- People had health action plans designed to ensure their health needs were fully considered and addressed.
- People were encouraged to take part in regular exercise. This included as walking around the service and grounds or attending exercise classes.

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

- The service had a homely feel. People had space to socialise with others, engage in activities or spend time alone if they wished.
- People were supported to personalise their rooms to their own tastes and preferences.
- There was an attractive garden at the back of the service which people were able to access freely. One person enjoyed gardening and had been supported to create a vegetable garden. There was a greenhouse in the garden that the person could use.

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 were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.
- Staff received training in, and understood, people's rights under the MCA.
- The registered manager had made applications for DoLS authorisation based upon an individual assessment of people's mental capacity and care arrangements. They monitored any conditions on DoLS authorisations granted, in order to comply with these.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness and compassion. There was a stable staff team who knew people well and knew what mattered to them. Positive and caring relationships had been developed between people and staff.
- Care plans contained information about people's abilities and skills. Management and staff took pride in people's achievements and were keen to talk with us about this.
- Staff were attentive to people's needs and actively encouraged people to take part in daily tasks and activities within the service.
- Staff were knowledgeable about people's family structure, life histories, care needs, likes and dislikes. They were aware of people's preferred communication and non-verbal signs of communication.
- Relatives and friends could visit whenever they liked which meant that people could maintain relationships with family and friends.
- The provider had an equality and diversity policy in place and staff had received training in the subject enabling them to protect both people and staff against discrimination.

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

- People were supported to make every day decisions for themselves including how to spend their time, what to wear and what to eat and drink.
- People had regular meetings with their keyworkers where they were supported to express their choices and make decisions.
- The registered manager told us that people had relatives who advocated on people's behalf.
- Care plans contained information about people's specific communication methods.

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

- People's right to privacy and confidentiality was respected. Each person had their own private space when they wished to be alone. Staff respected people's right to spend time alone and be private when they wanted to be.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of care they could manage independently and when staff needed to support them. Staff promoted people to be as independent as possible by encouraging and praising them.
- People were supported to maintain and develop relationships with those close to them. Records showed family members had been updated when changes in people's needs were identified.
- The registered manager told us that the service adopted 'Active Support' within the service. This ethos was

to encourage people rather than doing something for them.

- People's confidential information was held securely and only accessible to staff who needed the information to perform their role.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans covered people's histories, preferences, healthcare and support needs. These described how the person preferred to be supported.
- Additional care plans were created for specific health needs such as epilepsy.
- Positive Behaviour Support (PBS) plans were in place to support people. PBS is a person-centred approach to people with a learning disability, who present behaviours which may challenge. It involves understanding the reasons for the behaviour and considering the person as a whole, including their life history, physical health and emotional needs to design specific ways of supporting the person.
- Staff understood and knew people's hobbies, interests and preferences to support them to take part in social activities. People were encouraged to be active in their choice of hobbies and interests.
- People were encouraged to integrate into the community as much as possible. They went out regularly to the local shops and readily accessed other local amenities.
- Each person had a keyworker. This is someone who takes the lead in co-ordinating a person's support. Keyworkers provided the registered manager with a monthly report about the people they supported. These reports were being expanded to contain more detail about people's goals and the registered manager was working with the keyworkers to do this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Documents were produced in easy read format to make information accessible for people using the service.
- Care staff knew how to communicate with people by using people's body language and facial expressions.
- The service used objects of reference for one person. This allowed staff to offer them choice as well as communicate with them about what would be happening throughout a day. For example, if the person had a doctor's appointment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had support to participate in a range of social and recreational activities, which reflected their interests and preferences and ensured they did not become socially isolated.
- People were supported to identify and take advantage of work opportunities. One person did voluntary

work at a local food bank on a weekly basis.

- Staff assisted people to maintain relationships important to them. People were supported on visits to their families. One person had been supported to visit their mother in a local residential home, every other day, so that they could continue to be part of their mother's life until she passed away.
- People were supported to develop relationships with others. This included people from the supported living service within the organisation.
- People were actively encouraged and supported to maintain local community links. For example, one person took part in the local walking club each week.
- People told us they enjoyed regular holidays and had more planned. One person at the service had just come back from Blackpool.
- One person living at the service had been supported to get a plot at a local allotment. Staff were supporting the person to develop the plot and plant vegetables that were in season.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scales. The complaints process was available in an easy read version for people to access.
- Two complaints had been received in the last 12 months. The registered manager had investigated and responded appropriately.
- Staff knew who to talk to if they had any concerns. Staff told us they were supported by the management. One staff member said, "The manager is lovely. They are very supportive."

End of life care and support

- The service was not providing any end of life support at the time of our inspection.
- The registered manager recognised that it was important to understand what people's wishes might be and advised that they would consult with people and their relatives.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us that they no longer asked people, relatives or professionals to complete feedback about the service. At the time of the inspection there was no formal process in place to gain feedback. The registered manager stated that this was because they very rarely got a response to the questionnaires that they sent out. The service had not looked at other ways to gain and log peoples feedback. This was an area for improvement. The registered manager told us that as it was a small service they spoke regularly with people and their relatives about the service, however, this was not recorded. The registered manager told us they would look at ways to formally record feedback that they received going forward.
- People's protected characteristics under the Equalities Act (2010) such as religion, sexuality, cultural and spiritual needs had been recorded; these were respected by staff.
- People and those important to them were engaged with the service. Regular key worker meetings were held with people and relatives were invited to attend care reviews.
- The registered manager told us they were supported by the provider, felt valued, listened to and they responded to the needs of the service.
- Staff told us they had regular meetings where they could suggest changes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted person centred care in all aspects of the service. The registered manager ensured staff and the service operated in a transparent way.
- Staff told us they were happy working at the service and felt supported by the registered manager.
- People were supported to remain active and lead fulfilling lives. People were supported to take part in meaningful activities and maintain relationships with friends and families.
- Independence was promoted, and people were supported to be involved in the local community. People were supported to maintain contact with people at day centres they attended and establish new friendships.
- There was a clear vision for the service that was person-centred while providing care, support and treatment to people to help them to manage their health needs and remain well.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and we could see how this was acted upon.
- The registered manager understood their responsibilities and knew what they needed to report to CQC under their regulatory requirements.
- Records showed that staff communicated well with health and social care professionals and kept relatives up to date with any changes or incidents that occurred with people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a range of review processes to monitor the quality of the service. The registered manager also completed audits and produced an action plan with a clear timeline for completion.
- The registered manager attended regular manager meetings where good practice and lessons learnt were shared.
- The service had notified the CQC of all significant events which have occurred in line with their legal responsibilities.
- The provider had met the legal requirements to display the services latest CQC rating in the service and on their website.

Working in partnership with others

- The registered manager worked well with others including commissioners of the service, the local authority safeguarding team and other healthcare professionals. This made sure people were kept safe and received the care and support they needed.
- The registered manager attended a managers networking forum to support them to remain up to date and share best practice.