

Avenues East

Avenues East

Inspection report

2 Charlesworth Court, Suite B
Knights Way, Battlefield Enterprise Park
Shrewsbury
Shropshire
SY1 3AB

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18 October 2018

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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

This inspection took place on 15 and 18 October 2018 and was announced. We gave the provider 48 hours' notice as we needed to be sure somebody would be available in the office. The first day of the inspection was spent at the agency's office and on the second day we spoke with people's relatives on the telephone.

Avenues East is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to people who are living with learning disabilities or autistic spectrum disorder, older people, younger adults and people who have a physical disability and/or sensory impairment. Not everyone using the agency receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

At the time of this inspection six people were receiving assistance with their personal care needs.

This was the agency's first inspection since it registered with the Care Quality Commission in September 2017.

There was a registered manager in post. 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.

People felt safe. People were protected from the risk of harm or abuse because the provider had effective systems in place which were understood and followed by staff. People were supported with their medicines by staff who were trained and competent in their role. There were sufficient staff to meet people's needs in a safe and unhurried way. The provider ensured staff were suitable to work with people. Staff knew the procedures to follow should they did not get a response when visiting a person's home. The procedures for identifying and managing risks helped to ensure people were safe. There were procedures to protect people from the risks associated with the spread of infection.

People received effective care. People were supported by staff who were trained and competent in their roles. People's health care needs were monitored. 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.

People were supported by kind and caring staff who took time to get to know people and what was important to them. Staff treated people with respect and respected their right to privacy. People were supported to achieve their goals and reach their full potential.

People were involved in planning and reviewing the care they received which helped to ensure people received a service which met their needs and preferences. People's religious and cultural needs were

considered by staff. Information was available in accessible formats where required. People knew how to complain if they were unhappy with the support they received.

The registered manager was committed to ensuring people received a high standard of care. The provider had effective systems in place to monitor and improve the quality of the service provided. People were supported by a team of staff who felt supported and valued. People's views were valued. The registered manager worked closely with other professionals to ensure the best outcomes for people who used 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.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs.

There were effective on-call arrangements for people who used the service and the staff team.

Risk assessments were carried out to make sure people received their care safely and could maintain their independence.

There were robust staff recruitment procedures which helped to reduce the risk of abuse.

People were protected from the risks associated with the control and spread of infection.

Is the service effective?

Good ●

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

The agency made sure they could meet a person's needs and preferences before a service was offered.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People were treated with respect and their right to privacy was maintained.

People were supported by a team of staff who they were able to build trusting relationships with.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was personal to them and took account of their preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People felt comfortable to make a complaint and felt any concerns raised would be dealt with.

Is the service well-led?

Good ●

The service was well-led.

People benefitted from a staff team who were well supported and happy in their role.

The registered manager and staff team were committed to providing people with a high-quality service.

There were systems in place to monitor the quality of the service provided.

Avenues East

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 comprehensive inspection took place on 15 and 18 October 2018 and was announced. It was carried out by one adult social care inspector. We gave the provider 48 hours' notice of the inspection as we needed to make sure we were able to access records and gain permission from people's relatives to speak to them.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We contacted Healthwatch and local commissioners to seek their views on the service provided. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. No concerns were raised. We used this information to help plan the inspection.

Due to people's needs and to avoid causing them unnecessary distress, we did not meet with them during our inspection. However, we met with one relative and spoke with four relatives on the telephone. We met with the registered manager, co-ordinator and six care staff.

We looked at a sample of records relating to the running of the agency and the care of individuals. These included the care records of two people who used the agency. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance. We checked two staff recruitment files and staff training and supervision records.

Is the service safe?

Our findings

People's relatives told us they and their relative felt safe with the care provided and with the staff who visited them in their homes. One relative said, "Both myself and my [relative] feel completely safe. We have no concerns with that." Another relative told us, "When I go out I have no worries at all as I know my [relative] is in very safe hands." People's relatives told us they had a regular staff team and always knew who would be supporting their relative. Staff were provided with a photo identity badge to enable people to check their identity. People's relatives told us staff always arrived on time and had never missed a visit.

There were sufficient numbers of staff deployed to meet people's needs in a safe way. A member of staff said, "We have a great staff team and we've never missed a visit. [Name of person] needs three staff during the day and we have never been short." The agency's co-ordinator ensured staff rotas were planned in advance and that people's preferences for particular staff were met. Where people required more than one member of staff to support them, this was always facilitated.

There was an on-call and out of hours arrangement which meant people who used the service and staff could obtain support when required. A person's relative said, "I've never had to use it but I know there is an on-call number I can use if I need to." A member of staff said, "The on-call system works really well. There is always a senior available if you need them." In addition to the initial on-call arrangements, the provider's senior management team and executive management team also operated a 24 hour on-call system. Staff on call have access to all of the agency's policies and procedures.

Staff were clear about the procedures to follow where they were unable to get a response from a person they were visiting. A member of staff said, "Where we are not key holders, I would contact the person's next of kin as we are always provided with their contact details. I would also call the emergency services if needed."

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with the people who used the service. Staff told us and records confirmed, they had not been able to begin work at the agency until all checks had been carried out.

Staff told us and records seen confirmed that all staff received training about how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Statutory notifications submitted to the Care Quality Commission demonstrated the registered manager was proactive in informing us and the local authority about any risks to people who used the service. For example, the registered manager was concerned that one person was at risk of neglect as they had refused to change out of a particular item of clothing for a considerable period of time and staff were experiencing difficulties in meeting the person's personal care needs. The registered manager worked

closely with the person's relatives and professionals until the concerns were resolved.

All staff had received training in the safe management and administration of medicines. This meant staff were able to support people safely when requested or required. Risks to people had been assessed as part of the initial assessment process and on-going review of people's care plans. The risk assessment process enabled people who were able, to continue to manage their own medicines in a safe way.

There were procedures in place to mitigate risks to people. People's care files included a wide range of risk assessments in areas including environmental risks, fire safety, medicines, accessing the community and travelling in a vehicle. These provided guidance to staff on how they should support people in a safe way and ensure people's environment remained safe. We were provided with a detailed risk assessment for a person who received a short respite service in their own home whilst their relative was away. This included all aspects of daily living, emergency situations, environmental factors and risks associated with the care of the person's pet. The risk assessment had been developed with the person's relative which helped to ensure they received safe and consistent support which met their needs and preferences.

The registered manager told us they were not supporting anybody who required a hoist to transfer. However, all staff had received training in safe moving and handling techniques which meant they could respond to people's changing needs.

Records of accidents and incidents were maintained. All accidents and incidents were reviewed to establish whether there were any patterns or actions required to reduce the risk of the accident or incident happening again. We saw any lessons learnt were shared with staff and other professionals. Where people exhibited behaviours which challenged, records were maintained and carefully reviewed to establish whether there were any traits or triggers. This information helped to review positive behavioural support plans to ensure people received proactive strategies and positive outcomes. We saw any lessons learnt were shared with staff and other professionals.

There were policies and procedures in place to reduce the risk of the spread of infection and these were understood and followed by staff. Staff had access to sufficient supplies of personal protective equipment (PPE) such as disposable aprons and gloves. People's relatives told us that staff used PPE when assisting their relative with their personal care needs.

There were arrangements in place to deal with foreseeable emergencies. Systems were in place to safely evacuate people from their home in the event of an emergency. Each person had a personal emergency evacuation plan which gave details about how to evacuate each person with minimal risks to people and staff. Staff received regular training on fire safety and evacuation.

Is the service effective?

Our findings

People received a service which enabled them to live the life they wanted. Staff supported people to overcome obstacles and to achieve their goals and ambitions. For example, one person's dream was to have a holiday abroad. Staff supported the person through social stories and they achieved their dream of holidaying abroad with their family. Their relative said, "It was amazing and meant so much to us." Another person who had been reluctant to leave their home, with staff support and encouragement, had visited their local football club.

People were supported to reach their full potential. We heard about one person who had progressed so well they no longer required assistance to meet their personal care needs. The registered manager told us this had been the person's ultimate goal and that it was an "amazing" day when this had been achieved. A member of staff spoke passionately when they told us about another person who used the service. They said, "Before [name of person] lived in their own home with our support, the expectation was that they would remain in hospital for the rest of their days. Now they are living successfully in the community and able to visit the shops and go for coffee and lunch. It's amazing." Another person who transferred to the service from a hospital setting was in the process of achieving their goal of moving on from the supported living provision to their own bungalow. Another person had achieved their primary goal of moving to a particular town.

People were invited to be involved in the selection of staff. A person who used the service had been on the interview panel alongside the provider's registered manager and regional director when the service manager was interviewed for the post.

People received effective care and support from staff who had the skills and knowledge to meet their needs. People's relatives told us that staff were competent, confident and professional in their approach. One relative said, "I've been very impressed by my [relative's] staff team. They are all very skilled and understanding." Another relative told us, "I would say the staff are very well trained. What is nice is that they listen to what I have to say too."

The provider was committed to the on-going development of staff's knowledge, skills and competence. As part of their continuous improvement plan, key staff which included the registered manager, had completed further train the trainer training to enable them to provide training and updates to the staff team.

Staff were positive about the training they received. One member of staff said, "There is so much training. You get everything you need. I have never been asked to do something I haven't been trained to do or feel confident to do." Another member of staff told us, "The training is really good. There is lots of face to face training which I really enjoy. You can also ask for extra training about things that interest you. I recently asked for training about epilepsy which is being arranged." Records showed and staff confirmed they had received a range of training which included health and safety topics and training to meet the specific needs of the people who used the service.

People were supported by staff who had undergone a thorough induction programme which gave them the skills to care for people safely and effectively. New staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be supported. A recently appointed member of staff told us, "The induction was really good. I had lots of training and also had lots of shadow shifts which gave me time to get to know people and for them to get to know me." Care staff also completed the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

People were assessed before they started to use the agency to ensure the agency could meet a person's needs and aspirations before a package was offered. A relative told us, "Staff visited my [relative] in hospital and they also spoke to me about the support they needed." Assessments from other professionals were also obtained where available. This information helped to formulate a plan of care which informed staff about the person's needs and preferences.

People's legal rights were protected because staff worked in accordance with The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff had undertaken training about the MCA and knew how to support people who were unable to make a decision for themselves. Care plans contained information about people's capacity to consent to areas of their care. Where people lacked the capacity to give consent best interests decisions had been made. Examples included health care interventions and assistance with personal care needs. Applications had been made to the Court of Protection for people who required certain restrictions to help keep them safe.

People were supported to maintain their health and well-being. Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. A relative told us, "They [the staff] are very good at making sure my [relative] attends their appointments. I don't have to worry on that front." Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals.

Where required, staff supported people to plan and cook their meals. A relative told us, "The staff have done a great job helping [name of person] to lose weight and eat more healthy meals."

Is the service caring?

Our findings

Without exception all the relatives we spoke with were complimentary about the agency and the staff who supported them. One relative said, "All of the staff are marvellous. I can't fault them." Another relative told us, "We are really delighted. The staff are fantastic." Another relative said, "My [relative] sees all the staff as their friend and gets on very well with them."

People were treated with respect. A relative said, "We have a consistent team of staff who are so respectful and they totally respect our need for privacy and they give us the space we need. When we want a family meal, the staff will leave the room and make themselves busy with something else." Another relative told us, "My [relative] is treated very well. The staff are respectful and this is the best situation they have ever been in." A member of staff told us, "[Name of person] regularly likes to phone their relatives so we just leave the room until they have finished. It's important."

Staff provided people and their relatives with information about other sources of advice and support about conditions, care and support. For example, the registered manager had liaised with a healthcare professional after a relative had discussed with them the possibility of an alternative therapy to treat their relative's condition. The advice from the healthcare professional had been shared with the person's relative to enable them to make an informed decision.

People's relatives told us that staff knew their relative well and knew what was important to them. A relative said, "Our [relative's] voice is at the heart of everything and they work hard to ensure they are empowered. [Name of person] has a regular team of staff who have got to know them really well. We couldn't wish for more." Another relative told us, "All the staff know my [relative's] likes, dislikes and routines which is important." The care plans we read contained information about people's hobbies, interests, preferred daily routines and likes and dislikes. This information helped to ensure staff provided a service in accordance with people's preferences.

Staff completed comprehensive daily records. Information not only included how the person had responded to the support provided, but also required staff to reflect on what they had learnt from working with the individual. For example, what interventions had worked well and when interventions had not had a positive outcome. People with autistic spectrum conditions had additional communication and sensory profiles in place to reflect their needs in these areas. Records were reviewed by the management team and information was used to review people's care plans. This helped to ensure people received support which was tailored to their needs.

The care plans we read provided information for staff on how to promote independence. For example, there was clear information about what a person was able to do for themselves and the level of support they needed from staff. People's progress on their goals and aspirations were regularly monitored and reviewed.

The agency had received numerous written compliments from people's relatives. Comments included, "Thank you all for understanding the fears [name of person] has and for making [them] feel safe as [they]

have built their life in [their] own home."

The provider had procedures in place relating to confidentiality. Staff were required to read and confirm their understanding of the policy when they commenced employment. Copies of people's care records were securely stored at the agency office.

Is the service responsive?

Our findings

Care planning and delivery was person-centred. Person-centred planning is a way of helping someone to plan their life and support they need, focusing on what was important to the person. In correspondence to the registered manager, the relative of a person who used the agency commented, "Thank you most for seeing the person [name of person] is and not the disability [they] have."

Staff provided a flexible service to ensure people's preferences were respected. For example, when one person achieved their aspiration of moving to another town the staff team continued to support the person; although the move entailed staff driving an additional 16 miles each shift. The registered manager told us, "All staff were fully committed to provision of continuity of care for the client and actively supported the client to make their aspiration a reality." We heard about another person whose relative, their primary carer, was admitted to hospital. The registered manager arranged an emergency package of care which meant that the person did not have to be admitted to a care home.

The care plans we read contained important information about people's preferences, the level of support they required and details about people's preferred daily routine. This helped staff to provide support which was tailored to the person's needs and preferences.

Staff worked with people to help them overcome obstacles and maintain their independence. For example, professionals had authorised a restriction for one person to have their mobile telephone removed due to the anxieties this caused them. However, because the person wanted to have their telephone, staff worked with them and implemented a successful plan which meant the person was now able to use their telephone with reduced anxiety.

People's diverse religious, cultural and sexual needs were discussed with people when they started to use the service. We read the care plan for one person who, because of their cultural needs, only wanted to be supported by female staff and we saw this was facilitated. The person's care plan contained detailed cultural specific information which staff had been required to read and sign confirming their understanding. Staff had also worked closely with the person's relative to ensure support was tailored to meet the person's needs. We saw that people had been able to choose their staff team and their request for male or female staff had been respected. All staff had received training in equality and diversity.

The provider had procedures in place to meet the needs of people who experienced difficulties in making choices, retaining information or understanding certain situations. For example, staff supported one person by using visual prompts, photographs of the staff who would be supporting them and an orientation and daily planner board. This helped to reduce the person's levels of anxiety. Social stories were used to help a person to understand significant events or events which may be stressful. For example, attending health appointments. We were told about one person who successfully attended a dental appointment after staff had prepared them over a period of time.

Staff supported people to access the community and to take part in activities which they enjoyed. For

example, staff supported one person to go swimming regularly, another person liked to go cycling on an adapted bicycle. We heard about other people who were supported to go shopping and go out for meals.

People were involved in planning and reviewing the care they received. This helped to ensure people received a service which met their needs and preferences. A relative told us, "I am fully involved. I recently attended a meeting at my [relative's] house with [name of registered manager], the social worker, physiotherapist and GP where we discussed how things were going."

Staff made entries about people when they had visited them. Records contained information about the person's well-being, how they had responded to interactions and their progress against their goals and care needs. This information helped to review the effectiveness of the plan of care and helped to ensure people received care and support which was responsive to their needs and preferences.

The agency had systems in place to deal with any concerns or complaints. The relatives we spoke with told us they were confident any concerns would be taken seriously. One relative said, "I have not had to complain but I know if I did, [name of registered manager] would ensure it was addressed. Each person was provided with a copy of the complaints procedure when they started to use the service. The complaints procedure was produced in an easy read format for those who required it. The agency had received two complaints in the last 12 months. These had been responded to within agreed timescales and to the satisfaction of the complainant. Records showed that the agency, where required, had supported people to raise concerns about other aspects of their life such as housing and environmental concerns.

The agency was not providing a service to anybody who was receiving end of life care. However, care plans showed there had been discussions with people about their preferences for life saving treatment in the event of a medical emergency.

Is the service well-led?

Our findings

There was a registered manager in post. 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 registered manager knew people well and demonstrated their commitment to improving the quality of the service people received. Staff and the relatives of the people who used the service spoke positively about the registered manager. A relative said, "[Name of registered manager] is very competent. Really good and communications are excellent." Another relative told us, "[Name of registered manager] is really good. I get on really well with them and they know my [relative] really well." Another relative said, "[Name of registered manager] is superb and is very knowledgeable with legislation and they ensure [name of person's] voice is heard and that they are empowered in every way and this ethos is completely understood and followed by the staff. The management is excellent and sets the benchmark of what independent living should look like."

The registered manager promoted a culture of peer support, transparency and continuous service improvement. The registered manager had recently implemented a process which had enabled other members of the management team to provide feedback on their performance. Feedback from members of the management team had been positive. Comments included, "In our 6 months working together I have found you to be the most hard-working manager I have come across in my 10 years of support work. You don't leave a job unfinished, even if that means you having to finish a task at home, staying on later than rostered or working on your days off. Your knowledge of the care sector is impressive and extensive and I have found that you are extremely helpful, not just to myself, as to when there is something I or one of your colleagues is unsure about." And, "I would like to say thank you for all your help and support you have given me since becoming area manager for Shropshire. I feel I have learnt a lot from you over the year. I know I can always come to you with anything to do with work or personal life. You always respect my opinions and ideas with [person who uses the service] and the staff I line manage."

The registered manager was supported by the provider's senior management team which included a regional director who regularly visited the service. The provider also had finance, human resource and information technology departments which the registered manager could access. In the day to day running of the agency, the registered manager was supported by a service manager, support coordinator and senior support staff.

People's views about the quality of the service provided were encouraged through regular reviews, observations of staff practice and annual satisfaction surveys. The results of a recent survey had been positive and showed a high level of satisfaction with the quality of care provided.

People benefitted from a service which had effective quality monitoring systems which helped to make sure high standards were maintained and improvements made where appropriate. Regular audits were carried out by the provider and the management at the location. Where shortfalls were identified, there were action

plans in place to drive improvement. There was a 'continuous improvement plan' in place which all senior support workers, a support coordinator and registered manager all input into and disseminated across all staff teams. The registered manager was pro-active in their approach and therefore audits were used to identify issues before they became concerns.

People were supported by a staff team who were motivated and well supported. A staff member said, "This is the best company I have ever worked for. The support is amazing and the staff team are really good. There is really good communication and we are encouraged to share ideas." Another member of staff told us, "I feel really valued and supported. [Name of registered manager] is in the driving seat and has really made things better here." Another member of staff said, "I love working here. We have a great staff team. We are all part of a big happy family."

Staff had the opportunity to discuss their role, performance and training during regular one to one sessions, annual appraisals and staff meetings. One member of staff said, "I get regular supervisions but you don't have to wait. If you need or want to talk about something or just have a rant, you can at any time." The registered manager told us, "We provide support and signposting for staff at times of need to themselves personally, to help them through challenges they face in their personal life which can otherwise impact negatively upon their support for our clients. We promote flexible working arrangements as an effective means to support staff to maintain a positive work-life balance."

The provider had systems in place to ensure staff felt valued and that achievements were recognised. Information in the completed Provider Information Return (PIR) stated, "At our organisation's recent annual awards ceremony, the staff team for one client's service was awarded a distinction for the quality of their work. Another staff member locally was awarded newcomer of the year for their excellent work and another staff member locally was awarded outstanding support worker of the year for Avenues East (this covering Shropshire and Suffolk-based Avenues services).

The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and of their responsibilities. Performance management systems ensured staff performed to a high standard and to their best of their ability. The service provided a clear training and development pathway and all staff were supported to maximise their potential.

The registered manager and provider promoted an ethos of honesty and were aware of their requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. An example included the actions taken following an incident regarding the actions of a member of staff who, following a disciplinary investigation, was dismissed from the service.

The registered manager worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. These included social workers, commissioners and health care professionals.

In accordance with their legal responsibilities, the provider had informed us of significant events which had occurred at the agency.