

Avenues South East

Avenues South East - 2a Higham Road

Inspection report

Wainscott
Rochester
Kent

ME3 8BB

Tel: 0208308 2900

Website: www.avenuesgroup.org.uk

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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?

Requires improvement 

Overall summary

We inspected this home on 03 November 2015. This was an unannounced inspection.

Avenues South East - 2a Higham Road is a residential home providing care and support for three people with learning disabilities. The service is part of a group of homes managed by the Avenues Trust. People who lived in the home had autism and communication difficulties.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. However, they had not quickly identified and responded to gaps, inconsistencies and contradictions in records which required addressing. We have made a recommendation about this.

People were protected against the risk of abuse; they felt safe and staff recognised the signs of abuse or neglect and what to look out for. Staff understood their role and responsibilities to report any concerns and were confident in doing so.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs. There were risk assessments related to people's mental health and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. Staff had been provided with relevant training and they attended regular supervision and team meetings. Staff were aware of their roles and responsibilities and the lines of accountability within the home.

The registered manager followed safe recruitment practices to help ensure staff were suitable for their job role. Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs.

Maintenance checks and servicing were regularly carried out to ensure the equipment was safe.

Staff had developed positive relationships with the people who used the service. Staff were kind and respectful; we saw that they were aware of how to respect

people's privacy and dignity. People told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards and the home complied with these requirements.

The systems for the management of medicines were followed by staff and we found that people received their medicines safely. People had good access to health and social care professionals when required.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

People were always motivated, encouraged and supported to be actively engaged in activities inside and outside of the home. For example, people went out to their local community for activities and travel on holidays.

Health action plans were in place and people had their physical health needs regularly monitored. Regular reviews were held and people were supported to attend appointments with various health and social care professionals, to ensure they received treatment and support as required.

Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded and acted on. People's feedback was sought and used to improve their care. People knew how to make a complaint. Complaints were managed in accordance with the provider's complaints policy.

Summary of findings

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.

The provider had taken necessary steps to protect people from abuse. Risks to people's safety and welfare were assessed and managed effectively.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

Appropriate systems were in place for the management and administration of medicines.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

People were supported to have enough to eat and drink.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

The service was caring.

People were supported by staff that respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were treated with respect and helped to maintain their independence. People actively made decisions about their care.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were produced identifying how support needed to be provided. These plans were tailored to meet each individual requirement and reviewed on a regular basis.

People were involved in a wide range of everyday activities of their choice.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Good



Summary of findings

Is the service well-led?

The service was not always well led.

Quality assurance processes were in place to monitor the home so people received a good quality service but they were not effective in identifying all areas for improvement that we found. Records relating to people's care were not well organised or adequately maintained.

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

Staff told us they found their registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

Requires improvement



Avenues South East - 2a Higham Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 03 November 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the home, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

Some people were unable to verbally tell us about their experiences. We spoke with one person with limited communication, three support workers and the registered manager. We also contacted health and social care professionals who provided health and social care services to people.

We observed people's care and support in communal areas throughout our visit, to help us to understand people's experiences. We looked at the provider's records. These included two people's care records, care plans, health action plans, medication records, risk assessments and daily notes. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures. We also looked around the care home and the outside spaces available to people.

At our last inspection on 02 June 2014 we had no concerns and there were no breaches of regulation.

Is the service safe?

Our findings

One person told us they felt safe. They said, “I am alright here. I like it here”. We observed that people were relaxed around the staff and in their own home.

Staff told us that they had received safeguarding training during their induction. Training records evidenced that all staff had completed safeguarding training within the last two years. Staff were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns. We saw that abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings.

Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had up to date organisational safeguarding and whistleblowing policies in place that were reviewed regularly. We saw that these policies clearly detailed the information and action staff should take.

People were protected from avoidable harm. Staff had a good understanding of people’s individual behaviour patterns. Records provided staff with detailed information about people’s needs. Staff knew people well, and could inform us of how to deal with difficult situations such as behaviours that challenges them. As well as having a good understanding of people’s behaviour, staff had also identified risks relating to people’s care needs. People were supported in accordance with their risk management plans. For example, one person who needed their privacy, had plans in place to help the staff keep them safe when other people tended to infringe on their privacy. We observed that staff understood and followed these plans to keep people safe. Staff told us they were aware of people’s risk assessments and guidelines in place to support people with behaviour that may challenge them and others.

Each person’s care plan contained individual risk assessments in which risks to their safety were identified such as diabetes. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. Where people’s needs changed, the registered manager and staff had carried out a risk assessments and changed how they supported people to make sure they were protected from harm.

People told us there was adequate staffing to meet their needs. Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we looked at such as the rotas and training files confirmed this. The registered manager and two members of staff were on duty on the day of our inspection. The home had a sleep-in staff overnight.

Safe recruitment procedures were followed. Recruitment files kept centrally at the head office. We requested these to be made available before the inspection ended. They contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with and the staff files that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them.

A policy was in place to guide staff from the point of ordering, administering, storing and disposal of any unwanted medicines. Medicines were booked into the home by staff and this was done consistently with the homes policies. There was a system of regular audit checks of medication administration records and regular checks of stock during staff handover. There was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed. Medicines were stored appropriately in a locked cabinet and all medicines records were completed correctly.

Staff who administered medicines were given training and medicines were given to people safely. Staff had a good understanding of the medicines systems in place. Medicines were securely stored in locked cabinets. Temperatures of all medicines storage was checked and recorded daily, and these records were up to date. We checked each person’s medication administration record (MAR) against medicines stock. The MAR is an individual

Is the service safe?

record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. The records showed that people had received their medicines as prescribed.

Maintenance checks and servicing were regularly carried out to ensure the equipment was safe. Risk assessments for the building were carried out and for each separate room to check the home was safe. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained. Staff knew

how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. Risk assessments of the environment were reviewed and plans were in place for emergency situations.

There was a plan staff would use in the event of an emergency. This included an out of office hour's policy and arrangements for people which was clearly displayed in care folders. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

Is the service effective?

Our findings

Not everyone was able to verbally describe their experiences. We observed that people had the freedom to move around the home and spend time alone in their rooms as well as in communal areas. People seemed relaxed. We observed staff members responding to people's medical needs in a timely and responsive manner.

All staff had received training and guidance relevant to their roles. Training records evidenced that staff had attended the provider's mandatory training such as health and safety training, first aid and medicines training. The provider had also listed 'required training' that staff should attend which included Autism training and nutrition and diet. The registered manager had attended additional training which included managing disciplinary proceedings and carrying out investigations. Staff had good knowledge and understanding of their role and how to support people effectively.

Staff had a good understanding of managing behaviours that may challenge, staff had attended training to give them skills which enabled them to divert and distract people when they showed signs of becoming emotionally aroused this training and support enabled staff to do this without using restraint. The staff had access to a behaviour support manager should they need help and support to work with people.

New staff had completed training and worked with experienced staff during their induction period. This enabled staff to get to know people and learn how to communicate with each person effectively. We viewed the new induction workbooks that evidenced the provider had imbedded the Care Certificate into the induction process. This meant that new staff had adequate support and supervision to carry out their roles.

Staff received regular supervision from their line manager. Supervision records evidenced that staff had opportunities to discuss concerns, practice and request additional support and guidance. Supervision records also evidenced that staff had been supported to learn and understand the role of CQC. Staff were given clear guidance over their roles and responsibilities during an inspection.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal

requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. The registered manager told us, "You must assume capacity, people here make their own choices and decisions. When they cannot, we request for MCA assessment". This showed they worked in accordance with the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some people were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. One person was subject to DoLS authorisations, which were granted by the local authority. CQC was notified of these authorisations.

People had access to nutritious food that met their needs. They had a choice of two different meals at dinner time and could ask for another option if they wished. People were supported to make cold and hot drinks when they wanted them. The kitchen of the home was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices. Weights were regularly monitored to identify any weight gain or loss that could have indicated a health concern.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be managed. For example, one person was not well during our visit. Staff followed the person's care plan to ensure the person was comfortable. People received effective, timely and responsive medical treatment when their health needs changed.

Is the service caring?

Our findings

People were unable to verbally tell us about their experiences. We observed that staff were kind, considerate and aware of people's individual communication needs. There was a calm and friendly atmosphere. People's bedrooms were decorated to their own tastes.

People's personal histories were detailed in their care files which enabled new staff to know and understand people and their past.

Staff knew the people they were supporting very well. They had good insight into people's interests and preferences and supported them to pursue these. For example, one person identified in their recent review that they needed to be on a diet. We saw in their care records that this was part of their weekly goals, which staff supported them with. Staff ensured that the person understood what this was about and how to achieve this. The person goes out to an exercise class two days a week, which they loved. This showed that staff supported people based on their involvement, choice and preference.

Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities such as writing, choosing a take away, washing up and having a conversation about what they had done that day and at the weekend.

People and their relatives had been involved with planning their own care. There was evidence of this within care plans, through photographs. Where people had made decisions about their lives these had been respected. For example, one person who did not like swimming had this activity removed from their plan.

People were involved in regular review of their needs and decisions about their care and support. This was clearly demonstrated within people's care records and support planning documents that were signed by people. Support plans were personalised and showed people's preferences had been taken into account.

The registered manager and staff showed genuine concern for people's wellbeing. Staff worked in a variety of ways to ensure people received the support they needed. We observed staff and people engaged in general conversation and having fun. From our discussions with people and observations we found that there was a very relaxed atmosphere and staff were caring.

The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Advocacy information was on the notice board for people in the home.

Is the service responsive?

Our findings

We observed that people were supported to do activities of their choosing. They were not rushed to carry out tasks.

Care records contained a record of people's assessments, care preferences and reviews. Staff understood people's needs and people confirmed that they received their care in accordance with their preferences. Care records evidenced that each person had a very detailed assessment, which highlighted their needs. The assessment could be seen to have led to a range of support plans being developed. We found from our discussions with staff and individuals these met their needs. People told us they had been involved in making decisions about their care and support and developing their support plans.

People's care records were updated to reflect any changes in their needs. For example, people were discharged from regular visits by the Speech and Language Therapist. This was changed in their care plan to 'as at when necessary' referral. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings.

We observed that people were encouraged to pursue their interests and participate in activities that were important to them. For example, one person goes out for walks three times a week, goes to the exercise class two days a week and goes shopping once a week. Daily records confirmed that activities were promoted regularly based on individual's wishes. People were supported to access leisure activities in the local community and to go on holidays. Staff told us how they had supported people to go to a special theatre show in the local area which was one person's choice.

The provider contacted other services that might be able to support them with meeting people's mental health needs. This included the local authority's community learning disabilities team, demonstrating the provider promoting people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings. Contact varied from every few weeks to months. This showed that each person had a professional's input into their care on a regular basis.

We reviewed support plans which contained detailed assessments that provided information on how staff should support each person. We noted that changes to the support plans were made whenever people had been seen or assessed by external health professionals. For example, changes to diet in order to manage one person's diabetes, which indicated that people received care which was appropriate and met their needs.

People had regular one to one sessions with their key worker to discuss their care and how the person feels about the home. A keyworker is someone who co-ordinates all aspects of a person's care at the home. These sessions were documented in the person's support plan and agreed by them. Therefore, people were given appropriate information about their support at the home, and were given an opportunity to discuss and make changes to their support plans.

There were systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to people who used the service, staff, professionals and relatives to gain feedback on the quality of the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. Relatives were encouraged to provide feedback about the service provided to their family members. We viewed a completed feedback questionnaire, which showed that the relative was extremely satisfied with the service their family received. When asked if there was anything the service could do better. A family member said, "I cannot think of anything better, it's okay".

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display within the foyer of the home and this was also available in an easy read format to support the communication needs of people. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the home such as the local government ombudsman. There had not been any formal complaints about the home since our last inspection.

Is the service well-led?

Our findings

People clearly knew the registered manager and the staff team. We observed people interacting positively with the registered manager and staff.

The registered manager continually monitored the quality of the service and the experience of people in the home. They regularly worked alongside staff and used this as an opportunity to assess their competency and to consider any development needs. They were involved in all care reviews. However, they had not quickly identified and responded to gaps, inconsistencies and contradictions in records which required addressing. For example, in one person's care plan entitled 'My life now', activities that the person was engaged in was blank. In another person's care plan, there was no weekly activities timetable displayed to confirm that activities were planned and promoted regularly, based on the individual's wishes. On the day we visited, people went out for activities, which was their choice. The provider had an activities sheet which should be used to plan for activities but this was not used. In the same person's plan, a section named 'This month opportunity session', this was blank. This meant that opportunity sessions were not carried out. We spoke to staff about this and they told us that opportunity sessions were carried out but not recorded as they should be. Another example was in one person's health records; it read 'booked for cataract operations on 12 July 2013'. There was no updated information to say if it was carried out or not. The registered manager sent us an action plan the day after our inspection, which indicated their commitment to ensure records were updated and consistent.

We recommend that the provider and registered manager seeks advice and guidance from a reputable source, about how to keep records well organised or adequately maintained in a consistent manner.

Staff told us that they felt comfortable and confident in raising concerns with the registered manager. They said, "My manager is hard working. She is very approachable. No attitude towards staff. She knows our skills and she can rely on me".

The management team encouraged a culture of openness and transparency. Their values included 'Pride in what we do; Respect (treating people properly); Integrity (doing the right thing) and Excellence'. Staff demonstrated these

values by being complimentary about the management team. A member of staff said, "Management tries to help you out. They are there for you if you like to talk. You do not feel left alone". Staff told us that an honest culture existed and they were free to make suggestions, raise concerns, drive improvement and that the registered manager was supportive to them. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so. We observed this practice during our inspection.

Staff told us the morale was excellent and that they were kept informed about matters that affected the home. They told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them constantly review and improve the home. Staff meeting records confirmed that staff views were sought.

The provider, registered manager and staff worked well with other agencies and services to make sure people received their care in a joined up way. We found that the provider was a certificated gold member of the British Institute of Learning Disabilities (BILD). This organisation stands up for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and respect. The registered manager told us that being a member of BILD has enabled them to be up to date in their skills and knowledge of how to support, promote and improve people's quality of life through raising standards of care and support in the home.

The provider told us that they had accreditation schemes with Skills for Care's National Minimum Data Set for Social Care (NMDS-SC), which is an online database which holds data on the adult social care workforce. The provider used this system to update information on staff training regularly. This helps authorities to plan resources for the local workforce and commissioning services. This also enabled the provider to refer to the data and employ trained, knowledgeable and skilled staff in order to meet people's needs. Staff had undergone annual training in topics such as first aid, health & safety, medication administration, supporting people with epilepsy and safeguarding amongst others.

There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to

Is the service well-led?

minimise or prevent accidents. These audits were shown to us as part of their quality assurance system. The registered manager said, "We document all incidents using the ABC (Antecedent, Behaviour and Consequences) form, report it to the area manager who will go through and also report it to higher management if need be". Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. The home had a clear whistleblowing policy that guided staff who feel they need to blow the whistle on poor practice. Effective procedures were in place to keep people safe from abuse and mistreatment.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.