

Avenues South East

Avenues South East - 1a Spencer Way

Inspection report

1a Spencer Way
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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 South East – 1a Spencer Way (Spencer Way) is a residential care home providing accommodation or personal care for up to seven people with a learning disability and/or autism. At the time of our inspection, five people were living in the home.

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.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to seven people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People appeared happy and relaxed in their home and in the company of staff. Their relatives told us they felt their family member felt safe living at Spencer Road. Risks to people's safety had been assessed and measures implemented to keep them safe. A positive approach to risk taking was followed to ensure people's independence was maintained. Staff were aware of their responsibilities in safeguarding people from abuse and had developed open and trusting relationships with people.

Staff had received training and support from healthcare professionals with regards to people's individual health needs. This had enabled staff to provide people with individualised support in these areas. People's family told us their family member enjoyed their food and they were offered choices in how they spent their time.

People's relatives told us staff were caring and treated their family members with respect. Staff had worked at the service for many years and positive relationships had been developed between people and staff. There was a warm and homely atmosphere and people were clearly comfortable living at Spencer Way. People received a personalised service and were involved in developing their care plans. Staff knew people's life histories, preferences and routines. Activities were based around people's choices and people were supported to take part in the running of their home.

There was a positive culture within the service where people, staff and relatives felt listened to. The registered manager felt supported by the provider and this flowed through the service. Quality assurance systems were in place which ensured high standards were maintained.

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.

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

Rating at last inspection

The last rating for this service was Good (published 18 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 1A Spencer Way on our website at www.cqc.org.uk.

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?

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.

Avenues South East - 1a Spencer Way

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

The inspection was carried out by one inspector.

Service and service type

1A Spencer Way 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 was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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

We engaged with five people who used the service to see their experience of the care provided. We spoke with six members of staff including the area manager, registered manager, assistant manager, senior care workers and care workers.

We reviewed a range of records. This included two people's care records and two people's medication records. We looked at two staff files in relation to recruitment, staff supervision and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three relatives of people using the service.

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 as 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 by effective safeguarding policies and procedures that had been put in place by the provider.
- Staff were aware of the safeguarding procedure and their responsibility for protecting people from harm and abuse. All staff had received appropriate training.
- Staff showed good knowledge of safeguarding practises. Staff said "The people that live here are vulnerable and their safety is paramount. If we ever thought that anything needed raising we would let the safeguarding team know straight away."
- Family of a person living in the home said, "I know [person] is safe. Over the years the staff have been well trained and I always feel [person] is being cared for in the best way."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare had been assessed and were in care plans to minimise the risk of harm occurring. Care plans clearly documented guidance for staff to follow to keep people safe. Each plan was personalised to each individual's needs and care package, and regularly reviewed.
- People were seen to take positive risks to promote independence but keeping the person safe at the same time. For example, one person was supported to cook in the home as this was one of their passions.
- Staff understood where people required support to reduce the risk of avoidable harm.

Staffing and recruitment

- There was a safe recruitment process put in place by the provider. Potential new staff were assessed for their suitability to work with people who lived in the home, which included interviews and pre-employment checks such as with the disclosure and barring system (DBS).
- Staffing levels met the needs of the people living in the home in a timely way.
- At no point did staff appear rushed or in a hurry to complete tasks. There was a very relaxed atmosphere in the home.
- One family member said, "There always seems to be enough staff and they are never in a rush which is lovely seeing them spend so much time with [person] and really giving them the care they need."

Using medicines safely

- There were medication procedures and policies in place, which meant that all medicines were safely received, stored, administered and disposed of, which resulted in people receiving the medicines they required.
- All staff administering medicines had been trained in the safe distribution of medicines and had been

graded as competent.

- The provider had also recently been taking part in the STOMP initiative (Stopping the over medication of people with a learning disability, autism or both). They had trialled this working in partnership with the GP where one person had been on the highest dose of medicines. Staff said, "We were a little apprehensive at the beginning and there were some tough days, but now [person] has successfully come off all psychotropic medication and we are now going to re-assess another person living in the home after the success of [person's] transition and improvement to quality of life."

Preventing and controlling infection

- People lived in a home where all communal areas were clean and tidy.
- There were procedures and policies in place for infection control and prevention of the spread of infection. Great care had been taken to ensure infection was not spread. For example, separate colour coded mops and buckets for different areas of the home were used.
- Staff showed knowledge of infection control precautions and were seen to use their PPE (personal protection equipment) throughout the day of inspection. This included gloves and aprons when providing support with meal preparation and personal care.

Learning lessons when things go wrong

- The registered provider had systems in place for reviewing accidents and incidents and responded quickly to them.
- There was evidence of previous accidents and incidents being used as a learning opportunity. An example of this had been changes and updates made to the environment. All of this was recorded on a centralised system that was reviewed by the area manager and service director.

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 rating of 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

- People's physical, emotional and social needs were being assessed, planned and regularly reviewed to ensure their changing needs were met in a person-centred way.
- The home followed the NICE guidance and sought advice and knowledge from other expert professional bodies, to achieve effective outcomes. For example, they worked with the behavioural team and ensuring there were positive behaviour plans in place.
- Staff worked closely with people and their family to ensure people's abilities, interests and preferences were recognised, recorded and shared amongst staff.

Staff support: induction, training, skills and experience

- A large percentage of the staff had been working at the home for a number of years, through this experience it was noticed that staff were knowledgeable about people's histories, likes and dislikes. The newer members of staff also appeared knowledgeable.
- Staff had completed a comprehensive induction and training programme to prepare them for their role. A staff member said, "The induction was thorough and made me feel supported and confident to begin working here, I always felt that I could ask questions and I felt it really useful to shadow someone as part of my induction."
- There was a training programme in place that was monitored by the registered manager, this ensured that any refresher training was kept up to date with all staff.
- Staff had regular supervision with their registered manager. All staff said, "I feel comfortable with discussing ideas and concerns with my manager and I know that if I feel I need training in a certain area, I will be able to complete this."

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

- People had a choice of and access to sufficient food. People were seen to be offered drinks throughout the day and given choice of food and drink at mealtimes to encourage them to consume more to maintain a balanced diet.
- There were a variety of needs in relation to diets within the home. An example was some people were on softened diets. The people that were on softened diets had their own folders in the kitchen with their preferences of what they liked to eat.
- People were encouraged to be involved in their meal planning, preparation and menu choices. There was an easy to read and easy to follow recipe book in the kitchen for this to be better achieved. On the day of inspection, a person was being supported to cook cauliflower cheese. This included positive risk taking

such as the handling of hot oven trays, encouraging the person to maintain their independence.

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

- People had access to health care professionals when required. There were detailed entries in each care plan that showed referrals to various agencies were being made. For example, to the SALT Team (Speech and Language Therapist), and action plans around diets following appointments.
- Guidance and advice from health professionals were also well documented throughout the care plans and staff followed these instructions.
- There had been referrals made to the positive behavioural team. This resulted in action plans set and positive outcomes for the person involved.

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

- Adaptations had been made to the design of the home to support the people that live there.
- There were lots of opportunities to encourage as much inclusion for all of the people living in the home. The kitchen had a large, open plan design for people to have the opportunity to be involved with meal time and food preparation.
- There were photographs of the people living in the home at various activities and big days out that had been arranged. This created a homely feel about the house. Staff said, "We try our best to make sure that everyone feels at home, from the people living here to the people visiting."
- There were two lounge areas so people had choice if they wanted to socialise or have private time. People had their own seats and sofas in the lounge areas that they referred to as theirs, this added to a homely atmosphere.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All legal frameworks were followed, well documented and monitored appropriately.
- Staff showed good knowledge of the MCA, best interests meetings and mental capacity assessments. One staff said, "It is important to not only involve relatives in these decisions but the people themselves. People living here have different levels of capacity and it is so important to understand each person's individual needs."

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; respecting equality and diversity

- There were exchanges seen during the inspection that showed the staff supporting people well. Staff were always available and showed good knowledge of different people living in the home displaying different moods. One staff said to one person, "You're in such a good mood, it's good to see, is it because the sun is out?" To which the person nodded and laughed.
- People were comfortable and were treated with kindness. People's equality, diversity and human rights were respected. This was shown through interactions between staff and people.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way. One staff said, "Why shouldn't the people living here be treated exactly like every other person, I treat them how I would like to be treated."
- During the day people were seen to become agitated and staff were knowledgeable in how to address this quickly, with a caring attitude so the person felt comfortable and at ease within a short period of time.

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

- People had been involved in their original assessment for their care plan and the regular review process that occurred.
- Throughout the inspection we observed staff encouraged people to make their own choices and decisions, from choosing what they wanted to drink and what activities they wanted to take part in.

Respecting and promoting people's privacy, dignity and independence

- People were supported in their individual ways to encourage independence. For example, one person being supported in the kitchen had complex needs, however they were very involved with the cooking.
- Staff were seen to show respect for people's privacy when personal care or toilet support was required. One staff said, "Shall we just pop to the toilet before we go out? Do you want to? It's up to you?" The person was happy to feel in control of the situation by the way in which the staff interacted.

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

- All care plans were personalised to each individual living in the home to a good standard. Alongside this, staff showed good knowledge in delivering this personalised care. One staff member said, "There is a suction machine for [person] and all staff know the signs and symptoms for when this is required and have all been trained in how to use it."
- Family members confirmed that they had been included in all decisions. One family member said, "I can't think of any negatives at all. They always seek the best way forward to meet his needs but always with care to assist his safety."
- Staff said, "It's so important to work with different organisations so the people living here can have access to the best groups and activities."
- There were evidence in different support plans that showed individual involvement with different organisations to suit their preferences.

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.

- There was clear signage around the home that made it easy for people to understand.
- Easy read reports were available if any decisions were being made and the family were being made aware.
- There were great ways of helping people with complex needs understand day to day activities. For example, the easy to read pictorial cookery book that people in the home could use and understand.

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

- Staff had good practises to keep regular contact between people and their family and friends. For example, staff supported one person to send a Mother's Day card. This was meaningful to the family and prompted a thank you card from the mother.
- Staff also encouraged regular contact through overnight stays with family members where possible. One family member said, "It's so nice that [person] can come to stay with us a couple of nights a week. When he returns he is happy as soon as he walks back in the home, so I have no worries. The home have also welcomed me in to the home and I enjoy working in the garden and spending more time with [person]."
- Activities within the local community were encouraged so people felt involved in their local area. For example, one person enjoyed going to the local community for shopping and coffee at a particular coffee

shop. This person was seen to be advised about the money they wanted to go out shopping with. Staff explained that this person liked to go shopping every day so staff supported them to do this, as well as to manage their own money.

Improving care quality in response to complaints or concerns

- There were feedback forms that had been completed by family members. We were informed this was a process that happened annually, however, the forms were also handed out intermittently for relatives who wanted more chances to feedback. This gave people in the home an opportunity to communicate to staff and the registered manager about any ideas or concerns.
- Staff said people always had the opportunity to communicate a problem to them, "Here at this home we find it much more beneficial to just address a problem or idea as soon as it is raised, rather than wait for a residents meeting. The people living here have complex needs and a residents meeting would not be appropriate or the best way to address issues."
- There was a complaints procedure in place to investigate any complaints or concerns as soon as the home were made aware of them. Actions plan were set to resolve any concerns and ensured that all people involved were happy with the conclusion.
- One family member said, "To be honest, nothing of concern has happened in so long. I remember there was an occasion when [person] didn't want to return to the home. The whole incident was dealt with immediately and the safeguarding team were informed to investigate. Ever since then [person] has had no issues at the home."
- People's family stated that they believed if they had a concern, issue or suggestion it would be listened to. For example, there was work happening in the home to update some of the facilities.

End of life care and support

- At the home there was nobody currently on end of life care. However, there had been careful consideration to a personalised plan for if or when a sudden death occurred. This was to ensure all preferences were adhered to at this time.
- Although the care plans were detailed, staff confirmed the plan was to make them even more thorough with regular reviews to completely ensure all factors have been considered in relation to end of life care.

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

- All staff stated that the registered manager continually encouraged person-centred care. They said that they were always encouraged to empower people to have the best life possible whilst living with their complex needs.
- The management team demonstrated a commitment to provide person centred, high quality care by engaging with people, family and stakeholders. Staff understood the provider's vision for the service and they worked as a team to deliver these.

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

- Staff were supported appropriately in line with the provider's policies. This ensured that standards were maintained within the home.
- The registered manager had ensured they had communicated all relevant accidents and incidents both internally to the provider and to external partners and CQC as required to by law.
- There was an open-door policy for all people living in the home. Their families were also actively involved. One family member said, "I'm always so well informed of changes they have to make. They always stay in touch by phone and email, depending on the seriousness."

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

- There were clear quality assurance audits in place, which identified any issues quickly and efficiently.

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

- Following feedback from people, staff told us daily trips had increased.
- The most noticeable thing in relation to activities was the diversity. Each person had their own routine, and due to their complex needs this was incredibly important to them and this was respected by staff. Staff said, "It isn't about sending them all horse-riding for example just to say that you are doing activities. It is about really finding out what each individual person wants to do and doing our best to incorporate it in to their activities diary."

Continuous learning and improving care

- Staff sought to improve the service for people. For example, staff had increased the number of incidents within the service as they found that by doing this the number of incidents rates (including challenging behaviours) reduced.
- The registered manager confirmed, "We are still learning every day on new ways to support the people living here."

Working in partnership with others

- The home had good links with the local community and key organisations, reflecting the needs and preferences of people. For example, working with health professionals to deliver training to staff members in certain specialised areas. An example of this was staff working with the SALT team (speech and language therapist) so all staff were aware of their responsibilities in relation to the modified diets of some of the people living in the home.
- Accidents and incidents were used to support the input of the positive behaviour support team and the learning and development team.