

Avenues East

# Avenues East – West Midlands

## 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

The inspection was carried out on 25 February 2016 and was announced. This was the first inspection of this service.

Avenues East West Midlands is a supported living service that provides personal care and support to people in their own homes. The provider specialises in delivering care to people with acquired brain injury or learning disabilities. At the time of our visit the agency was providing a service to six people, however only two of these people received the regulated activity of personal care. The frequency of visits and duration across the service varied from 16 hours per month to 24 hours care per day.

There was a registered manager in post however they were not present during the 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.

Relatives were confident that staff kept people safe from harm or abuse. Staff were knowledgeable about the signs of abuse and who to report concerns to. There were detailed risks assessments in place and staff knew how to protect people from harm. Staff were able to demonstrate that they would take appropriate action in the event of any accidents or incidents.

The provider has systems in place to ensure that staff were suitable to work with people. Staff received a structured induction to make sure they supported people safely.

Staff had been trained to support people to take their medicines safely. People were supported to arrange and attend medical appointments as required.

People were supported by staff who were motivated and well trained. Staffed received regular support and guidance to carry out their roles effectively.

Staff encouraged people to make decisions for themselves where able. Where people were unable to make certain decisions we saw that decisions were made in their best interest by people that knew them well.

People were supported to follow balanced and nutritional diets. People were encouraged to choose and prepare their own meals. Staff sought the advice and guidance of the dietician where there were concerns about people's diet.

People were involved in developing their own care and support plans. Care plans were tailored to peoples' individual needs and preferences.

People were encouraged and supported to maintain relationships with people who were important to them. Relatives and health care professionals found staff friendly and approachable.

Staff treated people with dignity and respect. Staff promoted people's independence and actively encouraged them to pursue their interests and to access local amenities.

The provider had a complaints system that was accessible in different formats. We saw that appropriate action was taken to address and learn from complaints.

The provider worked in partnership with health care professionals and landlords to ensure a holistic approach to service delivery.

The provider had systems in place to collate information from accidents, incidents and safeguarding concerns. They analysed the information and took action to prevent re occurrence.

The provider had a range of checks in place to monitor the health, safety and wellbeing of people who used the service. They used feedback from people, relatives and staff to develop and make improvements to the service.

## 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.

Relatives felt staff protected people from harm. Staff understood how to keep people safe from harm or abuse and knew who to report concerns to. Risks assessments and guidelines were completed to ensure people were supported safely. People were supported to take their medicines safely to promote good health

### Is the service effective?

Good ●

The service was effective.

People received support from staff who were well trained and knowledgeable about their individual needs. Staff presented information to people in a way they could understand to enable them to make their own decisions. Where people were unable to make certain decisions these were made in their best interest. Staff supported people to arrange and attend healthcare appointments as and when required

### Is the service caring?

Good ●

The service was caring.

People were given choice about how they wanted their care delivered and supported to develop their own support plans. People's care plans were tailored to their individuals needs and preferences. Staff treated people with dignity and respect. Staff supported people to be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive

People were encouraged to pursue their interests and become actively involved in their community. People and their relatives were involved in their assessment, care plans and reviews. Relatives felt able to raise concerns or complaints with staff or management and were confident that they would be acted upon.

## Is the service well-led?

Good 

The service was well led.

The provider and staff were committed to delivering a good quality service that enhanced people's life's. The provider had a range of checks in place to monitor people's safety and wellbeing. The management sought feedback from people and staff to drive improvements in the service.

The provider worked in partnership with health care professionals and landlords to ensure a holistic approach to service delivery.

# Avenues East – West Midlands

## **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 25 February 2016 and announced. The provider was given 48 hours notice because the location provides supported living services to people in their own homes. We needed to make sure that someone would be in the office to meet with us. The inspection was conducted by one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with one relative. We spoke with seven staff which included the regional manager, the case manager, the operation lead, a senior support worker and three support staff. We also received feedback from three health care professionals, an advocate and a housing support worker who had contact with the service. We viewed two records which related to assessment of needs and risks. We also viewed other records which related to management of the service such as medicine records, accidents reports and recruitment records.

There had been some recent changes in the management of the service. The provider had introduced the role of service manager to the service. It was envisaged that once the new service manager was in post they would apply to become the registered manager. In the meantime, the case and regional manager played an

active role in managing the service with support of the registered manager as and when required.

# Is the service safe?

## Our findings

A relative we spoke with felt that staff knew how to keep their family member safe from abuse or harm. Staff had received training on protecting people from abuse and were able to recognise the different signs of abuse. Staff knew who to report concerns to and told us they could access the safeguarding policies if needed. Where there had been a previous safeguarding concern we saw that the provider had taken appropriate action in referring it to the local authority. They had also referred the concern to the Disclosure and Barring Service (DBS). The DBS service allows providers to check staff details against criminal records and other sources to make sure they are suitable to work with people who use their services.

Staff told us they kept people safe by ensuring that they knew their needs and by recognising any changes. They had access to detailed risk assessments and were encouraged to report any changes in people's needs or any environmental hazards to the management. Staff and the managers told us they were concerned about the safety of one of the people they supported as they chose to smoke in bed. They also had poor mobility which would affect their ability to protect themselves in the event of a fire. Staff and management had educated the person about practical steps to reduce the risks. For example, staff had been in contact with the fire service for advice about how they could minimise the risks whilst maintaining the person's rights. They were awaiting a home visit by the fire safety officer in relation to this matter. In the meantime, staff completed a range of safety checks before leaving the property and ensured the person had access to the telephone to call for assistance if required.

Staff we spoke with were able to demonstrate that they would take appropriate action in the event of an accident or incident. As well as reporting these to the office they would complete the relevant forms. The case manager said they would oversee the form to ensure appropriate action had been taken and to identify any changes that may be required to prevent re occurrence. Records we looked at confirmed the processes in place to record events and what action had been taken as a result.

The people supported by the provider had their own tenancies which were managed by the people with support from either staff or their relatives. Staff told us they would support people to report any faults to the landlords. For example, the case and regional manager told us when one person moved to their tenancy the heating did not work. They liaised with the housing association to get this repaired to ensure the person's safety and comfort. Where people had equipment to aid their mobility staff told us they would ensure these remained appropriate and that people used them safely. Relatives and staff told us they supported people to keep their environment clean and clutter free.

Staff told us that there had been times when there had been pressures on staffing levels. They stated this had not impacted on the people receiving support as staff covered for each other. This was confirmed by the case and regional manager. They stated that they were currently recruiting more staff, they said they had used agency staff but that they used the same agency to ensure consistency of support for people. They said that staffing hours were determined by the local authority or the health authority and they would liaise with them if they felt extra support was required to meet people's needs. Staff told us the provider completed checks to ensure they were suitable to work with people prior to starting work with them. These included



references from previous employers and DBS checks. All these checks were completed by the services' human resource department. Records we looked at confirmed that relevant checks had been completed.

A relative we spoke with told us that staff managed their family members medicine and ensured that the person brought their medicine with them when they visited. Staff told us they had received training on how to manage medicine safely before they were able to administer medicine. They told us that one person they supported was able to manage their own medicine but they helped them to get them out of the blister packs as they had poor dexterity. Where people needed to take medicine as required we saw that there was guidance in place to advise staff when this was to be given. Staff were able to demonstrate they would take appropriate action in the event of a medicine error. Records we looked at confirmed this.

# Is the service effective?

## Our findings

A relative we spoke with was very complimentary about the support their family member received. They were very happy with how their family member had progressed to do more for themselves they said, "I'm over the moon." A health care professional that provided us with feedback told us, "My experience of the staff with the individual has been completely positive."

Staff we spoke with told us they had access to a range of training which they felt was appropriate to their role and enabled them to support people with good effect. Staff said they completed on line training courses as well as face to face training sessions. They were positive about the training they had received in Acquired Brain Injury (ABI). They found this gave them a greater understanding of the people they supported and how their injuries had affected them. Staff said they had regular supervision where they could discuss their training needs, share experiences and discuss any issues or frustrations they may have. They said they were able to gain feedback on their practice as well as giving their views about people they supported and suggestions about how things could be improved.

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. A relative considered that staff gave their family member's choices and encouraged them to make decisions for themselves. They felt that they had improved and were doing more as a result of the staff's enabling approach. Staff told us they always explained the options to people they supported and ensured that they were happy to continue before they supported them. They said that there were occasions when people would choose not to do things and they respected their choice.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Depriving a person who lacks capacity to consent to the arrangement for their care and treatment of their liberty in settings such as the person's home will only be lawful following an order of the Court of Protection on a best interests personal welfare matters. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the provider had submitted an application to the Court of Protection to deprive a person of their liberty and this was awaiting authorisation. Records we looked at confirmed that the provider had followed this up with the commissioners and this was being dealt with. In the meantime, we saw that best interest decisions had been made by people who knew the person well and relevant health professionals to ensure their rights were protected.

People's nutritional needs were routinely assessed, monitored and reviewed. A relative told us their family member had been referred to the dietician. They felt staff were knowledgeable about their dietary needs and supported them accordingly. They said, "There is always plenty of food in the house they never go short." Staff told us they encouraged the person to have a nutritional balanced diet and kept a record of

what they ate and drank. They took this record to the dietician appointment so the the dietician could make an informed choice about the person's needs and treatment. Staff said they encouraged people to be involved in managing their dietary needs as much as possible. For example, they used visual prompts for one person to remind them how much they should and had drank. Staff told us that they were in the process of referring another person to the occupational therapist for aids to help them be more involved in cooking for themselves.

People were supported to see health care professional as and when required. A relative told us that staff and management were prompt to arrange appointments and kept them fully informed of any concerns. They said they also attended some appointments along with their family member and staff. The case and regional manager told us they were encouraging another person to see the doctor as this would allow them to access other professional services.

## Is the service caring?

### Our findings

Staff supported people with kindness and patience. A relative spoke positively of staff approach they said, "They[staff] are more like friends, they are with them 24hours a day, they are like close family." They went on to tell us that staff supported their family member to look after themselves well. A health care professional told us a person they worked with was very complimentary about the staff who supported them. They had observed that staff were caring and respectful towards the person when they visited.

A relative told us both they and their family member were involved in decisions about their care and support. Staff would sit and talk with them about what had been achieved and what they wanted to do. They found staff and management helpful and easy to talk to. Staff were keen to enable people to make their own decisions and presented information in a way that people could understand. They were able to demonstrate that they had got to know people well and knew their 'ways'. They said people they supported were able to make their needs and preferences known. They found that it was important to follow people's routines as this built people's confidence and abilities. They talked with people to see what they wanted to do and discussed what staff needed to do to enable them to achieve their goals. A staff member told us that one person liked painting and had decided they wanted to go to a certain shop to purchase the materials. Staff stated they would support the person to arrange appropriate transport to get them there.

Staff spoke fondly of people they supported and were motivated to deliver good quality care. One staff said, "It's great honour for me to work with[person's name]" They went on to tell us how they enjoyed seeing them develop and grow in confidence. Another staff member said they wanted to support people to have, "The best possible life they could have."

People were encouraged and supported to maintain contact with people who were important to them. One person spent time with their relatives twice a week and the relative thought that this was working really well. Staff told us they had regular contact with the relative and kept them informed of any developments or concerns.

Staff treated people with dignity and respect. A relative we spoke with felt that staff respected their family member and promoted their independence. This was a view shared by a health care professional we spoke with who said, "Staff are very engaging with the person and myself...they show them respect at all times." Staff we spoke with stated they maintained people's dignity by giving them privacy when they needed it. They promoted people's independence and ensured that people were kept covered when providing personal care. Staff we spoke with talked about people in a respectful manner.

## Is the service responsive?

### Our findings

The provider offered bespoke care packages to people with complex needs. They assessed people prior to receiving a service to ensure that they could meet their needs and expectations. Ideally they liked to have three month notice to ensure that they had staff with the relevant skills and knowledge to meet the person's individual needs. One relative told us their family member had complex needs and the first few months were difficult as they adapted to a new environment and new staff. They felt that staff had worked through this difficult time and things were now much more settled. A health professional we spoke with told us they were extremely impressed by what the provider had achieved for a person they were involved with. They said, "They have completely changed the life of this[person]."

People received support that was tailored to their individual need. One health care professional told us that they found that the regional manager was knowledgeable about supporting rehabilitation. They felt they used their knowledge and experience to make appropriate suggestions for the person's development. They had observed that staff were active in the persons support and followed protocols and support plans put in place. Support plans and guidance we looked at were person centred and focussed around the needs and preferences of the individuals. Staff told us they were informed if there were any changes in people's needs during staff handovers. We saw that handover sheets were developed around people's individual needs and circumstances. Staff would report any changes they identified to the case manager. They in turn would update the person's support plans. We saw that reviews of care and support were conducted involving the person, relatives and appropriate professionals. One person was supported by an advocate who was also invited to contribute to their review. They told us the person was encouraged to speak about their recent move and was happy with the care provided. There were some concerns about the amount this person smoked. Staff were working with the person to balance their rights to do as they wished in their own home whilst protecting the health and safety of staff that worked with them. A health care professional told us this had been discussed at the person's care review and an agreement had been reached to address the issue.

Staff told us they spent time with people to find out what their interests were and what they would like to do. They would use this information to help the people set their goals into achievable tasks. One person had recently started to use the service and staff were building up a working relationships with them. Staff said they were working at a pace that was acceptable to the person and were helping them to develop their individual support plans. Staff told us they were also looking at local resources and attractions that the person may want to access in the future. A health care professional told us that staff appeared to be, "needs led, professional and focussed on independence which is what I expect to see." Another person's relative considered that staff knew their family member well and knew what they liked and disliked. Their family member had a short concentration span and staff were mindful of this when supporting them with activities. They said staff supported their family member to take part in various activities such as, going out to a club each week and playing games such as bingo and pool. Staff told us they encouraged people to go out in their local area. For example, one person used the local library, they supported another person to go out to the local supermarket. One person had started to join in activities offered by the housing association such as crafts and cookery sessions.

A relative we spoke told us they felt comfortable to raise any concerns with staff or management. We saw that there was a complaints policy within people's care records and that this was available in easy read format. Staff were aware of the complaints process and felt that people would let them know if they were not happy or had any concerns. We saw that the provider had received a complaint and that this was dealt with appropriately.

## Is the service well-led?

### Our findings

The regional and case manager told us the values of the service were respect, integrity, excellence and pride. They wanted people to live as normal and independent life's as possible. They went on to tell us, "It is about doing the right things, instead of the easy things." They wanted to provide a service that they were proud to show to others. This vision was shared by staff, one staff member said, "I respect clients and make sure I have integrity and pride in my work." They went on to tell us how much they enjoyed seeing people change and grow in confidence. Another staff member said, "We consistently speak from the same hymn sheet, the values are embedded in the policies and procedures." Staff told us they had access to policies and procedures on the providers intranet and they could always call the office if they needed advice or clarification on any matters.

A health care professional we spoke with told us they were very impressed with the provider, they said, "Following my experience, I would definitely be looking at using the company again for other individuals who require a bespoke package of care." Another health care professional told us after some initial communication problems with the provider, they had proved effective in meeting the needs of the person they were involved with. The provider had identified in the provider information return (PIR) that the staff structure in Shropshire needed to be improved to ensure appropriate and effective monitoring of support to the people they supported. They had recently introduced the role of service manager, unfortunately the service manager they had appointed had left. They had appointed a new service manager but they were not yet in post. In the meantime, the case manager and regional manager were playing an active role in managing the service.

A relative we spoke with was positive about the support their family member received. They felt they could contact staff or management at anytime and were confident that any concerns would be dealt with. Staff we spoke with also found management approachable they could contact the case or regional manager at any time for support or guidance. Staff told us there had been a lot of staff changes and they were pleased that a new senior support worker had been appointed. Staff had access to an on call service outside office hours. Staff had regular team meeting where they could put their views forward. They felt that management listened to them and took action where able. For example, one staff member had suggested staff name badges to enable a person to know who was supporting them. Another staff member had suggested supporting a person to access the library. Both suggestions were introduced and subsequently staff suggested progressing from staff name badges to visual boards to aid the one person's development further. The regional and case manager told us that staff meetings were scheduled around individual people who used the service. Only staff that provided support to the individual would attend the meetings. This protected the person's confidentiality as information would only be shared with the relevant staff.

The case and regional manager told us that after a period of uncertainty they were keen to develop the service in this area. They had forged links with various health care professionals and were looking to expand the service. This was evident in contact we had with healthcare professionals and in records we looked at. The case manager told us they monitored people's health and wellbeing and would refer people to other health care professionals or services as required. For example they had supported one person to make an

appointment with the independent living centre. This would allow the person to be assessed for appropriate furniture to aid their comfort and independence. The case and regional managers were able to tell us how they supported people with their tenancies and liaised with their landlords where required. For example, when one person moved into their property the case manager liaised with the housing association to get necessary repairs completed. In another scheme staff had reported faults to the onsite housing support worker who arranged for repairs to be carried out. The housing support worker confirmed that faults were reported as required. They told us that they had recently met with staff and completed a personal emergency plan should the person need to be evacuated in the event of a fire or any other reason. They also told us that staff had recently started supporting the person to engage in events held at the scheme including monthly tenants meetings.

The provider had a variety of quality assurance systems in place to monitor the quality and safety of service delivery. These included medicine audits and monthly health and safety checks. In addition the regional, registered or senior manager would complete visits to the service. They would check people's care records as well as talking to people and staff. They produced a report that went to head office who in turn would put this into a performance framework and developed actions for the service. One audit had identified that there were enough staff to cover all the support for people but not enough to allow staff to attend team meetings. As result rotas were amended to encourage staff attendance at meetings. A medicine audit identified that staff needed to add more detail about conversations with health professionals and staff were advised of this. The provider was keen to develop and improve the effectiveness of the service. The organisations positive behaviour team analysed accident and incidents forms. They were able to offer support and guidance on the best way to support people with their anxieties. The case and regional manager told us this team had previously worked with the staff in relation to one person they supported. The provider also intended to introduce active support observations which would involve the service manager carrying out observations of staff supporting people. They would then use supervision to provide feedback on staff performance and development. Currently staff practice was being monitored by senior staff on shift and by the case manager when they visited people. We saw that the provider had systems in place to monitor staff supervision and training needs as well as any refresher training that was required.