Avenues South East

Avenues South East - 356 Station Road

Inspection report

356 Station Road,
Rainham,
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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. 356 Station Road is a residential home providing care and support for two people with learning disabilities. The home is part of a group of homes managed by the Avenues Trust Support Services.

Summary of findings

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

People were protected from the risk of abuse as the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. There was a safeguarding adult protection policy in place, which detailed the actions to be taken by the provider to help keep people safe. All staff had been trained in safeguarding adults. Staff gave clear explanations of the different types of abuse and they knew which action to take in the event of any suspicion of abuse.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and DoLs. We saw that mental capacity assessments were carried out for people who might not have the capacity to make certain decisions.

There were sufficient and competent staff on duty with the right skill mix to make sure that the service was safe and that staff could respond to unforeseen events. People were protected by a robust recruitment system which ensured that staff who supported them were suitable for this role.

Staff were provided with the support they needed to enable them to provide appropriate care and support for people. Individual appraisals and regular one to one sessions were arranged with each member of staff to ensure they were trained effectively and were competent to carry out their roles.

People were supported to be able to eat and drink sufficient amounts to meet their needs. They were provided with a choice of suitable and nutritious food and drink. People followed a balanced diet that promoted healthy eating and individual dietary needs were catered for. People's health care needs were met. They were registered with a medical practice and records showed regular contact with their GPs, dentists, chiropodists and other health professionals where needed. People felt comfortable to discuss their health needs with staff and were involved in the review of their health plans. For example, one person reminded staff of their GP's appointment during our visit and the person was supported accordingly.

People's care needs were assessed before they moved to the home. People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. Staff were knowledgeable about how to support each person in ways that were right for them. Staff were able to describe the needs of people who used the service and the ways in which individuals were supported.

People had the privacy they needed and were supported and encouraged to be as independent as they were able and chose to be. People were encouraged and supported to take part in a variety of appropriate activities inside and outside the home. Each person had an individual weekly activity plan.

People were made aware of the complaints system. This was provided in a format that met their needs. There had been no formal complaints about the service in the last year.

The manager had an 'open door' policy, and actively encouraged people to engage with them, which showed us that there was an open and positive culture which focussed on people. There were strong links with the local community. The home worked well with other agencies and services to make sure people received their care in a cohesive way.

A quality assurance system was in place and used to drive continuous improvement. This included regular audits of all aspects of the service. People, their representatives and staff were asked for their views and these were acted upon.

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?

Good

The service was safe.

The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening by training staff in how to safeguard people. Staff knew the correct procedure to follow if they witnessed or suspected abuse.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw from training records that all of the staff had been trained in the MCA and DoLS.

People, staff, relatives and professionals told us there were enough staff to keep them safe. Staff were safely recruited and risks to people were managed so they were protected from harm.

Is the service effective?

Good

The service was effective.

Staff had the necessary skills and knowledge to meet people's assessed needs, preferences and choices. Appraisals and one to one supervisions were carried out monthly. Staff's development and training needs were addressed by the manager.

Meal times were managed effectively to make sure that people received the support and attention they needed. People's care records contained information about their food likes, dislikes and dietary needs.

People had regular contact with healthcare professionals and were involved with the planning of their care.

Is the service caring?

Good

The service was caring

People's care needs were assessed. This enabled the staff to adequately meet people's needs. People were supported by kind and attentive staff. Staff showed patience and gave encouragement when supporting people.

People were involved in decisions about the support they received and their independence was respected.

Staff were aware of people's preferences, respected their privacy and maintained their dignity.

Is the service responsive?

Good

The service was responsive.

Staff understood people's different ways of communicating and responded positively to their verbal and non-verbal communication.

People were supported to pursue activities and interests that were important to them.

Summary of findings

People were made aware of and supported to use the complaints system. This was provided in a format that met their needs.

Is the service well-led?

Good

The service was well led.

Observations and feedback from staff, relatives and professionals showed us the home had a positive and open culture.

There were strong links with the local community. The home worked in partnership with other agencies and services to make sure people received their care in a joined up way.

Systems for monitoring the quality of the service were effective.

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Detailed findings

Background to this inspection

This inspection was carried out on 29 July 2014. Our inspection team was made up of one inspector. We spoke with two people who lived in the home, one member of care staff and the registered manager. We also contacted health and social care professionals who provided health and social care services to people. These included community nurses, speech and language therapist, local authority care managers and commissioners of services.

At the time of our visit, two people lived at Avenues South East, 356 Station Road. Both people required one to one staff support at certain periods of the day because they had diverse and complex needs such as learning disabilities, autism, down syndrome and communication difficulties. We were unable to speak with people who used this service, but spend time with them during the inspection and observed how people were supported by staff throughout our visit.

Before the inspection, we gathered and reviewed information from notifications, which are information we received from the provider about their services. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern, and health professionals' such as local authority commissioning officer's comments about the service.

During our visit, we looked at the provider's records. These included two people's personal records and care plans, health action plans, risk assessments, person centred practice records, two staff files, a sample of the home's audits, satisfaction surveys, staff rotas, and the service's policies and procedures.

At our last inspection we found no concerns or breaches of regulation.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

We observed that people were able to freely move around the home safely and were able to express themselves as they wished.

A local authority commissioning officer told us the service was safe. They said, “We are happy to advise that at the time of our last compliance visit there were no issues of non compliance, no safeguarding alerts and no complaints”.

Staff said that they had undertaken safeguarding vulnerable adults training, The provider training plan sent to us following our inspection confirmed this. Staff knew the correct procedure to follow if they witnessed or suspected abuse. They told us they would raise any safeguarding concerns initially with their senior or manager, but would also contact the local authority or the Care Quality Commission (CQC) if they felt they needed to. One member of staff said, “If there is an allegation of abuse, I will inform my line manager, record it and the manager will take it further with the appropriate authorities”. Staff told us that they would feel comfortable raising an alert if it was required and all were of aware of their responsibility to do so.

There was a safeguarding adult protection policy in place, which detailed what actions to be taken by the provider to help keep people safe. Safeguarding contact information was seen on in the safeguarding procedure. The manager told us that they also adhered to the 'Multi Agency Safeguarding Vulnerable Adults Policy, Protocols and Guidance for Kent and Medway' which staff used as guidance.

The provider had a whistle blowing policy which stated that the provider encouraged staff to raise concerns and that they would deal with concerns in an open and professional manner. Staff we spoke with said, “I have read the whistleblowing policy. We need to report bad practice immediately to our line manager who in turn will report up the ladder and we can go to CQC and make a report if needed without being victimised”.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). When an application should be made and how to submit one and were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We saw that mental capacity assessments were carried out by the home for people who might not have the capacity to make certain decisions.

Mental capacity assessments were carried out by the manager to assess if people had the capacity to make certain decisions. For example, we saw records of a mental capacity assessment carried out by the manager to ascertain if a person had the capacity to understand the need to lock the COSHH cupboard, garage and medication cabinet thereby restricting access. The result of this assessment was that ’The person does not have capacity to make this particular decision at this time’. The manager told us that these decisions to lock these areas were made to keep people safe and they were making applications to the DoLS office regarding these.

When people in the home were assessed as unable to make complex decisions for themselves, for example about their care and treatment, their next of kin or representative advocated on their behalf. Meetings were held with people’s representatives, Social Services and health professionals to make decisions on people’s behalf to make sure they were in their best interests where this was needed. For example, a mental capacity assessment for a difficult decision about going out into the community was agreed after it was discussed with the person’s relative and a best interest meeting was held.

There were sufficient and competent staff on duty with the right skill mix to make sure that people were safe and staff could meet their needs. The permanent staff team comprised of support workers and the registered manager. The manager told us that the staffing rosters were based on the individual needs of people. One person required two to one staff support while in the community and the other person required one to one staff support. We looked at the staff roster and saw that the two staff rostered on duty were on shift. We observed that staffing levels were organised to support individuals who required one to one support, those attending appointments, and those who engaged and participated in chosen activities in the community. We observed staff supported one person who received one to one support to go to the shops for weekly shopping, in accordance with the person’s plan of support.

Good

Is the service safe?

People were protected by a robust recruitment system. Staff files showed that recruitment procedures included checks for applicants' identity including a recent photograph; two written references; a full employment history with any gaps in employment discussed; and Disclosure and Barring System (DBS) checks. Applicants were asked to show proof of any previous training. Interviews were carried out and an interview record was retained. Successful applicants were required to complete a detailed induction programme and probationary period. Written assessments of competency were included as part of the training programme, and were discussed with the manager or deputy who ensured that the new staff member understood their training and were competent in the area of work concerned.

Records showed that assessments were in place to identify risks that may occur when meeting people's needs and supporting them with activities. The way these risks could be reduced were written and included in people's care records to give direction to staff on how care and support should be delivered. Risk assessments and guidelines were in place for specific needs. These identified the level of concern, risks and benefits of encouraging people to engage in activities and how to manage the associated risks. These were reviewed and updated regularly to ensure that people were supported safely.

Good

Is the service effective?

Our findings

We observed that the service was effective in responding to people's needs. Throughout our visit, staff provided support to people as it was required based on their needs as stated in their plan of care.

Members of staff told us how they updated their knowledge about people's care needs. They said, "We use different plans for auditing people's records in order to keep up to date with people's needs. Needs are reviewed every six months and we re-write the support plan" and, "I really feel supported and the training to improve our skills and knowledge is really good".

The staff training schedule showed that all staff had been trained in key areas, which ensured that they had the necessary skills and knowledge to meet people's assessed needs, preferences and choices. Staff told us that training was really good, which enabled them to support people well.

Staff files showed that appraisals and one to one supervisions were carried out monthly and these identified any development and training needs. Supervision sessions were also used to identify tasks that needed to be carried out and the timescale agreed for completion. For example, one staff member was required to complete a training course on end of life care and schedule refresher courses where essential training needed to be updated. Progress was reviewed in the next supervision session. Staff told us they received opportunities to meet with their line manager to discuss their work and performance. They said, "I had my supervisions with my line manager regularly and I receive effective support".

We observed that people were supported to eat and drink sufficient amounts to meet their needs. They were provided with a choice of suitable and nutritious food and drink. People's care records contained information about their food likes and dislikes. We saw a pictorial menu on the kitchen notice board for people in a format that met their communication needs. The menu made it easy for them to choose what they would like to eat. For example, we observed staff showed the menu to one person in order for them to choose their breakfast. There was a diabetes food guide and information about the management of diabetes in one person's care records. Staff demonstrated their knowledge in providing the right food and drink for this person by following the guide.

People had a balanced diet that promoted healthy eating. Fresh fruits, and a variety of cold drinks were available in the living area throughout the day, and we saw that staff frequently offered people hot drinks or biscuits/snacks. The kitchen was open and people accessed the kitchen as frequently as they wished. We saw that staff were trained in food hygiene which enabled staff to support people in food preparation and maintain good hygiene standards.

People were registered with a medical practice and there were records of regular contact with their GPs, dentists, chiropodists and with an ophthalmologist where appropriate. People felt comfortable to discuss their health needs with staff and were involved in the planning of their care For example, one person reminded staff of their GP's appointment during our visit and the person was supported accordingly. People's health needs were known by the staff and were met. People were also supported by relatives to attend their health appointments and outcomes of people's visits to health professionals were clearly recorded in their care plans. Monitoring charts were completed for meeting different health needs such as dietary needs, fluid intake, personal hygiene and weight records.

Good

Is the service caring?

Our findings

We observed that people were supported by kind and attentive staff. Staff showed patience and gave encouragement when supporting people. Staff sought the views of professionals, relatives and advocates to make sure the person's needs had been fully considered. Staff told us they used their skills and the knowledge of the person to understand the person's needs, for example, their facial expressions, gestures and body language. We saw during our inspection that staff spoke with people in a caring and sensitive manner, gave people choices and included them in discussions and decisions.

Staff knew each person well and had a good knowledge of the needs of people. They said, "I have been working with people in this home for a number of years and I like working and caring for them. We have built up a good rapport and respect them when meeting their needs".

People's care needs were assessed before they moved into the home. People's care records contained individual profiles, details of their needs and how they were met as well as individual risks and how they were managed. All individual care plans and risk management plans were dated and had been updated appropriately. Staff explained that care plans were reviewed during meetings which were attended by people's social workers, other professionals and their relatives. Staff explained that each month the key worker had a meeting with the person they were supporting to find out if they were happy with the support provided and reviewed planned goals and activities. A keyworker is someone who co-ordinates all aspects of a person's care at the service. Records of these meetings showed that staff actively sought, listened to and acted on people's views and decisions.

Staff were knowledgeable about how to support each person in ways that were right for them including their preferences and personal histories. Staff were able to describe the needs of people and the ways in which individuals were supported. For example, a member of staff told us that one person, "They can express their needs. We ask them, talk to them, and observe them and their behaviour. We look out for possible triggers of behaviours that we know from their care plan and talk to other staff too. We ensure we have accurate recording of information so that staff are not misled. By this we always meet their needs". This showed that staff knew the people they supported well which ensured their needs were met.

Staff described how they ensured they maintained people's dignity, showed respect and involved people. They gave good examples of their daily practice of how they achieved this. They explained how they involved people in making decisions about their preferred activities. They told us that activities depend on people's choices, for example, One person likes to go on the train, so we support him out. It is about supporting them in what they would like to do." Another member of staff said, "I involve them in the day to day running of the house by using pictures, visual aids and objects of reference to communicate with them, which is their preferred method of communication".

People had the privacy they needed. For example, when we walked through the house, we saw that a bedroom door was left open and the other one was shut. We asked the manager why this was so. The manager told us that one person liked their bedroom door shut at all time as they liked their privacy while the other person wanted their door wide open. This demonstrated that staff listened to people in order to ensure privacy whilst taking account of their decisions.

People were supported to be as independent as they want to be on the day we visited. We observed that the people were actively involved in the day to day running of the home. For example, one person wanted to go out to the shops to buy some groceries and communicated this to the staff via pictures and staff supported the person accordingly. People made sandwiches as lunch for themselves with little assistance from staff.

Good

Is the service responsive?

Our findings

We observed staff responding to people's needs throughout our visit. Staff told us that the service was responsive to the needs of the people. They said, "To respond to people's needs, we ensure we follow their guidelines in their care plans after they had been assessed".

People's care records contained consent to care forms. These were signed by the person or their representatives to indicate their involvement and consent to the way their care was delivered. We saw consent for photographs and medication was sought and appropriate forms were completed.

People had furnishings and personal effects on display in their individual bedrooms, which reflected their personal choices. The manager respected people's individuality by ensuring their rooms were decorated according to their preferences. Staff told us that people chose to redecorate their room the way they wanted it.

People were encouraged and supported to take part in a variety of appropriate activities inside and outside the home. Each person had an individual weekly activity plan. We observed that staff adhered to people's plan throughout our visit. Staff confirmed that people were supported to attend all their planned activities unless they chose not to. We saw records of activities which included carrying out weekly shopping, train rides, voluntary employment and going on holiday. Staff completed a record for each person which showed what activities people had been offered and engaged in and whether they had enjoyed it. For example, one person was supported to try out playing golf, which they loved but when they tried watching dog racing at the greyhound racing night, they did not enjoy dog racing and this was stopped.

Staff were attentive and supported people who needed assistance. People interacted with staff and appeared comfortable and settled. All relatives and professionals surveyed recently by the manager said 'people were treated with dignity and their privacy was respected'.

People were made aware of the complaints system. This was provided in a format that met their needs. The provider had a complaints policy and procedure and these were available in an easy to read format for people. The complaints policy gave staff clear instructions on how to respond to someone making a complaint and how the provider would address any issues arising from the complaint.

Staff told us that they were aware of the complaints policy and procedure. They knew what to do if someone approached them with a concern or complaint and had confidence that the manager would take any complaint seriously. A member of staff said, "I am aware of the complaints policy and procedure. I have read it. We address people's concerns immediately and if we cannot, we will refer it to the manager. If the complaint is from a family member or externally, we ask them to write it down officially and inform the manager who deals with it".

The home maintained a complaints log. We were informed by the manager that the home had not received any formal complaints in the last 12 months.

Good

Is the service well-led?

Our findings

We observed that the manager actively encouraged people to voice any concerns. The manager operated an open door policy, and actively encouraged people to engage with them.

There were strong links with the local community. For example, staff arranged for one person to do voluntary work with a local community food bank. Records showed that the person enjoyed it and had been there almost a year, which was now part of their daily routine. The home worked well with other agencies and services to make sure people received their care in a joined up and consistent way. The provider was a certificated gold member of the British Institute of Learning Disabilities (BILD). This organisation stands for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and respect. The manager told us that being a member of BILD has enabled them to be up to date in their skills and knowledge of how to support, promote and improve people's quality of life through raising standards of care and support in the home.

The provider told us that they had accreditation schemes with Skills for Care, Social Care Institute for Excellence (SCIE). These provided guidance to the provider on caring for people. Other schemes such as (International Organisation for Standardization) ISO 9001 which is quality management standard were used to promote management quality within the organisation.

Relatives said in the provider's survey that they knew the management team well and saw them often. They also said that they felt comfortable approaching them. Staff told us that the manager was approachable, valued their opinions and treated them with respect. The result of satisfaction surveys undertaken by the service stated that people were generally happy with the service provided. We saw comments from families such as "(the person's) quality of life has improved tremendously, thanks to the patience, care and dedication shown and given to (the person)'". "We think the carers are doing a good job". "We have been very impressed with the care that (people) received. The carers are great and we now consider them as friends".

The registered manager told us that openness and transparency was a key value that was promoted and encouraged among staff and this was discussed in staff meetings to make sure staff were given the opportunity to raise any issue that were of concern to them. We saw in the minutes of the meeting held in June 2014 that a variety of areas were discussed , which included the needs of the people, activities, health appointments, key worker responsibilities, menu planning and records. We saw that suggestions were acted on. For example, staff discussed that one person had expressed a wish to take out the rubbish bin on refuse collection days. This had been implemented so that person's independence could be promoted.

There were systems in place to make sure that the service assessed and monitored the quality of its delivery of care. A quality assurance system was in place and used to drive continuous improvement. Accident records were kept and audited monthly to look for trends. This enabled the staff to take action to minimise or prevent accidents. These audits were shown to us as part of the quality assurance system of the home. Staff made comments such as, "We document all incidents using the ABC (Antecedent, Behaviour and Consequences) form, report it to the manager who will investigate and also report it to higher management if need be." We found that the manager regularly carried out audits on these incidents in order to review people's support as necessary, promptly identify any trends and make any necessary adjustments to the service.