

Avenues London

Avenues London - 1a Webb Road

Inspection report

1A Webb Road
London
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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

About the service

Avenues London - 1a Webb Road is a residential care home that provides accommodation and personal care support for up to six people with multiple learning and physical disabilities. At the time of our inspection the home was fully occupied providing support to six people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

Relatives spoke positively about the care and support their loved ones received. During our inspection we observed staff interacted well with people and had built positive respectful relationships with them.

Relatives told us they felt their loved ones were safe and well supported. Safeguarding and whistleblowing policies and procedures were in place and staff were aware of how to keep people safe. People were protected from identified risks and plans were in place to manage risks safely in the least restrictive way.

There were arrangements in place to manage medicines safely and staff followed appropriate infection control practices to prevent the spread of infections. Appropriate recruitment checks took place before staff started work. There were sufficient staff available to meet people's needs. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and supervision.

People were supported to meet their nutritional needs and to maintain a balanced diet. 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 support this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The home environment was clean, homely and suitably adapted to meet the needs of the people living there.

People and their relatives were involved and consulted about their care and support needs. People had access to health and social care professionals as required. People were supported to access community service and to participate in activities of their choosing that met their needs.

Staff worked with people to promote their rights and understood the Equality Act 2010; supporting people

appropriately addressing any protected characteristics. There were systems in place to monitor and improve the quality of the service. The service worked in partnership with health and social care professionals to ensure appropriate support was provided to individuals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (Report was published on 17 January 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Avenues London - 1a Webb Road

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 Care Act 2014.

Inspection team

This inspection was carried out by a single inspector.

Service and service type

Avenues London - 1a Webb Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection site visit took place on 6 August 2019 and was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the assistant service manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

We met with all six people living at the service. Due to the nature of some people's communication needs, we did not ask direct questions, however, we observed people as they engaged with staff and completed their day-to-day tasks and activities. We used our Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with one visiting relative during the inspection and following the inspection, we spoke with another relative by telephone to seek their feedback. We also met and spoke with the assistant service manager, a senior support worker and three support workers. We reviewed a range of records including two people's care plans and records and three staff recruitment, training and supervision records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and minutes of meetings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm. Relatives told us they felt their loved ones were safe and well supported. One relative commented, "[Relative] is always very well cared for, I have no concerns or issues at all. Staff are all so caring."
- Staff had the skills, knowledge and confidence to identify safeguarding concerns and to act on them to protect people.
- Policies and procedures for safeguarding adults and systems for reporting and acting on concerns or allegations were in place. Records showed that where concerns had been raised the service worked in partnership with health and social care professionals to ensure people's safety.
- Safeguarding processes were discussed during team meetings to identify any lessons learnt and to share best practice.
- Information on safeguarding was available within the home including easy to read versions for people, staff and visitors' reference.

Assessing risk, safety monitoring and management

- People were protected from risks. Risks associated with people's physical and mental health needs were identified, assessed, reviewed and managed safely by staff to avoid possible harm.
- Risk assessments recorded identified areas of risk and guidance for staff to ensure people were supported appropriately. For example, positive behavioural support plans were in place to support staff in managing behaviour that could cause self harm and/or harm to others. These included information for staff on distraction techniques to support people in times of anxiety and distress.
- Risk assessments supported staff to manage identified risks whilst ensuring people's rights and independence was promoted and respected, for example, by respecting individuals' privacy and dignity whilst bathing. Positive risk taking was supported and encouraged in line with the principles of Registering the Right Support (RRS) to help people learn new skills and enjoy accessing community services.
- Throughout our inspection we observed the positive caring interactions between staff and people. Staff knew people very well and understood the risks they faced and took appropriate actions to minimise them. For example, we saw that one person who become agitated and anxious was calmly reassured by staff who used the person's favourite music to help relax and distract them.
- Arrangements were in place to manage foreseeable emergencies and to maintain the safety of the premises. People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely in the event of an emergency. Staff received training in fire safety, life support, de-escalation, diffusion and breakaway techniques and positive behaviour support. The service operated an out of hours manager on-call system in the event of emergencies or if staff required advice and

support.

Using medicines safely

- Medicines were managed, administered and stored safely.
- There were policies and procedures in place to ensure people received their medicines as prescribed by health care professionals. Protocols were in place for people's individual medicines including 'as required' and 'emergency' medicines. Medicines administration records we looked at were completed appropriately by staff and checks were conducted to ensure safe administration.
- There were appropriate processes in place for people who received their medicines covertly (the administration of any medical treatment in disguised form such as in food and drink). The decision to administer medicine in this way is considered under the Mental Capacity Act 2005, and a best interests decision is made. We found the service followed procedures, however noted that one record required the agreement from a pharmacist. A meeting had been arranged to review the person's covert medicines agreement. We found the use of covert administration had been documented in people's care plans.
- Safe medicine management practices were followed, and staff received training and had their competency to administer medicines safely assessed.

Staffing and recruitment

- There were enough staff to meet people's needs and recruitment systems worked to reduce identified risk.
- Relatives told us they felt there were enough staff available to meet their loved one's needs. One relative commented, "Yes I think there are enough staff, at the moment there is a nice mix of staff."
- Staff were recruited safely. Full employment checks were completed before staff started working with people, including gaining accurate references and a full employment history. Disclosure and barring service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- People were protected from the risks of infection and the home environment was clean and well maintained.
- Staff received training on infection control and food hygiene and we observed staff wore personal protective equipment such as aprons and gloves when required.
- Cleaning schedules were in place and we observed the home appeared clean with no malodours detected.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal and environmental hygiene.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents and reflected on them as a means of improving safety for individuals.
- Records showed that staff had identified concerns and accidents and took appropriate action to address them. Where required accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.
- Incidents and accidents were monitored by the provider and registered manager on a monthly basis to ensure actions were taken where required and lessons were learnt minimising the risk or reoccurrence.

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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments were completed where appropriate, with best interests decisions recorded. DoLS applications had been submitted appropriately to the supervisory body (local authority) and authorisations were in place and monitored for people where required.
- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- Staff empowered and supported people to make their own decisions. For example, with the activities they wanted to do and clothes they wanted to wear.

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

- People's needs were assessed, and staff supported people in line with best practice.
- Relatives confirmed they were involved in the assessment process and with planning and reviewing their loved one's needs. One relative commented, "We have always been involved in assessments and reviews of [relative's] care. Communication is very good, and the manager is responsive putting actions in place."
- Assessments of people's needs, and preferences were completed before they moved into the home. This ensured the service's suitability and that people's needs and preferences could be appropriately met.
- Assessments were used to produce individualised care and support plans which provided staff with information on how best to support people to meet their needs. Assessments included areas such as personal history, communication, aspirations and life achievements.

Staff support: induction, training, skills and experience

- Staff were knowledgeable and had the skills and experience to meet people's needs appropriately.
- Relatives commented positively on the skills of the staff and the care and support they provided. One relative said, "[Relative] is very happy and settled, they [staff] really care. They respect [relative's] limitations and know [relative] very well."
- There were systems in place to ensure staff new to the home were inducted into the service appropriately. Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers. One member of staff commented, "My induction was very good and informative. It really helped me to understand my role and the people I support."
- Staff received regular supervision, support and an appraisal of their practice and development.
- Staff received training in a range of topics and specialised areas such as, moving people safely, positive behavioural support, epilepsy and de-escalation diffusion and breakaway techniques.

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

- People were supported to meet their nutritional and cultural needs and to maintain a balanced diet ensuring well-being.
- Care records documented people's nutritional needs, support they required at meal times, known allergies and any nutritional risks such as swallowing difficulties and weight loss or gain. Risks associated with nutrition and hydration were reviewed and guidance from speech and language therapists and or dieticians were in place for staff to follow.
- During our inspection we observed breakfast, lunch and supper in the dining area. People were offered a choice of meals and as directed by health care professionals we saw their needs were met safely by staff. People were provided with suitably adaptive equipment to promote their independence at meal times. People appeared to enjoy their meals and we saw pictorial menus and meal plans were discussed with people to ensure their preferences were met.
- The Food Standards Agency visited the service in March 2019 and rated them two which was a decline from their previous rating of three. The assistant manager told us an action plan had been developed to address the issues found at the inspection in March and showed us actions that had been taken including the implementation of daily kitchen and fridge/freezer monitoring tools.

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

- People's physical, mental and emotional needs were assessed and documented in their plan of care. Staff monitored people's daily needs and well-being to ensure they were supported appropriately.
- Staff worked in partnership with health and social care professionals to plan, review and monitor people's well-being, for example, working with specialist nurses and occupational therapists and supported people when required to attend medical appointments.
- Records of health care appointments were retained in people's care plans documenting any treatment required or received. This ensured staff were informed of any changes in people's needs.

Adapting service, design, decoration to meet people's needs

- The home was suitably adapted to meet people's individual needs and the garden was accessible to all. We saw that a new garden summer house was in place and staff told us they planned to make this a sensory space for people to use.
- People were encouraged and supported to decorate their own rooms with items specific to their individual taste and interests. A relative told us staff were taking their loved one on holiday so while they were away their room was to be decorated to their choosing.
- People had access to specialist equipment which was subject to regular checks and routine servicing, that

enabled greater independence whilst ensuring their physical and emotional needs were met. For example, wheelchairs and hoists.

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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. 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; equality and diversity

- People were supported by staff who were kind, understanding and caring. Relatives spoke positively of staff and the care and support they provided. One relative told us, "They [staff] really do care and always put themselves out. [Relative] is always well cared for and always looks good." Another relative commented, "There is always fun and laughter in the home, lots of activities going on. Staff are very caring."
- We observed staff had built respectful relationships with people valuing their preferences, wishes, rights and independence. Staff had a good awareness of individuals personas and knew how best to support them both physically and mentally. For example, one person enjoyed playing music, so staff supported them to play musical instruments of their choosing.
- Some people were unable to communicate their views and wishes verbally. Throughout our inspection, we observed positive caring, respectful interactions between people and staff. For example, one person enjoyed going shopping so after attending an appointment staff supported the person to go on an impromptu shopping trip.
- People's diverse needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs and how staff supported them to meet their needs.
- People were treated respectfully and without discrimination. Staff received training on equality and diversity and worked to ensure people were not discriminated against in relation to any protected characteristics they had in line with the Equality Act 2010.

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

- People were supported and empowered to make their own decisions. Relatives told us they were involved in planning for their loved one's care and support. One relative commented, "They [staff] involve me and keep me informed of everything even though I visit regularly. We have a review meeting next week."
- We observed staff communicating effectively with people involving them in daily decisions and activities. For example, we saw staff asking people which foods, they would like them to buy by showing them items and when they returned from shopping involving people to unpack the shopping.
- People's communication needs were assessed and documented in their plan of care ensuring staff could support and engage with people appropriately. For example, pictorial communication passports were in place and we observed staff communicating with one person as guidance in their communication passport documented with the use of pictures.
- People were provided with information about the service in the form of a service user guide in a format that met their needs, for example, easy to read or pictorial versions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and their independence and right to confidentiality was upheld. Staff empowered people to make choices about their everyday lives, by observing and recognising when people were happy or unhappy and by implementing change and support when required.
- Care plans were person centred and focused on what people could do for themselves and the areas they needed support.
- We observed that staff promoted people's privacy and dignity by knocking on their doors seeking consent before entering their rooms and by supporting people discreetly with personal care when required. Information about people was kept securely in the office and staff knew the importance of keeping information confidential.
- People were supported to maintain relationships that were important to them. For example, supporting and enabling people to visit relatives and welcoming visitors to the home. One relative commented, "When we visit we are always welcomed. Staff are very friendly." Another relative told us, "I visit [relative] often. Sometimes I let them [staff] know I'm coming and check its ok as [relative] is always out doing activities which is good."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. 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.

- People's care was carefully planned and personalised, and staff supported people to have choice and control.
- Relatives confirmed they were involved in planning for their loved one's care and were provided with opportunities to contribute their views on the service. One relative commented, "We are always kept informed of [relatives] care and are involved in reviews. They [staff] always ask for our views or if there is anything else they could be doing."
- Care plans documented detailed information relating to people's physical, emotional and mental health needs, their life stories and things that are important to them. People were supported by staff who knew them well and who supported them to have maximum choice and control over their lives.
- Regular reviews of people's care were held to ensure staff continued to support people appropriately and that their needs, goals and wishes were respected and met.

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 supported by experienced staff who knew them well and who supported them to access services such as, leisure activities to meet their needs and interests. For example, one person was supported to attend a local cultural social club and another person was supported to attend a water sport activity which they enjoyed.
- People were supported to access local community facilities and the service had it's own mode of transport which enabled this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding of the AIS and people's communication needs were effectively assessed, reviewed and documented within their care plans. People had detailed individual communication passports which provided staff with clear guidance on the best methods of communication and useful communication strategies.
- Staff were knowledgeable on how different people expressed themselves and during our inspection we observed that staff took time to listen and engage with people.

End of life care and support

- People received end of life care and support when required. The assistant manager told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise with health and social care professionals and specialised services including local hospices to provide people with appropriate care and support if required.
- People and their relatives were supported by staff to make decisions about their preferences for end of life care if they so choose and these were retained in individual care plans for reference. 'When I die' care plans were reviewed, and respectfully documented people's wishes in a format which met their needs, for example, by the use of pictures.

Improving care quality in response to complaints or concerns

- Complaints were managed and responded to appropriately in line with the provider's policy. Relatives told us they were aware of how to raise a complaint. One relative commented, "If I had any complaints at all I would raise them with the manager, I know they would respond."
- There were arrangements in place to respond to people's concerns and complaints appropriately. The provider's complaints procedure was readily available in different formats to meet people's needs, including an easy to read version. Records showed there had been no complaints made this year.

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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. 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

- Staff demonstrated a strong commitment to provide person-centred high-quality care by engaging with relatives and professionals.
- Relatives spoke positively about staff, their skills and approaches and the care and support they provided. One relative told us, "They [staff] are very thoughtful and really know how best to work with [relative]. [Relatives] keyworker is great, they really know [relative] well and are good at doing things such as making sure [relative] gets and wears clothes that are to their taste and age related."
- Staff told us managers focused on providing person centred supportive care to people. One member of staff said, "I really love working here, I feel we all make such a difference to people's lives. There is a strong supportive culture from the managers which helps us to work together better meeting people's needs the way they want." Another member of staff commented, "Staff are always doing things with people and not for them, they [people] are in a really good place here as we are supported to ensure people's care is personalised."

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

- At the time of our inspection the registered manager was unavailable, however the assistant manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong.
- The service had a registered manager in post at the time of our inspection and they were aware of their registration requirements with CQC. Management were aware of the legal requirement to display their CQC rating.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The assistant manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team.

Continuous learning and improving care

- Management recognised the importance of monitoring the quality of the service to help drive improvements. There were systems in place to monitor the quality of the service and to make any improvements if required.
- Audits and checks were carried out by the provider, management and staff in areas such as medicines

management, care plans and records, accidents and incidents, the home environment and health and safety. Where required we saw action plans were developed to address any issues or concerns identified. For example, action had been taken to address the findings from the recent Food Standards Agency visit and action had been taken to address medicines issues when they arose.

- Daily staff handover meetings were held which provided staff with the opportunity to discuss people's daily needs and any issues or concerns that had arisen. Staff team meetings were held on a monthly basis and provided staff with the opportunity to discuss issues relating to the management of the home. For example, minutes of the meeting in July 2019 showed discussions included people's needs and health, CQC and effective working and lessons learnt such as discussions and actions relating to medicines management and training and fire safety training.

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

- There were systems in place to ensure the service sought the views of people and their relatives through regular reviews, keyworker meetings, resident and relatives' meetings and surveys.
- Areas discussed at the last resident and relatives meeting included, evacuation procedures, sensory cabin, rolling menus, pharmacy audit, risk assessments, and the request to purchase a new vehicle.
- The service conducted regular surveys seeking feedback from people, their relatives and visiting professionals. We looked at the results for the people and relatives survey conducted in May 2019. Results were positive with one comment made on the frequency of contact. We saw that action had been taken to address the comment made.

Working in partnership with others

- The registered manager and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were appropriately met. For example, service commissioners, speech and language therapists, mental health professionals, advocates and GPs.
- The registered and assistant manager attended management meetings to share knowledge and to keep up to date with best practice.
- The service worked with a lottery funded project last year and have managed to maintain many of the activities sourced promoting social inclusion for people. Activities included bingo and African drumming.