

A Step Beyond Ltd

# Bramley Avenue

## Inspection report

40 Bramley Avenue  
Coulsdon  
CR5 2DP

Tel: 07437015616

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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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

### About the service

Bramley Avenue provides personal care for people who live in supported living accommodation. The people who use the service have a range of needs including people with a learning disability and autistic people with some people requiring 24-hour support. At the time of our inspection five people were using the service living in one supported living setting. People rented their room from a private landlord and used shared facilities such as a kitchen, living room and bathroom.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Support

Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests in their local area. Staff enabled people to access specialist health and social care support in the community. Staff supported people to play an active role in maintaining their own health and wellbeing.

### Right care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them. People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

### Right culture

People received good quality care and support because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

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

### Rating at last inspection

This service was registered with us on 15 February 2021 and this is the first inspection.

### Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture. This was a planned first inspection following registration with the Care Quality Commission (CQC)

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Bramley Avenue

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since they were registered with us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We used all this information to plan our inspection.

#### During the inspection

During our inspection we observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We spoke with two people using the service, the registered manager and two staff members. We also spoke with four relatives of people who used the service. We looked at records which included care records for three people, three staff files, medicines records and other records relating to the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. We observed positive interactions and relaxed body language between staff and people living at the service.
- There were effective safeguarding and whistleblowing procedures in place at the service. Staff were able to explain what the signs of potential abuse were and what action they would take if they had concerns.
- Relatives felt their family members were safe at the service. One relative told us about the measures the registered manager had put in place to keep their relative safe and another relative explained how they would know through body language and actions if their family member was not happy. They told us, "I feel [family member's name] is 100% safe...I can't praise [staff team] enough".

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. This included advice on how to support people using the least restrictive option.
- Staff spoke about people's risk and how they supported people to stay safe. For example, one person required additional support while in the community to keep them safe while crossing the road.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk. For example, regular health and safety and fire checks were carried out to make sure people were safe in their home. The registered manager told us they had a good relationship with the landlord and this meant any repairs and maintenance issues were dealt with quickly.

Staffing and recruitment

- The service had enough staff, including additional support for people to take part in activities and visits, how and when they wanted too. People were in and out, taking part in activities, with staff during the inspection. Staff confirmed the numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. Checks were carried out before employment started to make sure staff were suitable for the role.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- People could take their medicines in private when appropriate and safe. Staff were able to support people in their rooms with their medicines.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people about their medicines. Additional advice was in place to help staff when PRN or

'as required' medicine was needed and regular medicine audits took place to make sure people received the right amount of medicines at the right time.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- Staff used personal protective equipment (PPE) effectively and safely when they needed to.
- The service tested for infection in people using the service and staff.
- The service supported visits for people living at the service in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

#### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- The service recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed a comprehensive assessment of each person's physical and mental health and took the time to understand people's behaviours. Relatives told us they had been involved in the initial assessment of care and support for their family member. One relative told us, "We want to be involved and need to know if things are right and the manager is great at doing this."
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in evidence-based practice. This included training in the wide range of strengths and impairments autistic people may have, health needs, communication tools, positive support, and human rights. One staff member told us, "Management will give us extra courses for skills and knowledge, I like this for my own development but it also helps the people we support."
- The registered manager checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. Relatives told us staff encouraged people to try new foods and staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- People were involved in choosing their food, shopping, and planning their meals and staff used a variety of communication tools to help people make a choice.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.
- People were able to eat and drink in line with their cultural preferences and beliefs.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed.
- People were registered with their GP and supported to attend annual health checks, screening and primary care services such as dental appointments.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Staff knew people had the right to make day to day choices. We saw staff offering people choices throughout the day. For example, what people wanted to eat and where they wanted to spend their time.
- For people the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. Staff ensured relatives were involved where appropriate in decisions which had been made on people's behalf. The registered manager was working with the local authority to submit an application to the court of protection for one person and had involved relatives and healthcare professionals in best interest decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff knew people well and how to communicate with them. We observed positive interactions between people and staff throughout our inspection.
- Staff were calm, focussed and attentive to people's emotions and support needs. One staff member explained how important routine was to one person and detailed the checks that took place before an activity so the person was fully prepared to enjoy their day. A relative told us, "Staff seem caring, they know [family member] and his routine, I am really happy he is there now".
- Staff ensured people were protected from exposure to any environmental factors they would find stressful. Staff told us some people were sensitive to noise so staff took action to make sure there were quiet spaces for people when they needed it.

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

- Staff supported people to express their views using their preferred method of communication. Staff told us about people's different communication styles and gave us examples of how they encouraged people to make choices about their care and support. For example, using pictures and photographs of food to help people make their menu choices.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. Staff told us they had learned some sign language to help them communicate with one person and told us the keyworker system in place allowed them to really get to know people, their likes and dislikes and communication styles.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences. People celebrated cultural festivals such as Easter and Christmas and staff respected people's cultural preferences. One staff member told us about a person's cultural food choice and how this enabled them to encourage others to try different foods from around the world.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. One relative told us, "[Person's name] can ride a tricycle now, they have never done that before in his life. He is learning new skills all of the time." Another relative told us, "They [the staff] are really good. They encourage him to wash up, change his bed and do laundry, even make cakes. The staff really support him to be more independent."

- Staff knew when people needed their space and privacy and respected this. We observed people made choices throughout our inspection about what they wanted to do or where they wanted to be, including having privacy and space when necessary.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. Relatives told us they felt involved in their family members care and were comfortable sharing their views but also seeking advice and clarification from the registered manager when needed. One relative told us about the support they had received from the registered manager when their family member first moved to the service. They told us, "We feel 100% involved. The staff take everything on board and they don't forget anything."
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. A keyworker system was in place and regular meetings between the person and keyworker were recorded. These included what people wanted to do in the near future and what they had already achieved.
- Staff offered choices tailored to individual people using a communication method appropriate to that person. For example, when one person first joined the service the registered manager told us how they used social stories to help the person understand the changes that were happening and help reduce anxiety.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand.
- There were visual structures, including photographs, symbols and other visual cues which helped people know what was likely to happen during the day and who would be supporting them. For example, some people used Picture Exchange Communication System (PECS) to help communicate. Books and notice boards were used so people knew what was planned each day and could make comments or changes if they wanted to.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- Staff worked closely with health and social care professionals and ensured people were assessed to see if they would benefit from the use of non-verbal communication aids.

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

- People were encouraged and motivated by staff to reach their goals and aspirations.
- People were supported to participate in their chosen social and leisure interests on a regular basis. Staff encouraged people to broaden their goals and aspirations and this included trying new activities or learning new skills. For example, one person had travelled on the bus for the first time, their relative told us, "I would have never of thought that possible".
- Relatives told us their family members liked the people they lived with and the range of activities were suitable and age appropriate. One relative told us "They run around and chase each other; they seem to have a lovely balance of people there. It's a lovely mix and they seem to get on really well". Another relative said, "[Family member] is out all of the time, they go for meals, down to Brighton they are doing really well".
- Staff ensured adjustments were made so that people could participate in activities they wanted to. Staff told us about trampolining, bowling, cycling and grocery shopping and showed us photographs of people out and about enjoying their day. The registered manager gave examples of adjustments made to one person's activity so it was more suited to them.
- Staff empowered people to be active citizens and have equal rights in their local and wider community, such as exercising their right to vote.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Relatives told us if they had a complaint or concerns they would raise this with the registered manager and were confident these would be acted on.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- At the time of our inspection no one at the service was receiving end of life care. People's records included preferences relating to protected characteristics, culture and spiritual needs and the registered manager confirmed they would liaise with families and the appropriate health care bodies if required.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. One staff member told us, "During team meetings we discuss new ideas and our thoughts. Key workers bring suggestions about how to improve people's care. It's one of the good things here, staff really have a say."
- Staff felt respected, supported and valued by senior staff. Staff felt able to raise concerns with managers without fear of what might happen as a result.
- Managers promoted equality and diversity in all aspects of the running of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. One staff member told us, "We have more than enough training, the company prepare us very well for the job."

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

- People, and those important to them, worked with managers and staff to develop and improve the service. Relatives were positive about the care and support their family member received and comments included, "I'm really happy [family member] is there", "I am quite happy, I can call the manager at any time, I can visit at any time, no problems" and "This has just been a win, win for us all and worked out fantastically well."
- Staff encouraged people to be involved in the development of the service. Staff gave examples of how they had listened to people and made improvements. For example, buying a BBQ for people to enjoy gatherings and parties in the garden.

Continuous learning and improving care; how the provider understands and acts on the duty of candour,

which is their legal responsibility to be open and honest with people when something goes wrong

- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- When things went wrong the registered manager explained they shared lessons with staff to help reduce risk and improve people's care.

Working in partnership with others

- The service worked with other agencies such as health care professionals to make sure people had the care they needed.
- People were encouraged to build friendships in the local community. One relative gave an example of how staff worked with one person's school to help give them the best possible outcomes.