

Avenues South East

Avenues South East Services (ASES)

Inspection report

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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

This inspection took place on 30 August 2017 and 1 September 2017. We last inspected the service on 13 July 2015 when we rated the service Outstanding.

Avenues South East Services (referred to as Avenues in this report) provides personal care and support to people living in their own homes in Kent, Medway and Surrey. The service supports adults and young people; over the age of nine, who have learning disabilities, physical disabilities and mental health needs. It supports people with complex health needs; however it does not provide nursing care. The support provided aims to enable people to live as independently as possible. Most people using the service previously lived in residential care homes. The service supported people to move to either supported living services or their own homes so that they could live more independently with support from Avenues. In some cases where people required supported living accommodation the registered manager had led projects with the housing provider to design accommodation that was innovative and met people's individual needs. Many people the service supported had previously challenged traditional services and required bespoke and flexible support packages. At the time of our inspection the service was providing support to 63 people.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager of this service oversaw the running of the full service and was supported by area managers who were allocated a geographical area to manage. Service managers ran individual parts of the service, for example support to people in a support living service or support to young people.

People and relatives were overwhelmingly positive about the service they received. Comments included, "Staff go the extra mile to ensure our son is safe" and "The people who work with him care about him. They make improvements to his life." Other comments included, "The standard of care is very close to home, that's the best compliment I can pay them" and "They are almost unrecognisable in their independence since being supported by Avenues."

The service provided outstanding care and support to people enabling them to live fulfilled lives. The

registered manager ensured that people were safe, whilst allowing them to take risks that enabled them to live independently. The service had gone the extra mile to work with housing providers to ensure people had appropriate supported accommodation. They had an innovative approach to the use of assistive technology to enable people to be as independent as possible. The registered manager had initiated and led projects to help people move from residential services, where they had previously required constant staff supervision, to allow them more privacy and independence in their own homes or supported living services.

Staff were skilled at meeting people's individual needs and enabling them to achieve their potential regardless of their disability or age. Staff were committed to promoting the rights of the people they supported and frequently helped people to challenge discrimination. People had positive relationships with their support staff who knew them well and supported them to live interesting lives. There were enough staff available to meet people's needs and people were busy and engaged with their communities. They were supported to make and maintain friendships and relationships that were important to them. There was a strong emphasis on person centred care. People were supported to plan their support and they received a service that was based on their personal needs and wishes. The service was flexible and responded positively to changes in people's needs.

Staff were positive about the support they received from their managers. They were encouraged to be reflective in their practice and strive to improve. The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service. Staff were very highly motivated and proud of the service being provided. They told us that managers at all levels of the organisation demonstrated the values of the company and listened to people's views to continually improve the service. People were able to express their opinions and views and they were encouraged and supported to have their voices heard within their local and wider community. They played an active role in the running of the service and the organisation. They were enabled to promote links within the community that improved their own lives and the lives of the wider community of people with disabilities. The service had developed and sustained effective links with organisations that helped them to develop best practice in the service. The registered manager used effective systems to continually monitor the quality of the service and had ongoing plans for improving the service people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was outstanding in ensuring people were safe.

People were kept safe from harm and abuse. They, and their families, had confidence in the service and felt safe when receiving support. People were supported to take carefully managed risks which enabled them to lead independent lives. The registered manager worked closely with people's housing providers to design accommodation that promoted their independence and safety.

Staffing levels were flexible and determined by people's changing needs. Robust recruitment procedures ensured people were only supported by staff that had been deemed suitable and safe to work with them. People were involved in recruiting the staff.

People were supported to manage their medicines safely and as independently as possible.

Outstanding 

Is the service effective?

The service was outstanding in ensuring people received effective care and support.

People received innovative care and support that was based on their needs and wishes. Staff were skilled in meeting people's needs and received ongoing support from the registered manager to ensure they delivered the best possible service.

People were encouraged and enabled to have their voices heard, both within the service and the local and wider community.

People were supported to stay healthy, active and well, both emotionally and physically.

Outstanding 

Is the service caring?

The service was outstanding in providing caring staff to support people.

Outstanding 

The registered manager and staff were committed to a strong person centred culture. People had positive relationships with staff that were based on respect and shared interests.

People and their relatives felt staff often went the extra mile to provide compassionate and enabling care.

Staff acknowledged the importance of emotional and social relationships and supported people with these.

Is the service responsive?

Outstanding 

The responsiveness of the service was outstanding.

The service was very flexible and responded quickly to people's changing needs or wishes. In urgent situations the service was provided at the point of need and then funding sourced later.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People's views and opinions were sought and listened to. Feedback from people receiving support was used to drive improvements.

Is the service well-led?

Outstanding 

The leadership and management of the service was outstanding.

The registered manager promoted strong values and a person centred culture. Staff were committed to delivering person centred care and the registered manager ensured this was consistently maintained. Staff commented that the values of the organisation were promoted consistently from senior management to front line staff.

The service worked effectively in partnership with other organisations and forged positive links with the community to improve the lives of people with disabilities.

There was a strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to ensure quality and identify any potential improvements to the service. The registered manager promoted an open and inclusive culture that encouraged continual feedback.

Avenues South East Services (ASES)

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 inspection took place on 30 August and 1 September 2017. We gave notice of the inspection because the people using the service were often out at their daily activities. We needed to be sure that they would be available to speak with us. The inspection was carried out by two inspectors and an expert by experience.

We gathered and reviewed information about the service before the inspection, including information from the local authority and previous reports. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the safeguarding team and the commissioners of the service to gather their views of the care and service. We looked at notifications we had received from the provider. This is information the provider is required by law to tell us about.

During our inspection we visited fifteen people across a range of areas covered by the service. We spoke with eight people's relatives by telephone. We also spoke with 17 staff during our visits to people. We looked at care records and associated risk assessments for six people. We looked at management and staffing records.



Our findings

People told us that they felt safe using the service. One person said "I am happy here, I want to stay here" and another said "I am happy with my support." People's relatives consistently told us they were confident that their relative was safe using the service. One person said, "As his mother I feel [my relative] is in safe hands." Another person told us, "Yes I do feel he's safe and well cared for. It's the best he's been for a long time." Another person said, "Staff go the extra mile to ensure our son is safe."

Staff had a positive approach to supporting people to take risks. This allowed people to lead their lives in the way they wished. A staff member told us, "We risk assess to make things happen." A person's care records showed that they wished to go out to town without staff support. A risk assessment had been completed and support provided that would be gradually reduced as the person became more independent. Another person wanted to gain employment. Staff had supported them to apply for a job and then agreed a support plan that was gradually decreased as the person became more comfortable in their role. Staff continually reviewed risks to minimise the amount of intervention needed. For example, staff described a person who had historically been restricted in independently accessing their kitchen for safety reasons. A risk reduction plan had been successfully implemented to reduce the restrictions resulting in the person having free kitchen access. Staff working with people who presented behaviours that challenged were supported by the Avenues positive behaviour support (PBS) team. The PBS team provided advice and support to staff when developing positive behaviour support plans. The plans focused on preventing behaviours that may challenge by recognising the triggers and providing alternative ways for the person to express themselves. Staff demonstrated how the plans had led to a reduction in aggressive incidents for a particular person. A person who was moving from their family home into their own flat was supported by Avenues to do so following a carefully planned risk management strategy. Each staff member was allocated specific responsibilities for the day of the move to ensure the person's safety and welfare, including their mental health. This meant that staff were able to minimise the risk of people becoming agitated and displaying behaviours that challenge.

Assistive technology was used to help people live in their own homes as safely as possible. The registered manager had worked closely with housing providers to design and develop supported living accommodation to enable people to move from residential care settings. Since our last inspection a group of people, who had been previously living in care homes, had been supported by Avenues to move to new supported living apartments. Some people's limited mobility meant they required adapted bathroom facilities and hoisting equipment. This had been sourced and fitted through joint working between the housing provider and Avenues. Assistive technology had been requested by Avenues and fitted by the

housing provider to meet each individual's needs. This included call alarms, seizure monitors and movement sensors. The technology packages had been designed so that they could be adapted and added to as people's needs changed. The registered manager had recently initiated a review of the assistive technology and equipment available with the occupational therapy team. The registered provider had won an award that recognised their lead role in developing supported living services with assistive technology that allowed people with complex needs to move from residential care homes into their own flats. A person's relative told us, "They always work with us to make adjustments to facilitate recommendations from reports. This has included helping us to get adjustments to the building."

The registered provider carried out checks to ensure that people and staff were safe when in the person's home. People had been given easy to follow information about how to switch off their gas, electricity and water in an emergency. Where repairs were required to the person's home they had been supported by staff to arrange this with their landlord. For example, staff had requested occupational therapy input to review a person's mobility in their bathroom. A grab rail had been fitted as a result. Mobility equipment was sourced for a person who required staff to help them get up from the floor. The support plan showed this was in use and had reduced the risk of injury to the person and staff. Staff reported accidents and incidents to the registered manager who ensured appropriate action had been taken to reduce the risk of incidents happening again. A new software package had been introduced that allowed the registered manager to identify trends in accidents and incidents. There was clear and directive guidance for staff to follow to ensure people were kept safe from harm.

People using the service were protected from the risk of avoidable harm and abuse. The service had an appropriate policy for safeguarding children and adults from harm and abuse. Staff were able to describe how they prevented abuse, recognised the signs of abuse and reported it. Staff had received training in safeguarding and managers had checked their understanding regularly. A staff member told us, "I would report any concerns to a manager or on-call manager. I know that we can also contact safeguarding or CQC if we felt we couldn't talk to a manager." Staff had access to a whistle blowing telephone line if they wished to raise concerns anonymously. Information about how to stay safe had been produced in an easy to read format and given to people to keep at home. This supported people to understand abuse and how to report any concerns. The registered manager demonstrated that they worked openly and proactively with the commission and the local authority to report any concerns that may be abuse. This meant that people were protected from the risks of harm and abuse.

There were enough staff employed to provide the support agreed in people's care plans. One person's relative told us, "There is always enough staff." The registered provider had recently made changes to the way they recruited staff to ensure that posts could be filled more quickly and efficiently. Staff told us that this had made a positive difference to their experience of filling vacancies. One staff member said, "There has been a recent recruitment drive and we are getting more permanent staff." The number of staff required to meet people's needs was kept under constant review. The registered manager had responded quickly to review the staffing arrangements where people's needs had changed. For example, one person had required an increase to their staffing due to a change in their health. This had been provided without delay. Equally, support to a person had recently been reduced as staff had been able to support them to increase their independence. Staff recruitment practices were robust and thorough. People were involved in recruiting the staff that worked with them. Some people had been supported to write their own job adverts and others had attended assessment days to talk with prospective employees about the role. Staff records showed that before staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups of adults or children. All new staff were required to undergo a six month probationary period and there was a disciplinary procedure in place to

respond to any poor practice. This meant that people were only supported by staff who had been checked to ensure they were safe and suitable to work with them.

People were supported to manage their medicines safely and they received them at the time they needed them. Each person had an assessment of the support they needed to manage their medicines. Some people were able to manage the process independently and some required full assistance. Staff had been trained to administer medicines to people safely and their competence to do so had been checked at regular intervals. Records showed that people received the medicines they needed safely and at the correct time. The registered manager had arranged for people to be supplied with secure storage for keeping their medicines in their own homes.



Our findings

People and their relatives consistently told us that they received support that met their needs and expectations. One person said, "I like the staff here." Another person told us, "It's my life and the staff help me to live in my own flat." People's relatives said they were confident that the staff were skilled to meet people's needs. One relative said, "They're pretty good at understanding him. They take him out and do lots of activities. He seems more relaxed now he's living on his own." Another person's relative said, "They have ongoing training and they know how to support [their relative]. He can have very challenging behaviour so they tend to look for non-verbal cues so they can intervene before he becomes aggressive. This has built up over time of working with him." Another person's relative told us, "I know there are people looking out for him; I have confidence in his carers and the job they're supposed to do."

Staff were provided with an excellent ongoing programme of training and support to effectively carry out their roles. Training was designed to meet the specific needs of people receiving support. A training session had been arranged in swallowing difficulties following the completion of a risk assessment for one person. Members of the management team attended the training to ensure that they could monitor the implementation of the skills in practice. People using the service were involved in training their staff. One person was being supported to design a training session for staff in the sign language they used. Staff supporting a young person had been involved in training staff in the supported living part of the service in their specific needs as they moved between the two services. The registered provider worked effectively in partnership with other organisations to ensure they were training staff to follow best practice. This included joint working with a leading learning disability research team affiliated with the University of Kent to provide training for staff in person centred active support.

People were supported by staff that had the skills and knowledge to meet their needs and ensure their safety. All staff had completed an induction when they started in their role. Staff followed different pathways for induction and training depending on the level of previous experience. The progress of new staff was reviewed after one, three and six months to ensure their understanding from the learning and to identify further training needs. Following induction staff undertook training that included courses from three different programmes; core training, best practice programme and a leadership programme. Staff spoke highly of the training they received. One staff member said, "The standard of training is very good and most of it is face to face." Another staff member said, "The training is great. We are being supported to do a positive behaviour support qualification." Staff were encouraged to undertake qualifications relevant to their roles including the Care Certificate and diplomas in health and social care. All staff had completed a relevant health and social care qualification or were registered to do so. A staff member told us, "There are

real opportunities to develop in this organisation. You are encouraged to take up career opportunities." New qualifications for staff had recently been sourced which included a certificate in person centred support and a diploma in positive behaviour support. Staff told us they had access to an intranet page where they could access news and good practice updates.

Staff told us that they felt supported and valued in their roles. One staff member said, "I have regular opportunities to meet with my manager, but managers from higher up in the organisation are also interested in the wellbeing of staff." Another staff member said, "It's good because we utilise everyone's skills." There was an effective system for staff supervision and support and staff received an annual appraisal of their performance. The registered provider showed that they were committed to supporting their employees. The organisation was signed up to a "mindfulness in practice" programme which staff could access to develop skills for managing stress and their emotional wellbeing. This had also been made available to people that use the service. The service had achieved recognised accreditation schemes, including 'Mindful employer' and 'Investors in people'.

People experienced care and support that promoted their health and wellbeing. Staff worked in an innovative way to improve the health outcomes for individuals. For example, one person required dental treatment in hospital, but their anxiety around the procedure had previously prevented this. Staff worked carefully to implement a desensitisation plan that included regular visits to the hospital to meet the nurses. Staff wore hospital wrist bands and had their own blood pressure taken to reassure the person about this procedure. A person who required an eye test was not offered a test that met their communication needs from their optician. Staff supported the person to challenge this. A person's relative told us, "They always look after [their relative's] health. I know they regularly take him to the dentist and look after his eye care." Staff planned carefully for people's health needs and were aware of the factors that affected their health. For example, staff described how they had recognised a concern about a person's health as their behaviour and appetite had changed. Another staff member described how they were aware of changes in a person's mental health as their handwriting became affected. People were supported to lead healthy and active lives regardless of their age or physical ability. People went out regularly for walks and some people enjoyed activities including cycling, using a gym and swimming. Staff described how they had worked closely with a person and their family to introduce them to swimming as they had previously been too anxious in busy environments to allow this. This had been introduced slowly and the person was enjoying regular swimming sessions. Staff identified that one younger person would benefit from accessing their local gym, but had limited finances to do this. Staff supported them to get a GP referral for a gym membership and this had improved their physical and mental wellbeing. One person's relative told us how staff were promoting their relatives good health. They said, "He takes medication that makes him gain weight and they're working to reduce this by helping him do cooking and reducing the amount of fast food. They try to cook healthily and are working to increase his exercise by walking."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff understood the key principles of the Mental Capacity Act 2005. They put these into practice effectively, and ensured people's human and legal rights were respected. The staff had a clear understanding of people's rights in relation to staff entering their own homes. Each person had been supported to draw up a document called 'My house, my rules'. This clearly laid out their rights plus any particular rules they wanted staff to follow when accessing their home. We saw that staff followed the rules, for example they arranged times to visit people that were convenient to them. People were always asked to give their consent to their care, treatment and

support and this had been recorded on their support plan. Support plans detailed the way individuals gave consent; whether this was verbally or by other means of communication. Staff gave examples where people had not wanted particular information shared with their family members and this had been respected. Records showed a person had refused to have their weight checked and their right to make this decision had been upheld. Staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the right professionals. A person had required an eye operation, but had been unable to consent to this. There were detailed records demonstrating how a decision had been made in their best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager understood the need to liaise with commissioners when people were subject to restrictions that may require authorisation from the court of protection. Some people had moved from residential services and had been previously subject to Deprivation of Liberty authorisations that were no longer applicable now they lived in their own home. We found that the paperwork for this had not been removed from the care notes for two people which could lead to confusion for staff. Before the end of the inspection the registered manager had addressed this and arranged an audit of this throughout the service to ensure this was not the case anywhere else. Staff only used restraint as a last resort and only when trained. The registered provider was registered with the Physical Interventions Accreditation Scheme, which showed that they had met the required standard for training their staff and the reporting and reviewing of the use of physical restraint. Where restraint was being used for one person there was a plan that had been agreed to reduce the need for this. When people had historically required restraint through sedation for medical examinations the registered manager and staff had worked closely with healthcare professionals to reduce the need for this by implementing desensitisation plans. These had been successful for two people who had not required sedation.

People were supported to maintain a balanced diet. Staff provided people with information about healthy eating and helped them to plan their meals and manage their budget to purchase a balance of healthy foods. One person's care review noted that they were eating a greater variety of food since receiving support from Avenues staff. People were encouraged to be as independent as possible in choosing and preparing their meals. They told us that they liked to help cook and they were supported to invite their friends and neighbours to dinner when they wished to. In some supported living premises people had the opportunity to arrange social gathering for events such as Christmas to share a meal. This meant that people were supported to maintain a healthy diet and to enjoy socialising around their meals.



Our findings

People and their relatives were consistently positive about the caring attitude of the staff. They told us the staff were caring and friendly. People spoke highly of individual staff members. One person said "I like it here, I like the staff." Another person told us, "[staff member] is my favourite, we do lots together." One person's relative said "The people who work with him care about him. They make improvements to his life." Another person's relative said, "They have kindness and empathy and give him the best quality of life he can have." Another person's relative told us, "They are very patient with him. He loves watching films and knows about all the new releases and what dates they're coming out. They got him access to [a streaming service]. They went to see the same film with him nine times to keep him happy." Other comments from relatives included, "The standard of care is very close to home, that's the best compliment I can pay them" and "I've never had anything bad to say about it. The staff are very in-tune with him. They genuinely care about him. I wouldn't let him go out with staff if I didn't feel that." Another person's relative commented, "They're really caring, that makes a difference, it's not just a job."

The service had a strong, visible person-centred culture and staff had developed positive relationships with people. Staff and their mix of skills were used innovatively to ensure meaningful relationships with people. Recently one person, who often changed their mind about which staff they wanted to support them, was supported to take control of the managing their staff. Staff were working with them to develop a criteria for staff to complete in order to qualify to work with them. The person told us they intended to award a certificate when staff demonstrated they met the requirements. This showed that the registered provider took care to deploy staff that met people's individual needs and expectations. Staff listened to people and respected their wishes. A staff member gave an example where a person they supported had refused a request by a visitor to use their toilet. The staff member had ensured this right was respected. A person's relative told us, "They've given him an opportunity where he is respected and he sees it as his home. He always wants to go back to [the supported living service]." The staff were organised into small core teams to ensure that people received support from a member of staff that knew them well. A staff member told us this worked well because, "It enables people to develop trust with their staff and for staff to receive training that is specific to that person." The registered manager gave people photographs of the staff that supported them before support was provided. One person's relative told us, "They seem to have a great affection for him." Another person's relative said, "The staff do know him well. He has a good rapport with some of them. You can see the staff know him as I do." Staff demonstrated that they cared about people and respected them as equal partners. A staff told "He is a pleasure to work with and makes my job worthwhile." Staff had supported people to complete a one page profile about themselves, their qualities, passions and interests. Staff had also completed these profiles for themselves and shared them with people using the service.

People's human rights were acknowledged and respected. The registered provider had an equality and diversity policy that ensured staff understood how to protect people's rights and to challenge discrimination. Staff described action they had taken to support a person experiencing discrimination in their local community. The staff met with the local neighbourhood watch and developed a positive relationship with them. This had improved the person's relationship with their neighbours. All staff, including board members, had completed equality and diversity training. Staff recognised the importance of self-esteem for people and supported them to dress in a way that reflected their personality. Staff supported people to exercise their right to vote. The registered manager had distributed easy read manifesto information and helped people to arrange postal votes or a visit to the polling station depending on their preference. This showed that people were given the support they needed to have their voices heard.

Staff demonstrated compassion when supporting people. One person had lost a parent and the staff developed a support plan, alongside other professionals, to help them grieve. This included guidance for staff about things that would help and not help the person. Staff in the young person's service told us that the support they provided to the person extended to their family. The manager of the service told us "It is important for us to support the family as a whole." A person's relative told us, "Staff are very thoughtful of our needs." Staff had provided additional support to people's families during challenging times to allow them some respite from their caring role. This showed that staff provided sensitive and compassionate support.

Staff recognised the importance of social contact and companionship to people's wellbeing. They supported people to develop and maintain friendships and relationships. One person had been supported to attend a college reunion to meet with old friends. Staff supported people to meet with partners and provided transport and emotional support where needed. Staff were working with one person to help them achieve their aspirations in relation to their personal relationship. Staff provided people with opportunities to meet new friends. One person had been able to meet their partner through a sporting activity that staff had supported them to attend. People that had formed friendships in previous areas they had lived were enabled to stay in contact. Staff helped people to arrange visits for dinner. People were supported to use the telephone, email and skype to stay in contact with family and friends. Some older people were members of their local Royal British Legion club and others were supported to attend social clubs and events. Some people lived in supported housing for older people. Staff had supported them to get to know their neighbours and be involved in community activities held in the shared lounge at the flats. This showed that staff valued people's personal relationships and enabled people to pursue them.

Staff were exceptional in enabling people to remain independent. Staff respected people's homes and their right to be independent at all times. One person had been reliant on their family to do their laundry. Staff helped them develop skills to do this for themselves. Another person had never bought their own clothes. Staff worked with them to be able to undertake this task themselves. Staff had identified that vacuuming was becoming an increasing risk for two people as they were struggling with the wire. Staff supported them to change to a cordless vacuum which allowed them to continue with this task independently. The registered manager told us, "Staff are enabled to have the confidence to think of solutions to problems so that people can be as independent as possible." Staff told us that people who had previously lived in residential care homes had benefitted greatly by being supported by Avenues to move to their own home. One staff member said, "Moving to their own apartments has been very positive for people. They are getting out more." A relative of a person using the young person's service told us, "They are almost unrecognisable in their independence since being supported by avenues." Assistive technology was widely sourced, supplied and used to help people retain or develop their independence. The registered provider had worked with people's landlords to identify and install technology that would increase their independence. This

included fob reader door access and door sensors to allow people to easily access their apartments when using a wheelchair. The landlord had recently put in a bid for funding for additional technology that would benefit people. This included equipment to help people control the temperature of their home and to use skype for communication means. The registered provider supported this process and supported people to ensure the equipment they needed was installed. This meant that people were supported and encouraged to be as independent as possible.

Staff communicated effectively with every person using the service, no matter how complex their needs. Some people used alternative communication methods such as computer apps, mood charts, sign language and picture boards to assist them in speaking out. The individual communication method of each person was clearly recorded in their support plan and staff demonstrated that continually explored different ways to ensure people's voices were heard. We saw staff actively listening to people and encouraging them to communicate their needs. The registered provider had produced easy read information guides and policies for people to use. Staff were committed to involving people in planning their support. People, and their circle of support, were involved in writing their support plan and in meetings with their team of staff that supported them. This meant that people were involved in developing the service they received.

Staff respected people's privacy. They phoned ahead to arrange appointments for us to visit people and knocked at people's front doors before asking permission to enter. Staff described how they offered discreet support when people were visiting their bank, being careful not to look at their books. A person's relative told us, "Staff respect his privacy and treat him with kindness and compassion. For example, when we visit staff ask him if he wants to be alone with us and then the staff will go outside. That's quite nice really." Another person's relative said, "They do respect his privacy and treat him with dignity and respect: something we've never had to remind them of. He needs [help with personal care]. They put appropriate things in place and make sure no one is around." This meant that people's right to privacy was respected.



Our findings

People told us that they received the care they needed in the way they wanted. They said that they were enabled to do the activities they wanted to. One person said "I like living here, I'm happy. I enjoy going for my tennis lesson. I want to stay here." A person's relative said, "His care plan is built around his specific needs." Another person's relative said, "We're all involved in his decision making. He has a care plan and we contribute. He also contributes, they give him choices using pictures, symbols and verbally." Another person's relative told us, "They always make an effort for us to visit and for him to come home. That's important to him. They're willing to try new things." Another person's relative told us, "They know him very well and in a way that they can communicate and anticipate what he might do and are flexible enough to accommodate that."

People received consistent, personalised care and support. They had been enabled to share what was important to them and how they would like their support delivered. Relatives described staff members who had gone the extra mile in supporting their relative. One person's relative told us, "They got a passport for him. They really persisted with it as he can't sign his name. They took him to an airport to get him used to a plane and he went on a small plane before they took him abroad. I thought that was brilliant." Another person's relative told us, "There's a member of staff there that goes out of her way to bake with him. It's a credit to them to identify that he likes baking and that they've helped him to achieve it." Staff described how they worked closely with a person and their GP to find a solution to health challenges that would allow them to continue working in a job that they loved. Another person's relative told us their loved one had required immediate support from Avenues following a breakdown in their care package with another provider. They said that, without notice, "Many staff members gave up their personal time to ensure the most appropriate support plan was put back in place." A staff member told us, "We are a specialist bespoke service. Our approach is different for every person and their family."

The service had produced a detailed transition plan for a person who was moving to their own flat to be supported by Avenues staff. The plan recorded key phrases to use when talking about the move and in response to anxiety. These were familiar to the person and reflected phrases used by the person's family. The person liked to collect magazines and leaflets. The staff put pictures of the person's new flat amongst these so that they would see it regularly to become familiar with it. They also provided a video tour of the flat for the person to watch. Staff worked with the person at their family home and supported them to regularly visit their new accommodation along with their existing staff. The route was planned carefully to avoid traffic which increased the person's anxiety. On the day they moved staff ensured that their new flat contained familiar decoration and the person's favourite personal belongings. A weekly review meeting took place and

the notes of this showed this careful transition had been successful. Another person had been supported to move from their family home to their own apartment. Staff from the young person's team supported the person to develop new skills to enable them to live independently. When they moved the staff stayed with them for two nights until they were settled and used to the new staff supporting them.

People's plans were reviewed every six months or sooner if their needs changed and they were provided with support that met their needs and preferences. A person's relative told us, "They phone and let me know what's going on. There are meetings twice a year to review his care plan." People had a person centred plan called 'my plan' that set out their goals and aspirations. Staff had worked with people to make this a reality. For example, two people had been supported to volunteer at their local parkrun. Detailed support had been agreed to slowly increase their involvement. One staff member described how a person had a love of dogs so they had booked them a place to go to "Paws In the Dark" an activity taking place in the local park. A person had expressed that they wished to go by train to the beach. Staff had worked with them to develop a plan that began with shorter train journeys to avoid anxiety. Another person had wanted to go to a music festival and had been supported to arrange this attend with their staff. People's needs as they aged had been considered and planned for. People had support plans that identified their health, physical and emotional needs as they aged. Avenues had worked closely with people's landlords, particularly in the design of new supported living accommodation, to ensure that their accommodation was designed in a way that took into account their needs now and as they aged. The registered manager gave examples where they had supported people to work with their landlord to adapt their home to accommodate their changing needs as they age, such as fitting handrails and walk in showers.

The registered manager demonstrated a commitment to people's right to access mainstream services, facilities and social groups. They described one person's needs and told us, "We have found that [the person] responds more positively in community based groups rather than groups for people with disabilities. We have actively supported him to access these including using the gym, swimming and dance classes." Staff had supported another person to go to a local tea dance that was not for people with learning disabilities. People were enabled to obtain employment if they wished. One person had been supported to obtain work in one of the offices owned by Avenues. A person had been supported to get a job in a garden centre. A support plan had been implemented that allowed them to progress to doing this independently of staff. Staff helped them to arrange a taxi to take them to work. A person had been supported to get a job at their favourite football club. Another person had been helped to obtain a job for the red cross making first aid kits. They were initially provided with support from staff, but as their confidence grew staff were able to provide less support. Staff worked with the employer to identify practical methods to provide the person's induction to the role as they were a non-reader.

People were supported to live fulfilled and meaningful lives. A staff member told us, "We ensure residents get out every day we make sure they have enough activities and enjoy life. Staff enabled people to take part in a range of community based activities. This included swimming, social clubs, night clubs, going to the cinema, cycling, golf, rock climbing, tennis lessons, trampoline sessions, eating out and drinks at the pub. Staff had supported several people to apply for an adapted vehicle which enabled them to get out more frequently and with more independence. Many people were busy out and about doing their activities during the inspection. We saw that staff worked to people's timetable, supporting one person to get up in time for work and another who wanted to out for a walk in the local community. Staff were skilled in supporting people to lead the life of their choosing and as a result their quality of life was enriched and optimised. People were supported to plan holidays to destinations of their choice and some people were away on holiday with staff during our inspection. One person had been supported to go on a holiday abroad, which involved them flying for the first time. The staff communicated with the airline to ensure the person's health needs were understood and equipment accommodated on the flight. Additional staffing was provided to

ensure the holiday could happen. Staff described how they had also supported the person to speak up when had been allocated a room without a view which did not meet their expectations. Staff ensured they got the outcome they desired. Other people were supported to go on holiday with friends and people they used to live with. People spoke about their holidays with excitement and it was clear they led the planning of this.

The service was flexible and responsive to people's individual needs. The registered manager described how one person had required an increase in staffing to provide 2-1 support. This had been provided immediately and then action taken to liaise with the funding authority about long term funding of this. Staff gave examples where the staffing rota had been changed to accommodate people's social activities, for example to provide support later at night to enable people go out in the evening. Additional staffing had been provided by the young people's team on many occasions to provide family members with respite. Staff had also worked for an additional two nights supporting a person when they had required a stay in hospital. Relatives told us that the service was flexible and had regularly provided additional support to respond to urgent changes in need. Health care professionals told us that the service was responsive and provided high quality consistent care. Staff working in the young people's service had an excellent understanding of the difficulties young people face when leaving school and moving between services. Staff described how a young person's parents had worried they wouldn't be able to get the person out into the community safely. The staff member told us "Through careful planning we have been able to access the park, cafes and swimming." Staff also told us, "We are aware of people's likes and dislikes. This means for one person we know they dislike crowds so we avoid going out shopping when it's crowded. We do a lot of reassurance."

The registered provider had given people clear information about how to make a complaint in written and pictorial format. Staff discussed people's satisfaction with the service at regular meetings with them. Area managers visited people monthly and asked if they were happy with the service as part of their quality monitoring checks. Records showed that complaints were taken seriously, investigated comprehensively and responded to quickly. Relatives told us that they felt confident they would be listened to if they made a complaint. The registered manager demonstrated how they had effectively used the outcome of complaints to improve the service. For example they had strengthened the induction for new staff working with a specific individual with complex support needs.



Our findings

People and their relatives were consistently positive about the service they received. One person told us, "They are good to me and take me out where I want to go." Comments from people's relatives included, "Excellent support", "their care worker is exceptional, caring and understanding. A first class keyworker" and "staff are friendly and helpful." A person's relative said, "We have very good contact with them. There are no problems getting our views heard. The support from management has made a big difference." Another person's relative told us, "They have a brilliant manager. They provide lots of reassurance and confidence and things are dealt with quickly." A commissioner of services told us, "Avenues are one of Kent County Council's most experienced supported living providers and deliver support to a very wide range of ability and need levels within their client cohort, up to and including very complex needs."

The registered provider had a clear vision that was person centred and focussed on enabling people to live fulfilled lives and be active citizens in their local communities. A staff member told us, "There are so many opportunities for people." Another staff member said, "We give people opportunities to enhance their lives." The values of the organisation were respect, integrity, excellence and pride. It was clear that these values were owned by people and staff and underpinned practice. One staff member said of Avenues, "I like their values, they truly believe in these." Another staff member told us, "We only take on new work if we can do it right. We worked with one young person and had to take it really slowly. We weren't prepared to rush him." A manager of one part of the service told us they were proud of the service as they were responsive to people's changing needs. Another staff member told us, "There is an ethos of anything is possible."

The registered manager had sustained a positive and open culture in the service encouraging staff and people to raise issues of concern with them, which they always acted upon. Staff were regularly asked for their feedback on the service. Staff understood their rights to 'Blow the whistle' on poor practice and were confident to do so if needed. Staff spoke highly of all levels of management in the service. One staff member said, "We see Steve and Jo [the CEO and deputy CEO] in services talking with people." Another staff member said, "There is no one in this organisation that would not come out to a person's service, you don't feel that senior manager visits are a token gesture." A staff member described how, whilst the CEO was visiting a person they wanted to go to the local shops so the CEO accompanied them. The registered manager demonstrated they were open and honest with people they supported and their families. They told us, "We tell families that we may not always get everything right, but if we don't we will talk to them about it." The registered manager had met with a person's family to explain why there had been a delay in starting a new service for their relative. To support the family during the delay the registered manager provided additional staffing to them at the family home. Staff told us the culture of the service was supportive. One staff member

described how the registered manager had supported them when they needed to take time off work. "They are very caring. A manager visited me at home to see how I was and what support I needed." Since our last inspection the registered provider had continued to evaluate and improve support for staff. An employee benefit package had been introduced to include reduced breakdown cover, gym membership and travel discounts. The registered manager sought monthly nominations for an 'employee of the month' award. There was an annual awards ceremony across the whole organisation. The registered manager had recently been nominated for a 'magnificent manager' award by their team.

There was a strong emphasis on continually striving to improve the service. The registered manager had actively sought and acted upon the views of others. This included an annual survey and monthly visits by area managers to seek feedback from people the service supports. The registered provider used a variety of creative methods to obtain feedback about people's experiences. All board members were required to visit people in their homes to seek feedback from them. Some people had attended board meetings to share their views. An open day had been scheduled to seek people's views about the service and what they wanted to see in the new business plan. The registered manager told us about plans to develop an internal role for people to use their experience of using the service to review and improve the quality for others. Relatives told us they were frequently asked for their views and could speak with the registered manager at any time. One person's relative said, "I've been sent questionnaires through the post." Another person's relative said, "We've been asked to provide feedback, sometimes verbally sometimes via a questionnaire." The registered manager demonstrated how they used feedback to improve the service, for example they had begun to issue people with individual rotas of their staff support following a suggestion made by a person using the service. The registered manager used systems effectively to monitor and improve the quality of the service. Quality assurance audits were carried out at least monthly by area managers, with informal visits from service managers on a daily basis. The registered manager carried out regular visits to parts of the service, which included speaking with people and staff to review the effectiveness of their support. Managers worked in the service alongside staff to role model. Observation of practice was used, along with reflective logs to help staff develop their practice. Each part of the service had an ongoing improvement plan that the registered manager reviewed monthly. The service had sustained outstanding practice and improvements over time and had achieved recognised accreditation schemes. This included The Social Care Commitment, Investors in People and a Housing and Support award for partnership working in setting up supported living services.

Staff were exceptional at supporting people to form and sustain links with their local community. A staff member told us, about a person they supported, "He goes into the local supermarket each week to get his shopping and all the staff know him and say hello; that is so lovely and really makes him feel he belongs in his community." They also told us, "Although he now lives a bit further away, I still support him to go to the same bank he has used for years as he is more comfortable with this and the staff know him." Staff working in the young people's service told us, "We encourage young people into the community in a safe way." People, were supported to be active members of their church if they wished and some people attended social groups and church events. A staff member said, "There is so much community participation. Our neighbours know us." The service continually worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. This included being part of the voluntary organisation disability group and partnership working with a leading learning disability research team. The registered manager was undertaking a qualification in commissioning to better understand the process.

Managers at all levels provided clear leadership and staff spoke highly of their managers telling us they were accessible and approachable. The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of any significant incidents and proactively

shared identified risks and plans for improvement. The registered provider had a dashboard system for identifying risks within the service. The registered provider had a contingency plan for ongoing delivery of the service. This procedure was tested annually. In the event of poor weather staff who lived nearby people's homes were made available to cover. Staff who worked as part of the young people's team that were unable to reach people due to car breakdown were provided with a hire vehicle for up to one week. This showed that the registered provider had proactively considered the risk of service breakdown and had put measures in place to ensure people received a consistent and full service.

Staff gave examples where they had worked proactively alongside other agencies to ensure people received high quality care. For example, staff from the young people team had worked within a residential respite service to support a person they worked with whilst they were having a break from the family home. This provided the person with consistency in support and emotional stability as they had people they knew with them. Staff described how they had built an excellent working relationship with a local GP who provided services for people they supported who displayed behaviours that challenge. They told us that, when supporting people to attend appointments at the surgery, the surgery would call if they were running late to avoid unnecessary waiting. A staff member said, "We often wait in the vehicle and the GP comes out to meet the person when they are ready to see them. We have helped them understand the person's anxiety and this has reduced challenging behaviour when attending the surgery."

The registered manager worked closely with organisations in the local community to raise awareness of good practice in learning disability support. The service facilitated placements for police officers and student nurses who were undertaking training in equality and diversity. The registered manager attended local provider forums and registered manager networks. They had delivered information sessions about how they provided an outstanding service and were developing a booklet to support staff in preparing for a CQC inspection.