

Avenues South East

Avenues South East - 74

Wilson Avenue

Inspection report

74 Wilson Avenue
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 1 and 2 August 2018 and was announced.

74 Wilson Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to accommodate a maximum of six people with learning disabilities, physical disabilities and autistic spectrum. At the time of our inspection, there were five people living at the service. They had diverse and complex needs such as learning disabilities, cerebral palsy, autism, diabetes and limited verbal communication abilities.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in March 2016, we rated the service Good overall. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At our last inspection, we made a recommendation because we identified a gap in the training schedule which showed that staff had not completed buccal midazolam training needed for the safe and effective administration of the emergency medicine. We rated the Effective question as Requires Improvement. During this inspection we found this issue had been addressed.

The service had a registered manager in place. 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.

People continued to receive safe care as they were supported by staff who knew how to protect them from harm. Staff were aware of people's individual risks and plans were in place to minimise these while maintaining people's independence. Recruitment of staff was safe and robust. We saw that pre-employment checks had been completed before staff could commence work. There were sufficient numbers of staff to support people to stay safe. Staffing remained flexible to suit the people living at the service and was arranged based on people's individual needs.

Staff received an induction when they started at the service and completed ongoing training to support them in meeting people's needs effectively. Staff had the right skills to provide the care and support that people required. Staff received supervision to support them in their role.

There was a safe procedure for managing people's medicines and people continued to receive their medicines as prescribed. Staff understood the importance of maintaining good infection control procedures to maintain the cleanliness of the service and minimise the risk of the spread of infection.

Systems were in place to assess people's needs before they started using the service to determine if their needs could be met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People had support plans with detailed information and guidance personal to them to support staff in meeting their needs. Staff knew people's abilities, support needs and preferred routines and encouraged people to make their own decisions where possible. People had opportunities to engage in, and experience, different activities both inside and outside the service to support their mental, physical and emotional wellbeing. People were supported to maintain important relationships, which minimised risk of isolation.

There was a complaint procedure in place and information was provided to people in an accessible format, should they wish to raise a complaint.

We observed staff treating people with respect. Staff had a good understanding of how to promote people's privacy, independence and dignity. We saw staff interacting with people in a caring manner. Staff were patient towards people and we saw they were responsive to people's needs. Steps had been taken to promote people's right to confidentiality and people's spiritual and cultural wishes were respected.

People were provided with a choice of meals which took into account their likes and dislikes and were encouraged to eat a varied diet. People received support from health professionals in a timely manner when this was needed.

There were quality assurance systems in place to monitor the quality of service being delivered. The service regularly sought feedback from people and their relatives to help them monitor the quality of care provided. There were also regular audits of care and safety issues and checks were carried out to help ensure the premises remained safe. The provider notified us of significant events that occurred within the service. Where areas for improvement were identified, systems were in place to ensure lessons were learnt and used to improve the service delivery.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service has improved to Good.

Staff had the knowledge and skills they needed to support people who used the service effectively and were able to update their skills through regular training. Staff had regular one to one supervision meetings.

Systems were in place for assessing people's needs before the provision of care.

Where people lacked capacity to make certain decisions, the Mental Capacity Act 2005 had been followed to minimise restrictions on their freedom and to protect their legal rights.

People were provided with a choice of nutritious food and were supported to maintain good health. People had access to healthcare professionals and services.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 was planned to check 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 comprehensive inspection took place on 1 and 2 August 2018 and was announced. We gave the service short notice of the inspection visit because the location was a small care home and people are often out during the day. We needed to be sure that they would be in. The inspection was carried out by one inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law. We used this information to plan our inspection.

People who lived at the service had complex needs and were not able to tell us about their care and support. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. This helped us get an understanding of the care people received and to assess whether people's needs were appropriately met.

During the inspection we spoke with one visiting relative. We spoke with the regional director, registered manager, assistant manager and two care staff. After the inspection we spoke with two relatives on the telephone. We also contacted healthcare professionals who may have visited the service and Healthwatch

to find out their views on the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at four people's care records. We also looked at three staff files, including details of their recruitment and supervision. We reviewed duty rotas, training records, complaints and compliment and records relating to the management of the service, including quality assurance systems and processes.

Is the service safe?

Our findings

People continued to receive safe care. We observed people were at ease with staff supporting them. People were smiling and responded positively to staff. A relative told us, "I have no concerns at all; the service is safe. People are well looked after here."

Systems were in place to help protect people from the risk of abuse. Staff had been provided with safeguarding training. They had access to safeguarding and whistle blowing policies and understood their responsibility to report any allegations of abuse. One staff told us, "If I have any concerns, I would report to the manager immediately. I know she will take the right actions."

Risk assessments were in place for people. These set out the risks people faced. The assessments provided staff with information on the severity and impact of risk and guidance on what measures to take to reduce risks. The assessments provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights. For example, people had medical conditions which meant they were at risk of choking on food and fluids. To manage this risk, staff ensured people's meal was pureed and they followed advice given by SALT (Speech and Language therapist). They were reviewed regularly and where people's behaviour or health needs changed. We saw that referrals were made for professional assessment in a timely way.

Checks were carried out to help keep the premises and equipment safe. These included testing and monitoring of water temperatures, testing the fire alarm system, emergency lights and moving and handling equipment. In date safety certificates were in place for fire alarms, gas appliances and electrical installations.

There were enough staff available to meet people's needs. One relative said, "Staff are always around, supporting people whenever we visit." We saw people were supported whenever they requested assistance and staff were available within communal areas to offer support. Staff we spoke with said they could do with more permanent staff as the service often used agency staff to cover staff sickness and holidays. We discussed this with the regional director and the registered manager, who informed us that the service had an on-going recruitment campaign and they were recruiting more permanent staff. On both inspection days, we saw people received support throughout the day and we saw they always had someone available to offer emotional support when this was needed. We looked at three recruitment files and saw pre-employment checks were completed before staff could start working in the service. This demonstrated the provider continued to complete checks to ensure the staff were suitable to work with people.

Medicines were managed safely and people received their medicines as prescribed. Medicines were stored in a locked cabinet in people's rooms. Medicine records were maintained. These were up to date and accurately completed. Controlled drugs were stored, recorded and administered appropriately. Guidance was in place about when to administer 'as required' medicines to people.

The service was clean and odour free. Our discussions with staff assured us they understood their

responsibilities in relation to health and safety and infection control. Staff completed infection control and food hygiene training. We observed staff using protective equipment such as gloves and aprons when carrying out cleaning tasks and when supporting people with personal care.

There was a system to record accidents and incidents to ensure people remained safe. We saw action had been taken in relation to previous incidents. The information was analysed to identify trends and where changes were required to prevent future reoccurrences.

Is the service effective?

Our findings

At our last inspection we identified a gap in the training schedule which showed that staff had not completed buccal midazolam training needed for the safe and effective administration of the emergency medicine. At this inspection, we found improvements had been made and the rating has improved to good.

Staff were supported to develop their skills and knowledge. Training records evidenced that all staff had completed buccal midazolam training and new staff received this training also. The training matrix showed staff had received essential training in areas such as safeguarding, Mental Capacity Act 2005, medicines management and health and safety. Where people presented with specific health conditions, such as behaviours that challenged the service, staff had received training around this. Staff received regular supervision to review how they worked and this also identified their skills and where they needed support. Staff competency checks were also completed, in areas such as medicines management; which ensured staff were providing care and support effectively and safely. New staff were supported to undertake an induction. The induction followed the Care Certificate induction standards. The Care Certificate sets out the learning competencies and standards of behaviour expected of care workers new to care. New staff worked alongside more experienced staff until they were ready to work with people.

People had an initial assessment completed to make sure their needs could be met before coming to live at the service. This included meeting with people and relatives to discuss people's needs and providing people with the opportunity of visiting the service before making any decisions about moving in. Relatives confirmed they and their loved ones were fully involved in planning their care. The support plans showed assessments around communication, medical history, medicines, dietary needs and activities.

People enjoyed the food and there was a choice available. People were encouraged to be involved in the preparation and cooking of their meals. Menus were planned on a weekly basis and people had access to snacks and drinks, when they wanted. The registered manager told us the service was working on a pictorial menu to help show people what was planned for meal times. People were seen to be enjoying their lunch on both days of the inspection. The service sought to encourage people to maintain a healthy and well-balanced diet and monthly weight checks were carried out to see if people had gained or lost significant amounts of weight which might be an indicator of a health issue.

People's care records showed relevant health and social care professionals were involved in their care. They were supported to attend regular health appointments and if they were unwell the service sought advice from their GP in good time. There was evidence of recent appointments with healthcare professionals such as people's psychiatrist and GP. This ensured staff had current and relevant information to follow in meeting people's health needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff were aware of the deprivation of liberty safeguards and they followed the

processes where they considered a person's freedom and rights were being restricted. Peoples care plans showed evidence of mental capacity and best interest decisions where applicable. We observed staff asked people for their consent before providing support.

The design and decoration of the premises showed that people's wellbeing wishes had been taken into account. People were able to move easily around the communal areas with staff support and bedrooms had been decorated in accordance with people's preferences. There was an enclosed garden that was accessible to people and their visitors. We saw people enjoyed being in the garden and spent time outside.

Is the service caring?

Our findings

Relatives told us staff were caring and acted in a kind and respectful manner. One relative said, "Staff are kind and talk with people respectfully. They don't rush and are patient." Another relative said, "Staff know [person] very well and understands him. They take good care of [person]."

Staff communicated with people effectively and understood their individual communication needs. During the time we spent in communal areas of the service we saw positive interactions between people and staff. Staff approached people with friendliness and spoke about them with warmth and affection. People were seen to be at ease in the company of staff and approaching staff for whatever reason. Staff were seen to be laughing, joking and chatting with people and people were enjoying this interaction.

People were encouraged to make choices about their daily routine. We saw staff offering people choices about what activities they would like to do and the levels of support they needed. The support plans we looked at considered people choices and preferences and staff provided support accordingly. Staff promoted people's independence as much as possible and encouraged people to participate in day to day chores at the service. We saw that each person had a keyworker. Keyworkers are staff that have been matched to people, and then work closely with them, to support them to achieve their outcomes. People were supported to maintain relationships with their families. A visiting relative told us they were made welcome at the service any time they wished to visit.

People received their care and support in a dignified way. For example, we saw one person who had a medical condition had torn their t-shirt and as soon as staff noticed this, they supported the person to change their t-shirt. We spoke with staff regarding this and they told us they did it promptly as it was not dignified for the person to remain in the torn t-shirt.

Staff understood the need to protect and respect people's human rights. We saw they had received training in equality and diversity. The service had a policy and procedure to guide staff around ensuring people were not discriminated against on the grounds of diversity. People's spiritual or cultural wishes were respected. One person was supported with their religious observances, including visits to their preferred place of worship. There was detailed guidance in place for staff to follow around supporting the person to make the necessary preparations before and during the weekly visits.

People were treated with privacy, dignity and respect. Staff knocked and waited for a response before they entered people's rooms. Staff spoke with people in a friendly manner. They also respected people's right to confidentiality. We noted that information was kept confidential. Care records and staff files were stored securely, both in the office and electronically. The service was working in accordance with the new General Data Protection Regulation (GDPR) law which came into effect on 25 May 2018. The GDPR is Europe's new framework for data protection laws.

People and their relatives were actively involved in making decisions in the way the service was run, giving them an active voice. We saw regular meetings took place where everyone participated.

Is the service responsive?

Our findings

People continued to receive care and support that was responsive to their physical, emotional and social needs. A relative told us, "We are happy with the service. Staff support [person] according to his needs. They know him very well."

Relatives confirmed and we observed people received care and support that was responsive to their needs. For example, people who preferred afternoon naps were supported to their bedroom when they were ready to go. Staff demonstrated a good understanding of people's individual care needs. They knew about people's communication skills and emotional needs as well as their support needs, and preferred daily routines. Staff told us it was important to find out as much as possible about people because it meant they could provide personalised care. They said they found out about these details from reading support plans and spending time with people and their relatives. Any changes in people's health or wellbeing were shared with staff at handover meetings at the beginning of each shift. This meant staff had up to date information about people so they could provide the care people needed.

Support plans had been developed which set out how to support people in a personalised way, based around the needs of individuals. People, their relatives and significant others had been involved in writing their support plans so they could have a say in the care provided to them. They covered areas such as personal hygiene, eating and drinking, likes and dislikes, emotional wellbeing and leisure activities. Plans were subject to regular review which meant they were able to reflect people's needs as they changed over time. The service also considered people's end of life needs and preferences. The registered manager told us and records showed that people's end of life had been discussed with them, and their relatives, where appropriate.

People were supported by staff to maintain their interests and hobbies. People's activities varied according to their personal preferences and wishes, including their religious needs. During our inspection, we saw that people went out to various places with the support from staff. People were supported to take part in meaningful activities that were socially and culturally relevant and appropriate to them. People attended a variety of activities and spent time in the local community. They visited garden centres, cinemas, restaurants, shopping centres, and other recreational facilities. This gave people an opportunity to mix with others socially and reduce the risk of social isolation.

People were supported to have information made available to them in easy read or pictorial formats. The regional director informed us that the organisation was in the process of reviewing the formats in which information was provided to people to continue to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

The provider had a procedure in place to manage complaints; this was also in a pictorial easy read format for people who lived at the service. No formal complaints had been made since our last inspection. Relatives

told us they would have no concern about complaining and were confident if they did, it would be addressed.

Is the service well-led?

Our findings

At the last inspection, we found the service was well-led. At this inspection we saw this had been sustained and the rating remains 'Good'.

The service had a registered manager. 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. The provider and the registered manager understood their responsibility around registration with us and notified us of important events that occurred at the service. This meant we could check the provider had taken appropriate action.

The service had clear lines of responsibility and accountability. The registered manager was supported by the assistant manager in the running of the service. They also worked closely with the area manager and regional director, who had a regular presence at the service. Staff confirmed they were clear about their roles, responsibilities and the reporting structures in place, including for out of hours. The management team were experienced and familiar with the needs of the people they supported. They shared a commitment with staff for providing people with the best care they could, which was person centred, inclusive and open. The registered manager told us, "We aim to provide people with a safe and homely environment and to support people in all aspects of their life."

Staff told us that they enjoyed their job, felt supported and valued. Staff were positive and said they worked together as a team to ensure each person's needs were being met as the person had chosen. Staff felt that there was a good support network from the management team. For example, they told us could go and talk to a member of the management team at any time about work or their personal life and they were always ready to listen and offer advice. Comments included, "The registered manager is very supportive and flexible" and "the management team is open, honest and positive." Staff meetings were held which gave staff the opportunity to have their say about the service. Residents and relative's meetings were also held which gave all the opportunity to share opinions about how the service was delivered. Minutes of these showed they included discussions about activities, health and safety, staffing and upcoming events. The provider also regularly sought feedback from people and their relatives via surveys to help them monitor the quality of care provided.

The registered manager worked effectively with key organisations and agencies to support care provision and service development. For example, there was close liaison with health professionals to support people's ongoing physical and mental health. An external healthcare professional commented, "All members of my team work closely with the registered manager and the team and have confidence in the care and support offered to the people."

Quality assurance checks were completed by the registered manager and the provider. These included checks of medicines, infection control and care plan audits. Where concerns with quality had been identified we saw that an action plan had been put in place. This information was used to bring about improvements.

For example, it was identified that night time evacuation procedure needed to be updated to consider additional member of staff on duty. We checked and saw that this had been actioned in a timely manner.

The registered manager was aware of their responsibility to have on display the rating from their last inspection. We saw the rating was clearly on display on site and on the provider's website. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgements.