

Avenues London

54 Cowden 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?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 21 July 2016 and was unannounced. There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider was compliant with the regulations at our last inspection in January 2015.

54 Cowden Road is a residential home for up to five adults with learning disabilities. At the time of our inspection there were five people using the service.

During our inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not operate effective systems to monitor and mitigate risks to people because the medicines audits that were in place did not highlight some of the issues we identified at inspection, or highlight that one staff member was overdue a medicines competency assessment.

We also found a breach of the Care Quality Commission (Registration) Regulations 2009 in respect of notifying the CQC of other incidents. Although a registered manager was in place, notifications had not always been sent to the Care Quality Commission as required.

You can see what action we told the provider to take at the back of the full version of the report.

Staff felt well supported through supervision and training and the registered manager was addressing any gaps in supervision and training..

Staff understood the requirements of the Mental Capacity Act 2005 (MCA 2005) and we could see decisions made in people's best interests. However the provider did not have appropriate measures in place to ensure people's capacity was assessed prior to making best interest decisions. The registered manager told us they would implement these at the soonest opportunity.

Medicines were managed, stored and administered safely. Staff had completed medicines training and the home had a clear medicines policy in place which was accessible to staff. The home maintained adequate staffing levels to support people both in the home and the community.

Staff were subject to regular appraisal and were safely recruited with necessary pre-employment checks carried out.

Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All

staff had completed training in safeguarding adults and demonstrated an understanding of types of abuse and how to raise safeguarding concerns.

Risks to people using the service were assessed reviewed, recorded and managed appropriately. Detailed and current risk assessments were in place for all people using the service.

We saw friendly and caring interactions between staff and people and staff knew the needs and preferences of the people using the service. Care plans were person centred and pictorial and we saw that people had regular keyworker sessions.

People were supported to eat and drink. People were involved in planning their weekly menus and supported to maintain good health and have access to healthcare services.

An appropriate complaints procedure was in place. The registered manager was seen to be accessible to people, and staff spoke positively about the support available to them.

## 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.

Appropriate risk management plans were in place advising staff how to support people where risks to their health and safety had been identified.

Medicines were managed and administered safely.

There were safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work.

We saw that there were enough staff on duty to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005, however the provider did not have appropriate procedures in place to assess people's capacity. The registered manager told us these would be implemented at the soonest opportunity.

Staff were subject to regular appraisal and supervision of their performance in their role in line with the provider's policy.

Staff had completed an induction when they started work and training relevant to their role.

People were supported to make appropriate food and drink choices.

People had access to health care professionals when they needed them.

### Is the service caring?

Good ●

The service was caring.

People said staff were caring and helpful.

People's relatives said they had been consulted about their loved ones care and support needs.

People's privacy and dignity was respected.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were developed which included information and guidance for staff outlining how people's needs were to be met.

Activities were personalised to meet the needs of people using the service.

People knew about the provider's complaints procedure and it was available in an easy read format.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Quality assurance systems in place did not effectively monitor the quality of the service and make improvements where needed. Statutory notifications were not always made to the CQC as required.

The provider took into account the views of people using the service and other professionals through surveys.

Staff said they enjoyed working at the service and they received good support from the manager.

# 54 Cowden Road

## **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.

Prior to the inspection we reviewed information we had about the service. This included reviewing statutory notifications and enquiries. A notification is information about important events which the provider is required by law to send us.

The inspection took place on 21 July 2016 and was unannounced. The inspection was carried out by one inspector. During the inspection, we spoke with two people who use the service, two relatives, two care staff and the registered manager.

We reviewed the care records of three people who used the service, three staff records and records related to the management of the service.

# Is the service safe?

## Our findings

People felt safe living at the home. One person told us "I feel safe here" and a relative said, "Oh yes, [loved one] is safe at the home." Staff understood how to keep people safe and were aware of their responsibilities in the event of an emergency.

Medicines administration records (MARs) were up to date, and medicines records included a self-administration assessment chart, a list of medicines and when they should be used, how the person would show they are in pain and relevant guidance, in an easy read format where required. There was a medicines policy in place which provided staff with guidance on how to administer as required (PRN) medicines, reporting errors and self-administering medicines.

Staff were trained in medicines administration and their competency was checked to ensure safe administration. One of the seven staff member's medicines competency assessments had not been reviewed since November 2014. The registered manager had already identified this issue; and showed us that the competency assessment had already been booked to take place the following week. Temperature checks of medicines storage cabinets were undertaken to ensure medicines were stored safely. On two days temperature checks had not been recorded. The registered manager told us that the worker had omitted the entry as the storage cabinet had been too hot and had taken measures to lower the temperature, however this had not been recorded. The registered manager was aware of the need to ensure that the temperatures are always recorded and actions taken to rectify issues were always recorded and we will check on compliance with this at our next inspection.

Staff had received training in safeguarding adults and were knowledgeable in this area. Staff knew how to recognise abuse and knew the steps they would take to report any issues. One staff member said "I would contact my manager and the safeguarding team." The home had a safeguarding policy in place, and we saw that it was placed in the office so that it was visible and accessible. Staff knew about whistleblowing and confirmed they had access to the homes whistleblowing policy. We also saw a whistleblowing poster displayed in the home at the time of our inspection. At the time of our inspection the registered manager reported that two safeguarding issues had been highlighted to the local authority to date.

People were supported by sufficient numbers of staff to meet people's needs. Staff we spoke with and rotas we looked at showed that staffing levels had been planned. We saw that there were sufficient numbers of staff on the day of inspection. One staff member told us "We try to book appointments in advance so that appointments can be covered. We usually pick up extra shifts rather than use bank staff." On the day of our inspection we saw that there were enough staff on duty to meet people's needs and that an extra member of staff was available to support someone whose needs had temporarily changed.

Staff files confirmed that appropriate references and checks of photographic identification had taken place prior to the commencement of employment. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work in the health and social care sector. Records seen confirmed that staff members were entitled to work in the UK.

Staff checks were undertaken to ensure that staff were safe to care for people.

We saw that potential risks to people were managed effectively. People had risk assessments in place to cover a variety of activities such as community access including the use of public transport, money, working with utensils in the kitchen and individual moving assessments. Risk assessments included pictorial images to support people to understand the measures in place to mitigate risks. One person liked to visit the farm on a regular basis and we saw that an appropriate risk assessment had been put in place to ensure that the person arrived and returned from their visit safely. Records we looked at showed that risk assessments were regularly reviewed in line with the provider's policy, or when people's need changed.

Appropriate procedures were in place to deal with foreseeable emergencies, including a business continuity plan and details of an on call manager were accessible to all staff. Accidents and incidents were recorded appropriately and steps taken to reduce future risks.



# Is the service effective?

## Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One relative said "They seem to cope with [my relatives] needs well."

The provider's policy stated that supervision should take place at least every six to eight weeks. Staff told us that supervision was a supportive process, "I get them as I should" and "If I ask my manager for training she'll arrange it within a couple of days." Another staff member said "I find it helpful as it keeps us on track with what we need to do." We saw that the registered manager had a booking system in place to ensure that supervision was regularly planned and conducted. Records we looked at showed that people received supervision in line with the provider's policy. One record we looked at showed that one staff member had not received regular supervision due to annual leave. The manager had identified these issues and an appropriate system was now in place to ensure that supervisions were booked.

New staff completed an induction into the service that included becoming familiar with how the home operates, shadowing of other staff, reading people's files, talking with people at the home and becoming familiar with daily duties. We found that some of the staff at the home had worked there for many years and had good knowledge of people's needs.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider had a MCA and DoLS policy in place and staff were aware of their responsibilities in this area to support people appropriately. Staff understood the principals of the MCA and how they needed to support people. At the time of our inspection the provider had not needed to submit applications to a 'supervisory body' but they were prepared to meet this requirement should the need arise.

We found that where one person required support in making a decision in relation to their care a best interests meeting had been held. The provider did not have systems in place for staff to assess people's mental capacity in line with the MCA to ensure specific decisions were made appropriately. However, where a best interests decision had been required for one person the provider had taken appropriate action to ensure that the persons needs were met effectively. We spoke with the registered manager and they told us they would seek to ensure capacity assessments were implemented at the soonest opportunity.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had the knowledge and skills which enabled them to support people effectively. However, some staff were not up to date with their mandatory training requirements. Mandatory training topics included moving and handling, safeguarding adults, Mental Capacity Act and Deprivation of Liberty Safeguards, medication and de-escalation. At the time of inspection the registered manager showed us that where people's training had expired new training bookings had been arranged. We will check on this at our next inspection.

People were happy with the food choices at the home telling us, "I had cheese on toast, I liked it" and "I don't mind what food I eat." On the day of inspection we observed that two people chose to go out for lunch on that day.

A weekly menu plan was in place and we saw that people were involved in choosing a lunch and dinner option and that people were encouraged to get involved in the preparation of meals. The registered manager told us that she was introducing a new weekly choices sheet to enable people to add variety to their diets. Staff told us that they prepared a packed lunch for people when going on days out or attending appointments.

At the time of inspection one person required lactose free and reduced wheat diet following advice from a dietician. Food and fluid charts were in place and records showed that these were up to date and had been complete accurately. Food and drink consumption records were in place for all other residents of the home to record that people were regularly receiving balanced and regular meals. People were supported to ensure that they were receiving food and fluids to meet their nutritional needs.

People were supported to access healthcare professionals at the times that they needed them. Health folders were in place and where one person had been provided with an exercise plan we could see copies of letters from the physiotherapist as well as pictorial exercise guides to support the person. Health record sheets we looked at included records of dental appointments and visits to doctors and chiropodists. One staff member told us of a time they had liaised with the community mental health nurse when they noticed deterioration in someone's mental health needs and told us that there was a regular doctor based at the hospital that they spoke to for advice.

## Is the service caring?

### Our findings

People told us that staff were kind to them and supported them in ways that met their needs through caring one to one relationships. One person said "[Staff member] looks after me" and "[Staff member] is my favourite, she's wonderful." A relative said "Staff get on well with [loved one]." One staff member told us "I get to sit down and spend time with residents rather than rush around all the time."

We observed that staff interacted positively with people, engaged in meaningful conversation and supported people at times that suited them. For example, where one person wished to show us their college work during inspection staff encouraged and supported them. People's care files included their end of term college reports highlighting the progress that people had made ensuring that staff at the home were aware of people's achievements outside of the home.

Staff knew the needs and preferences of the people they supported and told us how they should support these needs. Staff were able to relay the personal preferences of the people that they cared for and knew their individual requirements well. One person liked to perform particular household chores and one staff member told us how they would support the person to secure the building each evening. One staff member told us, "Everything is person centred so it's their own choice and what they want to do. I use pictures if people are struggling to communicate."

Where required, we saw that people were encouraged to seek the support of an advocate. One person's care file showed that their advocate had been involved in their review meetings to support them in expressing their views.

We saw that care plans recorded if people wished to practice their faith and we could see that residents had chosen their own place of worship to attend in the surrounding areas. Staff told us that people chose where they wanted to attend and were supported to follow their beliefs as they wish at the home.

Care plans made it clear that staff were in the service user's home, and we saw that they included service user's preferences as to how people should behave in their home. These included people wiping their feet on entry to the home and asking for permission to make a drink. One staff member told us "We try to make people feel happier. As it their's home, ask if we're able to have a drink."

Care records that we looked at showed that communication passports were in place to show staff how people's needs should be met. These included information as to how individuals chose to express themselves and the best ways to communicate with them in a variety of different situations.

Staff understood the importance of treating people with dignity and respecting their privacy. One staff member told us "I make sure the door is shut, curtains closed and make sure a towel or dressing gown covers them when supporting them to dress." Staff stressed the importance of making sure people were supported at their own pace and that staff didn't make them do what they wanted them to do and allowed choice.

People's care records were stored in the staff office and were available should staff need to refer to them. People's personal information was held securely to respect people's privacy.

# Is the service responsive?

## Our findings

People were involved in decisions around their care. One relative said "We will get involved over the phone and they ask our views. One staff member told us "We complete the care plan with people and we read it back to them and they sign it."

Care plans were reviewed six monthly or yearly depending on people's needs and records we looked at showed that these were in date. People's care plans were personalised and provided a clear overview of people's preferences, including prompts for the plan to be written in their own words. Care files included a holistic profile covering people's past and life history, likes and dislikes and evidence of keyworker meetings. Care files were person centred and user friendly and included pictorial images to support people to understand the content of the plans. We saw that end of term reports from the local day centre or college were also kept on file where appropriate. Daily care notes were kept up to date and were reflective of people's daily activities.

People were supported to engage in a range of activities which reflected their individual goals and interests. One person told us "I like doing colouring. She [staff member] takes me to college; I do all sorts of things." People had individual pictorial activity plans that stated their regular activities including how the person would get to their activities and departure and arrival times. On the day of inspection one person had gone out to attend the local farm, and their activity plan reflected that they liked to do this on a weekly basis. We also observed one person sewing, another watering the garden and putting away washing whilst another person was colouring.

There was a complaints policy in place and people and relatives were provided with the complaints procedure on admission to the home. We saw that the complaints policy was also available in an easy read format and displayed in the home for people to access.

At the time of our inspection the registered manager told us that there was an ongoing complaint that was being managed by the head office. We spoke with the registered manager at the time of the inspection and were satisfied that appropriate steps were being taken to make improvements following the issues raised in the complaint. Following the inspection we spoke with the relative that had raised the complaint and they told us that they were not satisfied with the response they had received. However, we were unable to check that the complaint had been responded to in line with the provider's timeframes at the time of the inspection.

Staff knew how to deal with complaints should they receive them and told us they would make the person comfortable, discuss their complaint, write up a report and ensure this is passed to management to respond.

We saw that there were regular monthly residents meetings which provided people with the opportunity to provide feedback about the service. We could see that residents had been consulted in choosing the colour for the new kitchen at the home and that these improvement works were due to take place the following

week.

## Is the service well-led?

### Our findings

People and staff spoke positively about the management team. One person told us "[The manager] is lovely, isn't she." A relative said "I think we may have met her on one occasion. She seems to have a good attitude and enthusiastic, that's my impression." One staff member said "She's really good, always at the end of the phone and able to call if there are any problems. She's brilliant." Another staff member said "Management support is good. I like supervision as I can always go and say what I want to say and I know it's confidential." Although the feedback was positive some improvements were required to the running of the home

There was a registered manager in post, and whilst they were clear in their responsibilities as a registered manager this required improvement. The registered manager had highlighted potential safeguarding issues to the local authority as required, however they had not submitted an appropriate notification to the CQC. The registered manager advised that the issues had not been pursued by the safeguarding team, but understood that the statutory notifications should have been made.

This issue was a breach of Registration Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines audits did not identify the issues we found at inspection and this required improvement. We found that medicines errors had been identified and appropriate action taken to mitigate risks. However, the medicines audits we looked at did not highlight that these incidents had occurred and therefore the audits did not accurately reflect the quality of medicines management for that period. Although the service had procedures and systems in place for checking quality, these were not always effective in ensuring safety for the people in the home and meeting the needs of staff. For example the concerns surrounding management of medicines and the lack of mental capacity assessments referred to earlier in this report. These were not highlighted during the course of the provider's quality assurance audits and had not alerted management and staff to the shortfalls.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other quality assurance systems were in place to monitor the quality of the service being delivered and the running of the home. There were monthly audits of health and safety and finance, as well as weekly checks. Records we looked at showed that these were kept up to date and remedial action taken to make improvements.

Personal care plan reviews were reviewed every six months, and were signed off by the registered manager to check for quality and accuracy as part of the quality assurance process. Health and safety checks including gas checks, lifting and handling equipment checks and appliance testing were all up to date.

There were records of staff meetings taking place on a monthly basis. Topics included discussion of the people being supported, activities, residents meetings, holidays, house issues, staffing and health and

safety. This ensured that learning was shared and updates on the progress of residents was discussed. For example, we could see that people using the home's holiday arrangements were discussed to ensure that there was appropriate staff support to undertake these activities.

Customer surveys were also sent out every six months in an easy read format and where responses had been received we could see that feedback was positive. People were supported to complete these with the help of staff.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance systems were not always effective in monitoring, assessing and improving the quality of the service.