

Avenues South East

Avenues South East - 69 Reigate Road

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

ASE - 69 Reigate Road provides accommodation for up to six people with a learning disability such as autism. Some people also had visual problems. At the time of the inspection six people were living at the service. The size of the service meets current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

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

People were cared for by staff who showed a caring and attentive approach towards them. Staff knew people well and this was clear through the interactions between people and staff. People were enabled to access activities both within and outside of the service.

People lived in an environment that was suitably adapted for them, however we noted some areas which looked worn and as such may not be easy to clean. The service was currently undergoing redecoration which would address this.

People received the medicines they needed although we found that one person had no pain patch records to demonstrate their medicine was applied appropriately. The registered manager told us they would remedy this.

People were helped to stay safe through the information in their care plans, the actions from staff and the risk assessments that had been developed. However, we found the registered manager had not reported two incidents of potential abuse to CQC in line with their statutory requirements. We have made a recommendation to the registered provider in this respect.

Staff had undertaken some detailed work in response to people's needs, such as supporting someone to start making their own decisions and another person to undergo a surgical procedure with the least discomfort to them. Staff were continually looking at ways to improve the service and provide the best care to people.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied. 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. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection (and update)

At the last inspection in September 2016, we gave the service a rating of Good (published 4 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence 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 - 69 Reigate 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 planned this inspection to check 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

Due to the size of the service, the inspection was carried out by one inspector.

Service and service type

ASE - 69 Reigate 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 was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). 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.

During the inspection-

People were unable to speak to us on our inspection. Instead, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the interaction between people and staff at different periods throughout the inspection.

As part of the inspection we spoke with the registered manager and two members of staff. We also spoke with the provider's area manager.

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

After the inspection

We asked the registered manager to send us some additional information following the inspection, which they did. We also received feedback from three relatives.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of their responsibility in relation to reporting concerns of abuse. A staff member said, "I would talk to staff, write it in the daily log and communication book for staff."
- During our inspection we witnessed an incident whereby one person gripped another person's arm which caused them to call out. Staff intervened and diffused the situation appropriately.

Preventing and controlling infection

- Although we found the service was cleaned to an acceptable standard and there was a cleaning rota in place, in some cleaning was as effective due to the condition of the fixtures and fittings.
- The handrail on the stairway was worn to bare wood in some parts and we noticed tape on the architrave around the lounge area and dining room which was peeling off in places. The dining table had stained legs and there were areas around the skirting and architraves of bedroom doors that were chipped and exposing bare wood.
- We spoke with the registered manager about this at the end of the inspection. They explained there was currently redecorating work going on which would be completed later in the year. They told us this would enable the staff to identify areas more easily that needed deeper cleaning.
- Staff did however know what needed to be done to help prevent the spread of infection. A staff member said, "We use PPE (personal protective equipment) such as gloves and aprons and we have different coloured mops for different areas. There is a chart in the laundry room to remind staff of the colour coding."

Using medicines safely

- People's medicines were stored securely and staff checked the temperature of the storage area daily to help ensure the medicines were being kept in the right environment.
- Each person had a medicines administration record (MAR). This contained the person's photograph for identification purposes, how they liked to take their medicines and any allergies they may have. We reviewed the MAR charts for people and found they had been completed in line with best practice. There were no gaps and signatures were eligible.
- We did however find a lack of application record (TPAR) for one person who was on a pain patch. People who are on transdermal pain patches should have a TPAR completed. This evidences removal as well as administration of patches. The site of administration of patches should be rotated and recorded on the TPAR. In the event that the patch fell off, staff would be able to check the TPAR to see where it had last been placed. We spoke with the registered manager about this during our inspection and they told us they would put one in place. We will check at our next inspection whether this has been done.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Where people were at risk of harm, care plans and risk assessments were in place. This included positive risk taking, for example, in the case of one person who attended a hydro-pool.
- A second person had a condition which meant they may eat inappropriate items off the ground. A risk assessment covered the steps staff should take to help reduce this risk.
- The provider had a business contingency plan to ensure people's care would not be interrupted in the event of an emergency, such as IT failure or adverse weather affecting staff travel.
- Staff used their monthly team meetings to discuss any accidents/incidents or safeguarding concerns and what could be learnt from them.

Staffing and recruitment

- People were cared for by a sufficient number of staff. We did not see people have to wait for assistance and staff told us they felt they had the time to care for people as well as spend social time with them. A staff member told us, "Yes, there are enough staff and we always get staff in to meet the correct levels."
- We did not review the recruitment process during this inspection as we had no concerns at our previous inspection in relation to the provider's recruitment processes. The staff team were long standing with staff having worked at the service for a number of years.

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.

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 working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs

- People's needs were assessed before moving into the service. Most people had lived at the service for a number of years, however one person had moved in more recently. This person had been through several assessments where 69 Reigate Road was not identified as a suitable location for them due to their mobility and specific needs around that. However, through the work of the area and registered manager a support package was developed which enabled the person to move to the service successful.
- The transition for this person was smooth as the manager from their previous placement and the registered manager of 69 Reigate Road worked together to ensure that the person developed relationships with the staff team before moving. This included putting together an interactive book to help the person understand information and how the move was progressing.
- Further work was planned for this year to make changes to their bedroom as the person spent a large proportion of their time in bed. By making the changes it would enable staff to take them directly outside from their room in their bed.
- There were sensory items displayed within the service. This included a large interactive board and items representing various activities, such as horse riding (reins) or cooking (wooden spoon). People's rooms were also easily identifiable through colour and feel. For example, one person's room had their name on it in wooden shapes.
- Through the work between staff and the Royal National Institute of Blind People (RNIB) the décor within the lounge area had been changed. The wall behind the television was previously covered in flowered wallpaper. Following environmental changes suggested by the RNIB the wall was painted a single colour. The registered manager told us, "You can see the difference. [Name] and [name] now turn their head towards the television and listen to it."

Staff support: induction, training, skills and experience

- People were cared for by staff who were supported with training for their role. Staff told us the training was good and they felt it was relevant for the people they looked after.
- A staff member told us, "The training is really good. It's great that we can bring something new back to the team." A second staff member said, "The training is quite good. We have all the basic refreshers like nutrition and hydration and PEG feeding."
- Staff told us they had regular opportunity to meet with their line manager through supervisions. One staff member told us, "We have them every six to eight weeks. They're quite useful. It gives me a sense of what the manager wants me to do and we set objectives."

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

- People were provided with food specific to their needs. Some people required a soft diet and we saw lunch had been prepared appropriately for them. One person used a two-plate system (using one plate to transfer small amounts of food onto) to assist them in eating their food at a slow pace. There was guidance in place in their care plan and we observed staff using this system at lunch time.
- One person drank from a spouted cup which enabled them to drink independently and again we saw this being used.
- People's weights were taken regularly to help ensure they were maintaining a good weight. We read where one person had lost weight, staff had contacted the GP for advice.

Supporting people to live healthier lives, access healthcare services and support

- People saw healthcare professionals regularly such as the GP, psychiatrist, optician and chiropodist. A relative told us, "Whenever she has a hospital appointment, they telephone me. She's in good health." Another relative told us, "They inform me whenever there is a health issue for which they require my consent."
- People were supported through a medicine's reduction programme (reducing their need for medicine) and in the case of one person, this was proving to be successful.

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).

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.

- The service was working in line with the MCA and its principles. Although the front door was not locked, there was a gate at the end of the driveway which prevented people from leaving the service easily. A staff member told us, "We assess whether people have capacity to make decisions in life. We have to do assessments and apply for DoLS if not."
- People had mental capacity assessments in place for the gate as well as evidence of a best interests decision. In addition, there were capacity assessments for medicines and 24-hour care.
- We reviewed the DoLS applications for two people and these were appropriately completed.

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.

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 were cared for by a staff team who knew them well. Many of the staff had been working at the service for a number of years. As such they could recognise how people communicated through their body language and how they expressed themselves. A relative told us, "The staff are well aware of his needs and what gives him pleasure."
- We received positive feedback from relatives. One told us, "I am very satisfied. The care he has is very, very lovely." A second relative told us, "I do believe she is well cared for. It's a pretty good service and she is being looked after."
- We observed one person responding positively to a staff member when they were talking about the person's cuddly toy and how it was purchased on holiday for them. The person was smiling and holding the toy close.
- A second person was being supported to have a cup of tea by a staff member. The member of staff was checking regularly that the person was okay and attending to them in a slow, calm manner.
- People's rooms were individualised. The doors to people's bedrooms were painted in different colours and there were items attached to the doors to make their identification person-centred.

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

- One person had been supported to express their views through 'talking' buttons. This person had a visual impairment and following collaborative work with the RNIB buttons with sounds were placed on their chest of drawers to enable them to identify what was in each drawer. This enabled this person to have greater independence as they were able to choose appropriate clothing. It also meant they could touch and choose what they wanted rather than relying on the staff.
- As the initial introduction of buttons was successful it was decided to increase the number of buttons within their bedroom and introduce 'yes' and 'no' buttons in communal areas. Staff were currently working on implementing buttons relating to food and drink items to further extend the opportunity for this person to make their own decisions.
- We were told by the relative of one person, "They (staff) react to whatever she wants and needs."

Respecting and promoting people's privacy, dignity and independence

- We observed staff knock on people's doors before entering their rooms and respecting people's wish to have time on their own. One person went to lie down in their room after lunch and a staff member accompanied them to their room to check they were settled and comfortable.
- During the morning one person moved around the ground floor of the service freely, choosing to spend time on their own or in the lounge area with others.
- Through the talking buttons for one person this person's independence had been increased.

- Relative's told us they had good relationships with staff. A relative told us, "They (staff) bring her up here which is excellent and I speak to the staff regularly." Another told us, "The staff at [name's] home have always been very welcoming and demonstrated that they do their utmost to care for [name]."

Is the service responsive?

Our findings

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

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; End of life care and support

- People's care plans were comprehensive and included information on their likes and dislikes, personal care, communication, nutrition, sleep, mobility and skin integrity. Care plans were reviewed regularly and updated when appropriate. For example, in the case of one person who had two falls in a short period of time and their risk assessment was updated. A staff member told us, "I rely on a good handover and I am involved in writing people's reviews."
- Where people had specific medical conditions, such as epilepsy, there was a separate dedicated care plan in place together with a risk assessment.
- Some people had behaviour that may cause themselves or others harm. Again, care plans had been developed in response to these behaviours and to guide staff on how best to react or act if a situation arose.
- Staff provided responsive care which recognised people's individual needs. In respect of the person who had started to use the talking buttons, they had previously had behaviours that were challenging. However, as their independence and ability to make choices through these buttons increased, their emotional well-being had improved. This was further assisted by the reduction of them having to use 'as required' medicines.
- Through collaborative work between staff and the provider's positive behaviour support team, another person was supported to have two surgical procedures under a local anaesthetic, rather than a general which may have presented a risk to the person. As a result, the person had suffered less discomfort than they did before.
- A third person had been referred to the occupational therapy services for an appropriate wheelchair which would help keep them mobile, despite their decreasing mobility.
- Staff had organised a contractor to work on the redecoration of the service during the night which meant it caused the least disruption and upset to people as people became anxious with strangers in their home.
- No one was currently receiving end of life care from the staff. However, we read that people were supported to record any wishes they had. One person's family member had written information on the sorts of things their relative would like to have, such as their music choices, etc.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were working as a team to develop information for people in a way that supported people's understanding. For example, they had created talking books to describe the evacuation procedures and the

service user guide. Staff working within the service were used to record the audible messages to ensure familiarity of the voice to people.

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 had access to activities both within and outside of the service. Some people attended a day service for a couple of hours once or twice a week, other's went horse riding or to hydrotherapy. A relative told us, "They take her out to different places. She likes going around the supermarket. They try and give her as normal a life as possible." A second relative told us, "They update me from time to time on his activities outside the home: holidays, excursions, swimming, pub lunches, concerts, etc."
- One person who went to hydrotherapy had had a lot of support from staff to achieve this. This had meant introductory visits to the building and changing areas and gradual visits into the pool.
- People had access to a sensory garden at the service. This had been constructed to include sensory areas, chimes and tactile stimulation. We saw that the garden looked unkempt, with the grass very long and as such did not reflect the picture displayed in the service users guide. The registered manager explained that the lawnmower had broken, meaning the garden had become overgrown, but they were hoping it would be returned this week, so work could commence on tidying the garden. They informed us following our inspection that the lawnmower had been returned and the garden would be tidied up.
- The provider held a fortnightly coffee morning on a rota basis, where people could go to another of the provider's services to meet with their peers, some of whom they may know from previous placements. It also encouraged people to develop new relationships.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure, this was displayed in a way that people could understand. There had been no formal complaints since our last inspection.
- A relative told us, "So far there has never been any need to make a complaint."
- The service had received compliments which included a health professional commenting, 'How good and thoughtful the support was provided for the examination and treatment' and a relative writing, 'Feel welcome in the house. Nice and supportive staff team'.

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.

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 spoke highly of the registered manager. One staff member said, "She is the best manager and supports me." The staff member told us how they had been supported to progress career wise by the registered manager and Avenues South East. A second staff member told us, "She has been supportive in flexible working."
- We also received positive feedback from relatives. One relative told us, "We have built up a good relationship with the [registered manager] and her staff."

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

- Where potential safeguarding concerns had occurred, the registered manager had been open and transparent with the relevant authority and family members. However, we found that although the registered manager had reported incidents of suspected abuse to the relevant authority, we found they had not always reported them to CQC. We identified two incidents which should have been reported to us and spoke with the registered manager about this.

We recommend the registered provider ensures that all incidents of suspected abuse are reported to CQC in line with registration requirements.

- The provider's area manager told us that due to recruitment difficulties because of the location of the service (with limited public transport links), the registered manager had been successful in submitting a business case to the provider to offer a salary enhancement to staff. This was introduced in April of this year and had resulted in better response to vacancies.
- Through the fortnightly coffee mornings, staff had the opportunity to engage with other staff member's and get to know people living in some of the provider's other services. This helped staff to ensure that any transition between services went smoothly as staff and people knew each other.

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

- Team meetings were held which gave staff the opportunity to discuss topics such as training, fire procedures and people's needs.
- Annual surveys were carried out where relatives and professionals were invited to give their feedback. Of

the eight responses received in 2018, we read that everyone felt the quality of support people received was, 'excellent'. Feedback demonstrated respondents felt staff were meeting people's needs and the environment was welcoming. We read the registered manager had responded to comments respondents had left. For example, one said they may not know how to complain and the registered manager had noted, 'make relative aware' which they had.

- Individual compliments were received from relatives and professionals. These included, 'The home is outstanding and very well run', 'I know [name] is receiving the best treatment she has ever had since she has been in Reigate. Staff are superb' and, 'Staff have an in-depth knowledge of the people they support. Everyone is treated as an individual'.

Continuous learning and improving care

- The service was continuously learning and improving. There were some elements of innovative work that had already been undertaken by the registered manager and staff. However, this needed to be continued and expanded to impact everyone living at the service. Some changes had been recently introduced and as such they needed to embed to demonstrate an exceptional impact to people's wellbeing and quality of life.

- Various auditing was undertaken. This included medicines, health and safety, infection control, the environment and checking support plans. From the infection control audit, new chopping boards were purchased. In turn, the registered manager submitted monthly data to head office which recorded the number of accidents and incidents, safeguarding concerns, people's outings and the number of complaints and compliments received. They also logged compliance with training requirements and supervisions.

- The provider's senior management carried out six-monthly service reviews in conjunction with the registered manager. They told us, "The staff are very caring and staff make a difference.

- Avenues South East were forming a new learning disability and autism team to support services to learn and improve care.

Working in partnership with others

- The provider had worked with the RNIB to provide additional training on supporting people with vision problems. All of the provider's services nominated vision champions trained by the RNIB to cascade good practice to front line staff. This had been particularly relevant to 69 Reigate Road as some people living at the service have significantly affected vision.

- Work with other external partners included the local hospital where staff received oral health training.