

Avenues South East

Avenues South East Services (ASES)

Inspection report

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Date of inspection visit:

21 June 2022

23 June 2022

27 June 2022

04 July 2022

Date of publication:

22 November 2022

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Avenues South East Services (referred to as Avenues in this report) is a supported living service providing personal care to people living in their own homes in Kent, Medway and Surrey. People had their own tenancies and lived in shared houses or their own flats. The service provides support to people with a learning disability and autistic people, people with mental health conditions, sensory impairments, older people and physical disabilities. At the time of our inspection there were 64 people using the service. The provider had three registered managers responsible for 22 settings of different sizes. Some settings had flats for 14 people and other settings were for single people. Staff did not have offices in people's homes. People had tenancy agreements with their landlord and could receive care and support from providers other than Avenues. Some people supported by Avenues had very complex experiences of the health and social care system and experienced high levels of anxiety, which could lead to emotional distress.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People received excellent support from staff that were highly motivated and caring. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's homes were uniquely designed to meet their needs with special consideration given to autistic people's sensory needs. Some settings were specially built, and other settings were in standard residential buildings; however, staff ensured that people had maximum freedom in their own homes, such as access to kitchens and areas to socialise in. Risks in relation to people's support were exceptionally well managed to allow people to live their lives freely as they chose, sometimes for the first time in their lives. People who had previously lived restrictive lives, due to the perception of high risk, were being supported to live independently and safely in their communities. Staff understood how to maintain and improve people's independence and offered people a meaningful, enriching and varied life. There were sufficient staff to meet people's needs and people's one-to-one hours were met and used to build social activities. We were assured that the service followed good infection prevention and control (IPC) procedures to keep people safe.

Right Care:

People received exceptional care from staff who were dedicated, well trained and passionate about achieving excellent outcomes for people. One relative told us, "The standard of loving care is unbelievable; all exceptionally good." A second relative said, "The staff were phenomenal. They are almost family as they are so loving and caring." People had been supported to personalise their own homes, and communal

areas, and staff saw their place of work as the person's home. Staff were skilled in using individualised communication methods so people could make their needs known and be in control of their lives. The provider used assistive technology where appropriate to increase people's independence. People had outstanding health outcomes because staff supported them in a way that took account of their sensory needs and autism. The provider worked with other professionals in imaginative and effective ways to ensure other agencies knew how to care for autistic people when they needed medical care.

Right Culture:

People's homes had no outward signs to differentiate them from other houses in their streets. People lived near local shops and amenities or transport links were a short walk from where they lived. They were supported to be a part of their local community. The leadership and management of the service was exceptional. Support systems and one-to-one staffing levels meant the provider could quickly respond to crisis situations and least restrictive practices were used to avoid the need to use restraint. The provider led a culture where people were put first and actions bore this out. People and staff's unique abilities and protected characteristics were celebrated and promoted as part of a meaningful acknowledgment of diversity. The registered managers notified CQC that authorisations were in place as required by law. Leaders and managers played an active role in local and national strategies and schemes to improve the care sector.

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

The last rating for this service was Outstanding (published 9 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service and based on the date it registered with the Care Quality Commission.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

The service was exceptionally safe.

Details are in our safe findings below.

Is the service effective?

Outstanding 

The service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Outstanding 

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding 

The service was exceptionally well-led.

Details are in our well-led findings below.

Avenues South East Services (ASES)

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The service was inspected by three inspectors.

Service and service type

This service provides care and support to people living in 22 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

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

At the time of our inspection there were three registered managers in post.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 21 June 2022 and ended on 04 August 2022. We visited four of the location's supported living services and met with the manager of another supported living location on 21, 23, and 27 June 2022.

What we did before the inspection

We reviewed information we held about the service since its registration at the current address. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and eight relatives about their experience of the care provided. We reviewed 11 people's care records and five people's medication administration records. We spoke with 14 members of staff including three registered managers, two senior managers, service managers, assistant service managers, and care workers. We observed interactions between staff and people who used the service. We received feedback from five healthcare professionals who regularly worked with the service. We reviewed six staff recruitment files.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Outstanding. At this inspection the rating has remained Outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management

- People were actively involved in managing their own safety and taking positive risks as part of living enriching lives at Avenues. Many people being supported were very complex and known to experience anxiety. Some people could communicate this anxiety through physical attacks on staff and other people. There was an in-house Positive Behaviour Support (PBS) team who focused on successfully and significantly reducing incidents. Where restraint was necessary this was individualised to each person and they and their staff were involved in developing strategies.
- One autistic person had spent many years in assessment units and had not been to their parents' house for more than a decade. The provider worked with specialist professionals to develop an extremely detailed support plan that ensured staff supported the person in a consistent way at all times. The slightest deviation from a consistent approach would unsettle the person and lead to a failure of the plan to reduce their daily supervision. The person was able to reduce their support from five people at once, to two support staff due to this carefully delivered plan, which gave them more privacy and independence. The person had also been able to regularly visit their parents' home. The person's parents told us, "It gives us huge peace of mind. For years and years, we worried and it was dreadful, and we couldn't get [name] settled anywhere and then this purpose-built complex turned up and they have thrived ever since. We've got peace of mind now."
- Another person had been cared for in institutions due to the perception that they were too violent or complex to be cared for in the community. Since being supported by Avenues, the staff team had significantly reduced the amount of physical interventions from several incidents a day to the person going over a year without needing any form of restraint. Staff identified and removed triggers that had previously not been acknowledged. They were able to immediately stop all use of physical restraint because staff had the confidence and training to be able to implement a very detailed personalised plan to respond to the person's anxiety in other ways. This meant the person was able to live independently and without risk of injury or psychological harm from restraint.
- A third person was previously prescribed a very high dose of several anti-psychotic medicines to help them manage their anxieties. The person's parents had been told their loved one was 'dangerous' by doctors who had recommended the use of floor holds when the person was anxious. Staff at Avenues worked to support the person to completely remove the need for anti-psychotic medicines and restraints by implementing a detailed personal plan to prevent anxiety by recognising triggers before any incident occurred. As a result, the person was able to live safely in their community for the first time in their lives.
- Some people had spent much of their lives living with restrictions to their liberty. The provider worked with the Challenging Behaviour Foundation to develop personalised, gradual plans to allow people to take positive risks and therefore reduce the restrictions. Staff told us that they recognised the need to avoid

people becoming defined by particular risks or conditions.

- As a result of exceptional support being offered to people who had historically been considered 'dangerous' and had lived with extreme controls and restrictions, people not only lived full and enriching lives in their communities but the amount of support they required reduced. For example, one setting had reduced their support hours by 400 hours a month over a number of years, meaning people were better able to manage their own anxieties.

Using medicines safely

- Staff had achieved outstanding outcomes for autistic people by supporting medical professionals to reduce or stop a reliance on medicines and explore alternative ways to help people manage their needs. The provider identified a previously unrecognised negative impact on a person's wellbeing due to the side effect of an anti-psychotic medicine. Staff worked closely with the psychiatrist to develop a support plan and provide additional staffing to allow the person to reduce the use of this medicine. This improved the person's wellbeing in other areas of their life. Only one antipsychotic medicine remained for the person, so the staff team then worked with the psychiatrist to remove this, resulting in the autistic person being free of all antipsychotic medicines and their case closed to psychiatry services after decades of treatment. The person was able to live successfully in their community with a reduced support package.
- Another person had been on a high dose of sedative PRN (as required) medicines. Staff reduced this over 12 weeks and the person had since not needed this medicine for over 18 months. The staff told us, "It's a massive achievement. (Person) has faith and trust in us that we can support them to de-escalate without affecting the quality of [their] life by taking medicines." Staff achieved this by helping the person to recognise when they were anxious and teaching them to communicate a particular sign. This was used by the person to let others know they needed time, instead of using sedative medicines. As a result, the person was able to engage in an active life and take control of their own emotions.
- People received their medicines when they needed them and as their doctors prescribed. We reviewed medicines in several services and found they were being administered and managed safely. Where people had developed problems with swallowing staff had worked with pharmacies to identify which medicines could be crushed and which would need to be in liquid form.
- People who were able to manage their own medicines were supported to do so safely. One person told us, "I like taking my own tablets and (staff) can check after."

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand what being safe meant to them. Different safeguarding scenarios were acted out in team meetings and 'tenants meetings' to discuss these issues. This gave people real life and relevant scenarios, tailored to their level of understanding, to explain how to avoid safeguarding risks and stay safe. In settings where people would not have an understanding around the risk of abuse, staff worked with families to ensure there was open communication where relatives could ask questions and openly share concerns. People's relatives were encouraged to turn up unannounced.
- There was an equality and diversity group, with staff and people attending, that raised any issues affecting people and challenged decisions made, such as measures put in place by a local authority that affected a person's rights. The provider was actively working on implementing active support to ensure people had the right support and were not being discriminated against under the Equality Act.
- People were protected from abuse as staff were trained in safeguarding people and had an exceptional understanding of the specific risks to people. Staff had detailed knowledge of people's histories and the things that would make them vulnerable to others or would cause them to be a risk to other people. Staff used this information to support people in a positive way that avoided situations or places that would cause them distress. As well as standard training regional managers had designated safeguarding officer training to provide advice, information and guidance to staff and partner organisations around any safeguarding

incidents.

- The provider had introduced a dedicated separate whistle blowing line with an independent company with a 24-hour phone line, to encourage staff, visitors and people to come forward with any concerns. Posters had been displayed in offices and in newsletters and correspondence about this.
- One staff told us how they successfully blew the whistle and saw a response from the provider that was swift and positive, and also kept people safe. One manager told us, "I always tell staff: it's part of their role to whistle blow, even if it's about me. They certainly know about it; we go through it in team meetings and go through scenarios."

Staffing and recruitment

- People were being supported by staff with the right skills to lead meaningful lives and carry out their individualised activity plans. Staff were matched to people's needs and drivers were recruited successfully meaning people could access the community when they wanted to.
- Where there were staffing vacancies, people had been encouraged to be part of recruiting to their own service and were actively involved in interviewing staff. One staff told us about people making a poster to recruit the type of staff they wanted to work with them. The staff said, "They (people) put it up themselves on their front door and a taxi driver's friend came knocking to ask. We've used the poster in our online recruitment."
- Autistic people who needed consistent staffing received this. One staff told us, "(Manager's) great strength is finding the right support worker for the right person. We look out for body language, noise and how they sound." Staff told us about how the manager taught and tested new staff around the different techniques and factors that may stop an Autistic person from wanting to go out.
- The staff in another setting told us, "We use agency staff but we cherry pick them: they are just like our staff, they attend our staff meetings and they will attend our training with us." Managers ensured that the agency staff chosen were a good fit with the provider and treated equally as any other part of the staff team.
- People had been recruited safely and staff had identification checks, enhanced DBS checks, and references collected. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Lessons had been learned and shared with staff when things went wrong. For example, following a choking incident in another of the provider's registered services, there was an increase in audits and extra training. The provider introduced PICA training following incidents of near misses. PICA is a disorder in which a person eats non-food items.
- A manager told us, "We re-trained all staff and the main lesson was how we talk about risk and how we describe it; we follow proactive strategies." Any lessons learned were sent to the provider's quality committee and safeguarding committee for review and sharing to all parts of the organisation.
- The provider also proactively learned lessons from the wider care sector. A second manager told us how they had bought in special Oliver McGowan training before it was made mandatory. Oliver McGowan training is a training for all staff working in health and social care to improve understanding around learning disabilities and autism. We saw that lessons were shared in managers meetings and this had resulted in updated accident and incident forms, to allow for more detail to be collected about restraint or PRN medicine usage.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. During the pandemic when autistic people needed to isolate, special care was taken to ensure this could happen in

as safe a way as possible.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 our last inspection we rated this key question Outstanding. At this inspection the rating has remained Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People had achieved exceptional health outcomes in Avenues services. One person had a very sudden illness and was hospitalised for an extended period of time. Staff advocated on behalf of people to challenge the inappropriate use of 'do not resuscitate' orders. They worked with the learning disabilities nurse and doctors to overturn do not attempt resuscitation (DNACPR) orders on two separate occasions for the same person.
- Similar issues were also found when ambulances were called for this person and staff recognised that the medical model of care was not meeting the person's needs. The provider worked hard with the ambulance service so that paramedics knew how to work with the autistic person in a person-centred way. The result was that paramedic had information on how best to support the person before they even arrived at their home. By reviewing this, and meeting with NHS England and ambulance services about learning disabilities and DNACPR's, the provider was able to ensure that the person and others would get the correct care when ambulances were called and when they went to hospital.
- Two people in one setting were previously cared for in an institutionalised setting and were unable to receive vaccinations without large amounts of sedatives and physical restraint that risked causing psychological harm. The staff team worked with health professionals to de-sensitise both people to needles by following a programme to familiarise the people with the needles and process this experience prior to needing the vaccination. On the day of the vaccination they ensured the person had things that were important to them, such as favourite foods, to help relax them. As a result of the plan both people completed their vaccinations safely and without restraints, PRN medicines or emotional distress. One nurse commented, "I just wanted to say thank you to the staff for the work and reasonable adjustments that they had put in to support us to vaccinate [people]. Both vaccinations went very smoothly. Especially a big thank you to the staff member who came in off his paternity leave to assist."
- The provider had established excellent working relationships with the learning disabilities nurses in local hospitals. This followed learning that clinicians were more likely to engage with the learning disabilities nurse than care staff attending hospital appointments with people. One manager told us, "First thing I do is contact learning disability nurses at (hospital) so they know, and it's made a big, big, difference. They are prepared and can help with either managing people's anxiety or if they need to be in quieter part of the ward." As a result of this people have been able to successfully have treatments such as MRI scans that would not have been possible before as their appointments are managed in a personalised way so as not to leave people waiting for long times, or in noisy parts of hospitals.
- The provider had been working closely with other health providers to ensure people with a learning

disability could achieve excellent health outcomes. A senior manager told us, "We have taken some of the learning from the work at (Avenues) and shared it with Surrey Borders NHS as good examples of how they should be supporting people with a learning disability in health settings."

Staff support: induction, training, skills and experience

- Staff received an exceptional induction into new services in a bespoke way that met the individual needs of people. For example, one person's new staff had a tailored induction over many weeks. This started with a video of the person signing, that was made by the person's mum. Staff would then discuss barriers to effective communication, such as how to construct simple sentences. There was a 'My house my rules' booklet, and the person's mum wrote a brief history which was shared prior to meeting the person. New staff met key workers and the PBS lead and read their PICA workbook. Prior to going on their first shift staff visited the person for a cup of tea and to take laminated photos of their dogs, or families dogs, for a positive talking point. Staff then met the person's parents, and also talked about how to recognise their own stress and what managers should look for as signs of staff stress. This ensured a very complex autistic person was able to have a dedicated team of knowledgeable and dedicated staff.
- Staff had access to an exceptional level of training which was tailored to people's needs. This meant staff were able to support people's complex needs and to live independent and enriching lives. One staff told us of the training, "When needed, training is specific to people. We have [people who communicate non-verbally] so we had Makaton training here and moving and handling training for specific hoists."
- When one person's health deteriorated and their needs significantly changed leading them to have problems with their swallow, clinicians thought the person required care in a nursing home. To ensure the person would not lose their home, the manager became a moving and handling champion and worked with the speech and language therapist (SaLT) to train staff on specific food textures. The manager also involved the learning disabilities nurse to train staff to notice the first signs of the person becoming unwell. This meant that staff knew when the person needed to have their 'unwell' pureed diet. As staff were so well trained the person was able to remain in their supported living home and enjoy good health.
- One person experienced a stroke and was advised to stay in hospital. The provider arranged specialist stroke training within a week. Following this the person needed catheter care so specialist catheter nurses were brought in to show staff how to care for the person.

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

- Staff and managers were highly skilled in assessing people's needs and choices. One autistic person with complex needs had been told by their landlord they needed to find a new home. The provider facilitated a full assessment of the person's needs, including their complex sensory needs. Staff worked with other professionals to build a picture of the person and realised they were far more complex than anyone appreciated. Because this assessment work had not been done before this led to both a greater and a new understanding of the autistic person's needs. This enabled the person to receive a correct diagnosis and be supported to find the correct placement.
- Managers described the process by which changes in people were assessed and support was altered as a result. For one person, when new routines were formed, such as going to the pub, managers led the assessment and delivery by doing the support themselves, then sharing the support with staff then handing over the support. This ensured manager's had a clear understanding of the needs of the person, what staff needed to do have clear oversight of this.

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

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. Where people were assessed as requiring a modified diet, such as pureed food, they were supported to have this by their staff team.

- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.
- People told us they liked the food. One person said, "I can make my lunch and dinner when I want and they (staff) always help me." Another person who communicated using non-verbal communication smiled and gave us the 'yes' sign when we asked if they liked their food.
- People who needed them had fluid charts and bowel charts. Staff documented what and how much people had eaten. In one setting everyone had a weekly menu on their fridge. Some staff supported people to batch cook, and other people liked support to cook every day as part of their routine.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People's care was being provided in line with the MCA. People's relatives and advocates acted on their behalf where they were unable to make informed decisions. A relative told us, "This is something I support staff with. [Person's] decision is whether they go cycling or swimming or bowling or for a walk or even decide what meal they help to cook. (Person's) life is being run by (Person) with all support they need in the background."
- During our inspection we found that one of the 22 settings under the registration, was missing some MCA assessments. This was due to a manager leaving the setting without completing a piece of work. We spoke with the provider about this and it was immediately rectified. We saw that people's support was not being unlawfully restricted. Following this the provider confirmed that additional training and audits had taken place across the rest of the organisation as a precautionary measure.

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 our last inspection we rated this key question Outstanding. At this inspection the rating has remained Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were able to take control of their care package as much as they felt able to. One person chose their own staff and directed what should be in their care plan. Staff commented, "He will chair his own care review and come with his agenda to say, "This is my review and these are the things we will talk about'."
- Staff were skilled in understanding the communication needs of people with complex needs. For example, staff identified a physical health need for a person that had previously gone unnoticed. They linked this with their difficulty in communicating verbally and supported them to seek medical intervention to address the issue. They were able to communicate verbally as a result, and their distress and frustration was reduced. Another person was supported to use the limited words they were able to as a way of communicating specific needs. This resulted in them using coded words in place of getting frustrated and hitting people resulting in a reduction in distress for the person.
- Another autistic person wanted to push a shopping trolley in a shop every day as part of their routine, so staff found a place they could do this every day of the year. Staff used special timers to help people know when their activities end and help them move on to the next part of their planned days.
- Another person used their own sign language that they had developed over the years to communicate but it was not a recognised sign language and not always understood by people. Staff used the person's love of animals to develop a guide to their signs and this allowed staff to communicate better with the person. Staff then expanded this to be able to understand the person's wider needs.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people with learning disabilities to seek paid or voluntary work, leisure activities and widening of social circles to promote their independence. One person used to enjoy arts and crafts but staff noticed they were just using stickers. Staff turned this interest into projects and modelled their support so the person could follow step by step.
- People had excellent opportunities to try new experiences, develop new skills and gain independence. Some people had moved to Avenues services from institutional settings where they had spent much of their lives. When they came to Avenues the provider was advised they would need to continue many restrictive practices. The provider worked with professionals to develop gradual plans to reduce restrictions and give people more freedom. This took time and required a very consistent approach by all staff and a strong managerial presence. As a result, people were able to be more independent in their new homes. One staff said of three people, "They weren't allowed in the kitchen at their previous place, and now they make pizzas. Basically, anything they can do for themselves now they do it. They vacuum, they clean the floors, they are just involved in everything."

- Staff used innovative and imaginative ways to promote people's independence. One manager told us, "(Person) could never go to the Dr's due to their anxiety so the GP always did house visits, but now they can go and manage the surgery. They used to need PRN meds for blood tests but they manage with (person's favourite sweets) now." Another person was supported by staff to have a 'disco or rave' in the car with loud music and lights, when they were waiting for their doctor, and the doctor then comes out to the car to invite the person in when they are ready.
- Staff recognised people's ability to be safely enabled to achieve independence. One person had never been in a supermarket and had never purchased anything for themselves, due to perceptions about how their anxieties could cause a violent incident. Staff worked in a step by step way with the person to support them to go shopping. One staff told us, "(Person) will now go into the shop and buy something, they go to the high street, and it's a huge achievement. When [people] go into the shops their eyes light up."
- The provider enabled people to increase their independence by assessing their needs and installing technology in their homes. Some people used sensor lights that are turned on at night if they were at risk of falling. Some people had technology fitted that used people's fingerprints to gain entry to their home. This helped people with learning disabilities or memory problems who would struggle with their keys. There were sensors for baths, so if people went to the bath it flashed up to alert staff so that they could provide support. The provider worked with a landlord to design a building so that everything, such as utilities and pipe work was on the outside. This meant that if any works were needed to be done contractors could do it all outside to reduce the impact on autistic people.

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

- People were supported with exceptional care when they were unwell. One person who was in hospital for an extended stay wanted to be home for their birthday, but due to their long hospital stay had lost their day service. Staff worked hard to allow the person to attend their day service after their place had been lost. One staff told us, "I said you can't take that away as it's one thing (name) lives for, so he still goes a few hours a day for what he calls work." Staff and managers worked hard to put the correct support package in place and supported the person to return home the day before their birthday. A manager said, "A meeting was held with hospital and local authority funding who attended and 24-hour care was put in place on Tuesday and he was home by Wednesday in time for his birthday."
- Another person was treated in hospital for a serious illness. Staff supported the person in hospital for personal care and mealtimes so they had a familiar face as they knew the person was incredibly anxious in hospital. Managers ensured the staff supporting in hospital was consistent. One manager told us, "(Staff) was nominated as employee of the month as she was going for very early mornings and before the surgery, she insisted he was shaved prior to surgery, and she went over and above."
- People were supported by staff who worked with them as equals in partnership, and with no power imbalance in their relationship. Staff had an exceptional knowledge of people and their histories. One staff said, "Some staff have essentially grown up with people here and they have known each other for 20 years. There is a passion here and it's just like family."
- Staff had an excellent understanding of autistic people's individual sensory needs. Staff identified that one person had very specific olfactory (related to smell) and tactile (related to touch) needs. Staff recognised the need to provide the person with specific opportunities to have a sensory activity as this impacted on their wellbeing for the rest of the day. They were able to support the person to use this activity as a way of managing anxiety. The person's overall wellbeing was improved as a result of this.
- Staff understood how people's vestibular (related to movement and balance) sensory needs impacted their daily life. They tailored their support plans, flexed staffing and provided different transport arrangements to reflect each person's needs. Sometimes this meant several different journeys to reach the same place but staff recognised the importance of providing such personalised support on people's emotional wellbeing.

- Staff knew how to use kindness and humour to raise people's spirits when they were upset. During our inspection one person was unhappy and experiencing emotional distress. The staff member knew people's needs very well and was able to use imaginative ways to make them laugh and lift the person out of a low mood. During our inspection we saw the staff do this and it was very effective. Staff also asked the person to sing and dance and said, "We are singing to create a happy shift." The person told us, "This staff is good." Because staff knew people well and knew what to do to reassure them and make them feel happy, the person was positive and told us they planned to go out for the day.

- A relative told us about the level of care and respect shown to their loved one who spent their final days being cared for by Avenues. They commented, "Staff used to take (person) downstairs and she looked like a retired film star with floppy hat, dark glasses, and glass of wine which she liked. They had planters made for her at wheelchair height and tried to encourage anything to get her outside towards the end and staff were so good and they would know if she could cope. They would give her massage, relaxation tapes, do her nails, facials. She was honestly treated like a film star. I felt so thankful for their care that I am going to volunteer there and try and help other people."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Outstanding. At this inspection the rating has remained Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The provider ensured that people had exceptionally personalised services. For example, three autistic people lived in a supported living service that could accommodate four people. The provider assessed that it would be very unsettling for the three current tenants to move someone new into their home. The provider worked with the local authority and the landlord to advocate for the people currently living there to ensure that the vacant room was not filled. The provider acted for the people's needs above the need to generate further business. The spare room was then turned in to a sensory room to benefit the current tenants.
- Support focused on people's quality of life outcomes which were regularly monitored and adapted as a person went through their life. People had 'I statements', which were applied to each person at this point in their lives, such as 'I have hobbies I can do at home'. Staff noted from this that one person had lots of contact with their family but were lacking friendships. Staff identified opportunities for the person to meet others with shared interests for social activities. The person now regularly visits their friends for singing, dancing and parties outside of the music activity.
- Some people had never been on a holiday due to their complex needs related to their autism. The staff worked in consultation with people to plan a camping holiday as that is what they said they would enjoy. Staff had assessed that people would need a familiarisation plan to help them getting ready for their holiday. Staff purchased a 6-person tent so that people could spend time in it in the garden before the holiday. Staff understood people's needs and how much they could introduce new elements into autistic people's lives. One staff said, "We are building up to a meal [in the tent], then we can get an overnight stay, with the aim that next year they could go on an overnight holiday. We are always looking forward to what we can do, as well as what we can do here and now."
- Staff personalised people's support around healthcare, to ensure better health equality and outcomes for people. People's sensory sensitivities were accounted for on an individualised basis so they were supported with health appointments in a way they could manage. For example, ensuring clinicians understood one autistic person could not go from one room and back again, as this would 'end' the appointment for them. One staff told us, "We speak prior to any appointment to say the person has learning disabilities and is autistic and we ask for the first or last appointment, so they're not on a list having to wait."
- People were being supported to be in control of their lives. One person had previously been living with a lot of restrictions in place and found it difficult to adapt to having access to their own kitchen. Staff had exceptional skills in how to deliver goal plans to gradually reduce restrictions. This included increased staff support, complete consistency of approach and regular review to gradually introduce new freedoms. Staff told us, "They didn't know what the kitchen was, they were not allowed in their previous kitchen. Our work was to enable them, to show them its ok to access their kitchen, their fridge, and in fact to encourage it."

Staff understood how to proactively support people to take positive risks and this meant that all the restrictions were gradually and safely removed allowing the person to live their own life as freely as they chose for the first time.

- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. Most people had spent much of their lives living in very restricted conditions. This meant that achieving goals and increasing their independence required careful planning and a gradual approach. One person had a long-term goal to move to a more independent setting. Staff had carefully considered her environment and ensured they had the space they needed, whilst personalising their home so it felt safe. Staff had drastically reduced medicines and restraints so the person would be able to move to a more independent setting when they were ready. Another person's goal was to stay in their home for life and not have to move to nursing care or hospital. The provider had worked with healthcare professionals to ensure that the setting could be adapted, including providing staff with specialist training to meet changing health needs, to allow the person to remain in their home.
- A third person was working towards a healthy weight and getting a job. Staff used consistency of support, and excellent positive behaviour approaches to gradually support the person to understand their food choices and engage with exercise. Staff described in great detail how they had removed anxieties for the person around food, such as leaving bones in meat so the person did not feel food was being taken from them. This ensured the person was able to meet their goals and be at the centre of any decisions around their support. One staff told us, "(Person's) long-term goal is to further reduce antipsychotic meds and engage with life. The more he is reducing meds the more of his personality we're getting to see and his family are getting to see it and now you can hear laughter not shouting when family visit."

Meeting people's communication needs

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

- Staff supported people, in a consistently excellent way, to express their views using their preferred method of communication. One staff told us, "We have had bespoke Makaton training from SaLT because the [person's] signing is very individual to them. They will sign for parents which is really lovely, they know they are coming on a set day."
- People had individualised communication plans and communication passports which detailed effective and preferred methods of communication, including the approach to use for different situations. One staff told us, "Our active support here is the best. Everything is about them. For example, their communication boards, they chose the colour of the board themselves." This helped people to really engage with their communication aids and make their feelings and choices known.
- Staff had very good awareness, skills and understanding of people's individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. For example, one person's communication plan had been updated to reflect how a cognitive decline affected them. It outlined how the person would sometimes point and shout, and what staff should do exactly when this happened to support the person to make their needs known. We saw that staff put this in to practice sensitively when supporting the person.
- People were supported by staff to try new things and to develop their skills. One relative told us, "[Person] likes going to table tennis which he is good at, they have lots of walks and go to visit various places, and on the train". Staff told us about one setting where a person goes out every day in their community, "(Person) goes to shop to buy a croissant in morning and loves the bakery, loves the park. He recently went to (DIY

shop) and chose paints and decorated his bedroom and there's no holding him back now." New activities were introduced for this autistic person and staff achieved this by having one staff take the lead and the other staff on duty staying in the 'background'.

- People had been supported to pursue and maintain personal relationships. One person was supported to go clubbing with their friends and met a partner, who they go clubbing with. Another person had a 'boyfriend' from their day service: staff helped the person to understand relationships and boundaries. Another person told their staff they wanted a partner and staff supported them to learn about sexual health. Staff developed a personalised support plan for the person to enable them to safely explore and learn about their sexual needs. This required staff to work in creative ways to overcome barriers associated with their autism.
- Support plans were written and reviewed regularly to ensure assessments reflected people's changing needs. Staff understood that autistic people may refuse activities in given moments if their routines or expectations were not met. However, they ensured that people had the right support as care plans were very person centred and explained what things may stop a person doing a task or activity, such as not having the correct colour item, or doing things in a very specific order. One staff said, "They might want to go and then decide 'I am not getting out the car', so is it they don't want to do the activity or is it because the transition is difficult. Our care plans show us here is how you manage the transition." Staff and managers had an excellent understanding of when a person wants to choose a quiet day or refuse an activity or when something was missing from their routine. This meant people could do more of the activities they wanted.
- People were being supported in imaginative ways to explore options for work. Staff recognised that a person needed to have their sensory needs met in order to reduce anxiety which was a barrier to them getting employment. As a result of a sensory support plan the person was able to increase their confidence and successfully obtained work

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. One staff told us, "Service users will come to the office and complain, and they will tell professionals to leave if it is too much for them." People were empowered to complain. One person would tell staff they were upset and wanted staff to give them a head rub and the manager will have to leave what they're doing to support them to show they are listened to. The manager told us, "If (person) is not listened to, they won't continue to complain."
- People, and those important to them, could raise concerns and complaints easily, and staff supported them to do so. One person's relative described a time they raised a concern on their loved one's behalf. The relative said, "I have raised things with the management and they have responded immediately and appropriately."

End of life care and support

- The service was not providing any people with end of life care at the time of the inspection. Where people and their relatives wished to discuss end of life care provisions and preferences, they were supported by staff to make arrangements according to their wishes. The provider had previously supported people with end of life care. One relative said, "The staff were phenomenal. They were almost family as they were so loving and caring to her and for them the loss was nearly as much as mine."
- Staff previously went above and beyond their duties to care for people in their last days. One staff told us, "My days off were precious when supporting (person) but if we'd run out of shopping or nutrition drink, I'd call the manager and ask if there was anything they needed. I would come in on my day off to drive (person) and their family to hospital. My little dog used to be (name's) PAT dog so I'd bring her in to see her." This ensured the person had their long standing and trusted staff available for appointments in the last stages of their life when they may require additional emotional support. The provider recognised the importance of

the relationships people had developed with their staff and ensured that staff were paid for the additional hours.

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 our last inspection we rated this key question Outstanding. At this inspection the rating has remained Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. This approach led to positive outcomes that improved people's lives, such as around better healthcare outcomes and experiencing greater freedom. There was a culture of support for staff. One staff member told us how they were supported after a person they were key worker for had passed away. They said, "I was taken aside and said we're here to support you. I had email from (senior manager) thanking me and he said anytime you need to talk don't hesitate to call. They have been great and not just the management, the other support workers as well have shown their sympathy."
- The provider had employed an internal team of positive behaviour specialists that worked closely with people and their families to ensure support was safe and achieved excellent outcomes for people. For example, people had dramatically increased their day to day freedoms, by staff understanding the purpose of behaviours and supporting people to communicate any distress in different ways. Senior managers and leaders continued to be visible in settings and staff were confident they could speak to any leaders about any ideas or concerns. We received excellent feedback from people and relatives about the support provided. Where any concerns were raised these had been addressed openly and positively by leaders through engaging with people and relatives.
- Managers led a service with very strong values and their actions showed this. One person's family had lasting power of attorney and wanted their loved ones' care to be managed in a specific way. Managers, and staff, felt that this was not in line with their values and supported the person and their family to find the right provider to deliver their care package. One manager told us, "We felt we were following our values and they were real; doing the right thing even if it is difficult is a central value."
- The provider had been monitoring the gender pay gap within their workforce for many years and were actively ensuring that gender inequality was addressed. The provider had undertaken an internal monitoring programme around recruitment and equal promotion opportunities and took action to ensure that women had an equal opportunity to undertake higher paid and senior management roles.
- People were supported in a culture where diversity was championed and celebrated. One staff member told us, "Cultural food is done so well here, so we have an English breakfast, but then we'll have Nigerian bread and for [person's] birthday party staff cooked a spicy plantain and [the person] loved it so much they didn't want to share it. We've got such a diverse team that people are being opened to diverse opportunities, and now [person's] favourite food is spicy rice."
- Managers set a culture that valued reflection, learning and improvement and they were receptive to

challenge and welcomed fresh perspectives. One manager told us, "At team meetings we always ask if staff feel comfortable challenging (senior manager) and I, and we give examples of things that happened in the past and we've given staff a way of talking about little things. It's a small setting and if staff aren't happy with anything, they can text from the home phone and know we will come."

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

- During our inspection we saw examples where staff had understood and followed the duty of candour, for example where incidents had occurred a person's relatives were informed where appropriate. One relative told us, "If there are any problems, I speak to the service manager and she is always very supportive and happy to go into detailed explanations."

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

- The provider had an exceptionally robust governance framework which meant people's care and support was monitored to ensure people had excellent outcomes. Audits highlighted any shortfalls swiftly and actions plans were drawn up and shared transparently with all managers to increase learning. Senior managers and managers had conducted business continuity exercises where scenarios, such as a fire in a service leading to death and closure of half the building, were played out. This ensured that staff had a safe space to learn processes and policies and were confident around their roles and responsibilities in times of crisis.

- Managers were aware of their own role as leaders in ensuring people and their relatives were assured that risk was managed safely, and in a person-centred way. One relative told us, "Sometimes I get very down if (name) has done something and my worries are always instantly put to rest by the manager. A lot of it helps having good relationship with staff and service manager who runs tight ship and has good team around her. We are very, very lucky to have service set up specially for autistic people."

- Since the last inspection the provider had increased the number of managers responsible for the services under this registration, and there were now three registered managers. Each of the registered managers had a sound understanding of their responsibilities and had ensured that CQC had been notified of any major events or changes.

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

- The service enabled open communication with staff and people taking account of their protected characteristics. Leaders gave examples where they had ensured a positive culture regarding staff protected characteristics. Staff and managers were taking positive steps to ensure there was open dialogue when appropriate to remove stigma. Where staff or managers were identified as being dyslexic, equipment was provided to support them in their work.

- People, and those important to them, worked with managers and staff to develop and improve the service. Some people had newsletters, and the provider issues surveys to people as well as stakeholder surveys. One staff commented, "We have just done employee survey. We keep people's relative's birthday's and important dates so they can send gift cards to maintain family bonds. Everyone has a cultural assessment and (person) who lives here sits on the equality steering group."

- The provider sought feedback from people and those important to them and used the feedback to develop the service. Some people who used Makaton to communicate had a 'sign of the week to the manager. This was then used to help develop staff communication with people. One staff member told us, "We've done a Makaton advent calendar at Christmas, and used, for example, the sign for star, and we'd ask people and their staff what the sign for stars was."

- The provider had involved people's families in their loved one's care. One manager told us, "We recognise how important family support is and we work closely with families. We run workshops for families. We are working with the families group to get feedback about what's important and what they need to deliver training. We also involved families in interviewing for the managers posts in the two settings as well."

Continuous learning and improving care

- The provider invested sufficiently in the service, embracing change and delivering improvements. Staff pay was increased ahead of schedule due to the ongoing cost of living crisis and recruitment challenges. The provider had also increased mileage rates for staff in response to cost of living pressures.
- Quality audits were of a very high standard. There was a programme of audits that and managers had a good understanding of which audits were due at different times. We reviewed some service audits and found they had checked various areas such as whether staff could describe closed cultures. The providers management were all aware of the outcomes of audits these produced meaningful and positive change in the organisation to ensure services were as good as possible.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. The provider had a strategic plan which was in the second of five years and managers were able to describe what was in the plan, such as sustainability and growth as one of the aims.
- The provider had a learning and development department who arranged for external partners to deliver bespoke training when it was required. There were also topic coaching sessions around disciplinary issues, or 'sickness absence management' for managers and leaders. All staff had a personal development plan and this was actively reviewed. One senior manager told us, "We work closely with Skills for Care, and the Kent hub offer lots of programmes. For PICA we commissioned the Challenging Behaviour Foundation; this was bespoke to each individual person we support including their history. Our own training was accredited by Skills for Care."
- The provider kept up to date with national policy to inform improvements to the service. Staff were all given autism training as part of the Oliver McGowan learning course. Managers also completed unconscious bias training which two managers told us was very good for them to reflect on. Managers escalated this learning to staff via team meetings.

Working in partnership with others

- The provider engaged in local forums to work with other organisations to improve care and support for people using the service and the wider system. During the inspection we were shown case studies that had been shared with NHS England around best practice. One manager told us, "We work with other providers, and one of our team went to another organisation around de-registration of properties and what supported living looks like and the positives of it. We worked with the CEO of the Challenging Behaviour Foundation around PICA. We attend conferences and share ideas of what's gone well. We also work with the Tizard Centre and BILD for accredited physical interventions where needed."
- The provider's CEO had represented the company in Parliament around the issue of pay in the care sector. A senior manager was on the Medway and Kent autism forum. During the Covid 19 pandemic the provider had an agreement with another support organisation to provide staff as an emergency contingency. Senior managers were working with the Kent Integrated Care Alliance to drive improvements in care businesses in Kent such as sharing good practice and learning around the use of technology to increase independence. The organisation was also helping another provider to develop their supported living provision by offering expertise and guidance. Nursing students from NHS and The Tizard Centre, and Police students came to Avenues to do placements and learn about autistic people.
- The provider had an excellent record of working with local health teams, such as occupational therapy teams, to complete safe home assessments and ensure that autistic people had the correct environment.

One person had been supported through this process and was now able to find the correct support package for the first time on their lives.