Avenues South East

Avenues South East - 69 Reigate Road

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

69 Reigate Road provides accommodation and personal care for up to six people with a learning disability, autistic spectrum or visual impairment needs. On the day of our visit there were five people at the home. The inspection took place on the 27 September 2016.

There was not a registered manager in post. 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 and associated Regulations about how the service is run. A new manager had taken up their role in July 2016 and was in the process of registering with the Care Quality Commission. The new manager assisted us with our inspection.

People's relatives told us they felt the service was safe. Relatives told us that staff were very kind and they had no concerns in relation to the safety of their family member. Staff had received training in relation to safeguarding and they were able to describe the types of abuse and the processes to be followed when reporting suspected or actual abuse.

Staff had received training, regular supervisions and annual appraisals that helped them to perform their duties. New staff commencing their duties undertook the Care Certificate training to help prepare them for their role.

There were enough staff to ensure that people's assessed needs could be met. It was clear that staff had a good understanding of how to attend to people's needs.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

Where there were restrictions in place, staff had followed the legal requirements to make sure this was done in the person's best interests. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way

People were not prevented from doing things they enjoyed as staff had identified and assessed individual risks for people. The manager logged any accidents and incidents that occurred.

The provider ensured that full recruitment checks had been carried out to ensure that only suitable staff worked with people at 69 Reigate Road.

People lived in a homely environment that had been adapted to the needs of people. Everyone was involved in maintaining the upkeep of the home by taking part in the cleaning and general housework duties.

People were encouraged and supported by staff to be as independent as they were able. Staff supported people to eat a good range of foods. Those with a specific dietary requirement were provided with appropriate food. People were involved in preparing food and shopping.

People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health.

Staff showed kindness and compassion and people's privacy and dignity were upheld. People were able to spend time on their own in their bedrooms and their personal care needs were attended to in private. People took part in a variety of activities that interested them.

Documentation that enabled staff to support people and to record the care they had received was up to date and regularly reviewed. People's preferences, likes and dislikes were recorded.

If an emergency occurred or the home had to close for a period of time, people's care would not be interrupted as there were procedures in place. People would be evacuated to local hotels should the need arise. There was an on-call system for assistance outside of normal working hours.

A complaints procedure was available for any concerns. This was displayed in a format that was easy for people to understand.

Staff and the provider undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were attended to by staff.

Relatives and associated professionals had been asked for their views about the care provided and how the home was run. Regular staff meetings took place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were aware of the signs of abuse and the process to be followed if they suspected abuse.

There were enough staff deployed to meet people's needs.

Risks to individual people had been identified and written guidance for staff about how to manage risks was being followed.

Accidents and incidents were recorded and monitored by staff at the home to help minimise the risk of repeated events.

The provider had carried out appropriate checks to ensure staff were safe to work at the service.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and had opportunities to meet with their line manager regularly.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People were involved in choosing and preparing the food they ate.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Is the service caring?

Good

The service was caring.

Staff showed people respect and made them feel that they mattered.

Staff were caring and kind to people.

People were supported to remain independent and make their own decisions.

Relatives and visitors were welcomed and able to visit the home at any time.

Is the service responsive?

Good

The service was responsive to people's needs.

Staff responded well to people's needs or changing needs and care plans were person centred.

People had opportunities to take part in activities that interested them.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good

The service was well led.

There was not a registered manager in post but the process of applying had been started.

Quality assurance checks were completed by the provider and staff to help ensure the care provided was of good quality.

Staff felt supported by the manager and the provider.

Staff felt the registered manager had a good management oversight of the home and supported them when they needed it.

Avenues South East - 69 Reigate Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 was an unannounced inspection that took place on the 27 September 2016. Due to the small size of the service the inspection was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR before the inspection to check if there were any specific areas we needed to focus on.

During the inspection we were unable to speak to people as they were unable to communicate verbally with us. To help us understand the experiences of people we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allows us to spend time watching what was going on in a home and helps us to record how people spend their time and how staff interacted with them.

As part of the inspection we spoke with the new manager, the provider's area manager and three members of staff. We had telephone discussions with two relatives and a healthcare professional. We looked at a range of records about people's care and how the home was managed. We looked at two care plans, medication administration records, risk assessments, accident and incident records, complaints records,

recruitment records and internal and external audits that had been completed.

We last inspected 69 Reigate Road in April 2014 when we had no concerns.

Good

Is the service safe?

Our findings

Relatives told us that their family members were kept safe at 69 Reigate Road. One relative told us, "My [family member] is very safe; the staff look after all people well. I have never heard or seen any kind of abuse; if I did I would report it to the authorities." Health care professionals stated they had no concerns in relation to how people were supported by staff at the home.

People benefit from a safe service where staff understood their safeguarding responsibilities. Staff knew the different types of abuse and what to do if they suspected or witnessed abuse. One member of staff told us, "I would report all suspicions of abuse to the manager. The manager would then have to report incidents of abuse to the local authority safeguarding team." Another member of staff stated, "If I did not think the manager or organisation had acted properly I would report my concerns to the local authority and if necessary, to the police." The PIR informed that robust safeguarding procedures, and local authority procedures and protocols were in use at the home. We found this was correct and staff understood these procedures. Staff records confirmed they had received training in relation to safeguarding people that included whistle-blowing. Staff confirmed this and said they had read the safeguarding policy and had access to the local authority procedures which they had also read. Staff told us they would not hesitate to follow the whistle blowing policy if they suspected a member of staff had acted inappropriately.

People were kept safe because assessments of the potential risks of injury to them had been completed. Risk assessments were based on daily living activities. For example, moving and handling, medicines, falls and travelling in a vehicle. Guidance about the action staff needed to take to minimise risk was clearly recorded and risk assessments had recently been reviewed. Staff were knowledgeable about risks to people and the action to take to minimise the risk.

People were cared for by a sufficient number of staff to meet their needs. Relatives told us that there were sufficient staff on duty and people did not have to wait long for attention. They said that there were always enough staff to take people to appointments and external activities. We saw that staff had time to spend attending to people's needs and also to sit and talk with people. Two people went out on an external activity with two members of staff. We saw this left a sufficient number of staff to attend to the needs of the people who remained in the home.

People received their medicines when required as there were safe medication administration systems in place. People's medicines were stored and disposed of appropriately and securely. We looked at the Medicine Administration Records (MARs) for people. The MARs we looked at had been completed and no omissions had been noted. All medicines received into the home were clearly recorded.

Where people had 'as required' (PRN) medicines, protocols were in place which contained information on the PRN medicines they required, what may trigger the need for it and the maximum dosage they could take.

We observed a medicine administration round. Staff asked people if they were ready for their medicines and

stayed with them until they had swallowed their medicines. The MARs records were signed by the member of staff after the medicines administered had been taken. The staff member was knowledgeable about how people preferred to take their medicines. We noted that people received their medicines as recorded in their care plans.

Interruption to people's care would be minimised in the event of an emergency. The provider told us in their PIR that the home had a contingency plan and we found this to be the case. The business continuity plan detailed the action to be taken in case of an emergency. For example, fire, flooding or the loss of electricity and gas. Arrangements were in place where people could be evacuated to if an emergency was to last for a long time. Each person had a personal emergency evacuation plan (PEEP) that gave clear guidance about how to safely evacuate people in the case of an emergency. Staff were aware of these procedures and how to safely evacuate people safely.

When people had accidents or incidents these were recorded and monitored at the home. Staff knew the procedures for reporting accidents and incidents. Staff told us they reported all incidents and accidents to the manager and these would be discussed during staff meetings. Staff told us this helped them to reduce the risk of repeated accidents. The manager told us they looked at the accident and incident records to try to identify any trends and learn lessons from them.

Safe recruitment practices were followed before new staff were employed to work with people. The provider had told us in their PIR that DBS and references were sought for all staff at the recruitment stage. We found this to be the case as we found checks were made to ensure staff were of good character and suitable for their role. The provider had obtained appropriate records as required to check prospective staff were of good character. These included written references, proof of the person's identity, employment history and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Good

Is the service effective?

Our findings

Relatives told us they believed staff had received training due to how they carry out their roles. A relative told us, "They [staff] always know what they are doing."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. The provider told us in their PIR that staff received all the mandatory training and we found this to be the case. Staff confirmed that they had received this training that included safe management of medicines, safeguarding, moving and handling, first aid, food hygiene, health and safety and infection control. Other training undertaken by staff included epilepsy, autism, and PEG (Percutaneous Endoscopic Gastrostomy) feeding and active support. The active support training guides staff to support people how to undertake tasks that they may find difficult, such as making a sandwich. Training records corroborated what we were told by staff. Staff were applying their training by delivering the effective care that people needed. Staff were observed to be following the correct procedures they had learnt from their training when administering medicines to people. Staff told us that training provided at the service was good and they were provided with regular updates.

New staff were supported to complete an induction programme before working on their own. One member of staff told us, "The induction helped to me carry out my duties and understand the needs of people we looked after." The manager and area manager told us that new staff now undertook the Care Certificate training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. A new member of staff had commenced this training.

Staff were provided with the opportunity to review and discuss their performance. Staff told us supervisions were carried out regularly and this enabled them to discuss any training needs or concerns they had. Notes from these supervisions were kept in the staff records. Staff also had annual appraisals.

Decisions were made in people's best interests and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We checked whether the staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards.

The manager ensured that where a specific decision needed to be made an assessment of a person's capacity was undertaken. Following this, best interests meetings took place. We saw DoLS authorisation applications had been submitted to the local authority. For example, authorisation requests for the use of bedrails and lap straps for wheelchairs.

Staff told us they had received training in relation to the MCA and DoLS. Staff told us people made choices about everything they wanted to do. One member of staff told us, "We always offer choices to people. For example, they can choose their bedtimes and the clothes they want to wear. They can choose what activities they want to join in with." We observed people making choices and staff respected these. For example, one person wanted to go to their bedroom to be on their own and this was respected by staff.

People were supported to have a meal of their choice by organised and attentive staff. Staff told us that if people did not want what was on offer then other meals would be provided. The choices people made were respected by staff. Meals were nutritious and included fresh meat, vegetables, pasta and fresh fruit.

People's dietary needs and preferences were documented and known by staff. Information relating to people's dietary needs were recorded in their care plans. Staff were very knowledgeable about people's dietary needs. Staff had received training in relation to supporting one person who had a specific dietary need. They were able to explain and demonstrate how this need was met.

People had access to health and social care professionals. The provider told us in their PIR that each person had a health action plan in place and regular health checks were carried out as required. We found that healthcare issues were addressed and recorded. We found this to be the case. People had a health action plan which described the support they needed to stay healthy and included the contact details of healthcare professionals associated with them. Hospital passports had also been produced for people. These provided important information about their medical and social care needs should they be admitted to hospital. People's care records showed relevant health and social care professionals were involved with people's care that included GP, dentist, optician and community nurses.

Relatives told us they were always informed by staff whenever their family member had a healthcare appointment. A relative told us, "Staff always telephone me when they [family member] has an appointment. They [family member] get the best care at Reigate Road."

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. Relatives told us that staff at the home were 'excellent' and very caring people. They told us that their family members were cared for by friendly and attentive staff. A relative told us, "Staff go above and beyond their duties. They brought [family member] to visit me, but they also brought another person who lived at the home to keep them [family member] company during the journey."

Staff told us they treated people as individuals and how they would like to be treated. They said this was the people's home and they had to respect that.

People received care and support from staff who had got to know them well. The relationships between staff and people demonstrated dignity and respect at all times. A person had signified that they required the toilet. A member of staff supported the person to the toilet and made sure the door was closed when they left the toilet. Staff were observed knocking on people' bedroom doors and asking their permission before entering. A member of staff told us they would not discuss information about people in communal areas or in front of other people who lived at the home.

Staff knew people's individual communication skills, abilities and preferences and how each person communicated through use of facial expressions, body language, objects of reference and touch. One person was being offered choices of food for their lunch. They touched the member of staff on the arm when the food they wanted was shown. Another person sat in front of the kitchen hatch with their small tea pot and a cup. This signified that they wanted a cup tea and staff fulfilled this request. These forms of communication and indication of choices were as recorded in people's care plans.

Staff told us they regularly read people's care plans to ensure they had up to date knowledge of their needs. They told us they got to know people's likes and dislikes through reading the care plans and talking with people.

People's care was not rushed enabling staff to spend quality time with them. Staff spent time with people talking to them and undertaking activities with them. Staff constantly interacted with people, offered choices and communicating with them as described in their care plans. A member of staff spent time with one person painting their nails. They were communicating with the person throughout this activity, asking them the colours they wanted and how the nails were looking. Other staff walked past and gave positive comments to the person about their nails, saying how nice and sparkly they looked.

People were encouraged to be as independent as they were able. Staff supported people in the kitchen to prepare and make meals and drinks. They did not take over the activity, but gently encouraged people, giving clear guidance.

Staff told us that people helped with chores around the house such as cleaning, laundry and gardening. People were able to choose if they wanted to take part in chores. One person was asked if they wanted to

help with a chore and they chose not to. This decision was respected by staff.

People were able to have privacy if they wished it. The home was spacious and allowed people to spend time on their own if they wished. People were able to spend time on their own in their bedrooms if they wanted. One person went to their bedroom after they had eaten their lunch. Staff told us this was part of the person's routine and they would do whatever they wanted to do. Other people listed to their favourite music uninterrupted by staff.

People were cared for by staff who were knowledgeable about things people found difficult and how changes in daily routines affected them. Staff were able to explain why certain items were in the place, and how certain people become upset if their routines were changed. One person was becoming agitated during our visit. A member of staff approached the person and talked to them in a soft voice to find out what was causing their agitation. They ascertained that the person wanted to go for a walk in the garden and the member of staff supported the person with this request.

People lived in an environment that was homely and met their individual needs. People's bedrooms were personalised to them with televisions, pictures, tactile objects and posters. The environment was very clean and tidy. There was a very large sensory garden at the rear of the home. People used this area during our visit. It included chimes, objects of reference, flowers, plots for growing fruit and herbs and a variety of fruit trees. There were objects for people to touch and smell that helped them navigate the garden. There was also a large patio area with appropriate seating and where barbeques were held during the summer months. Staff told us they had just won the 'Horley in Bloom' for this year and a presentation was due to take place in the coming weeks.

Throughout the home there were different textures and objects of reference that supported people with a visual impairment to navigate their way around the home. Each person's bedroom door had a different texture that was specific to them so they could tell when they had reached their bedroom. Other parts of the home had 'touch' identification, for example, the kitchen doors had a wooden spatula and spoon fixed to it and people were able to identify this as the kitchen. There was a wall with objects that helped people to know the activities they were either about to undertake or they wanted to do. These included parts of a car seat belt that signified going out to in the vehicle and to the bank, horse riding straps for horse riding and other objects signifying activities such as music and cooking.

Information about advocacy services was available to people. Advocates were found for people who required this type of service. We spoke with one advocate who was complimentary about the staff and how they cared for people.

Relatives told us they were made to feel welcomed and were able to visit the home at any time.

Good

Is the service responsive?

Our findings

Relatives told us they were aware of the care plans for their family members and that staff kept them informed of any changes made.

Care plans were personalised and detailed daily routines specific to each person. They included how the person wished their personal care needs to be attended to, their communication needs, how to assist the person with their night time routines and how to help them make choices every day. Information in the care plans was centred on individual people's needs. Care plans included information about 'How I express my pain and what you need to do.' This was written using key words, symbols and pictures. This helped people to be involved as much as possible in planning their own care.

Information in the care plans was followed by staff in practice. One person's care plan informed that they would touch your arm to signify 'yes'. We observed this happening during our visit.

Staff told us they use a key worker system whereby staff have the responsibility for overseeing the holistic needs of people. They [staff] told us they sit with people who they key work with and talk to them about their care plans, although people have difficulty understanding the concept of care plans. It was clear from discussions with staff that they were knowledgeable about people's care needs. Care plans we looked at had been recently reviewed. The manager and staff told us that changes were made as and when people's needs change.

People were cared for by staff who showed concern for their wellbeing in a caring and meaningful way, and responded to their needs quickly. One person had been identified with a particular health need. Appointments were made with the appropriate healthcare professionals and the person received the treatment they required. This involved a number of healthcare professionals to meet the persons' need. Another person's mobility had decreased. Staff liaised with occupational health who undertook an assessment of the person's needs. As a result, a specialist wheelchair had been ordered for that person to help with their mobility around the home.

People had a range of individual and group activities they could be involved in and people were able to choose what they took part in. People were able to maintain hobbies and interests and staff provided support as required. Activities included shopping, meals out, horse riding, ball games, hydrotherapy, music and manicures. During our visit some people went shopping and had lunch out. Other people took part in a ball game and listened to music. Staff told us that activities had to be flexible as people may choose alternative activities or make the choice not to do an activity.

There was a complaints procedure available to people in a format that they could understand. It was also available in CD format for people with a visual impairment. The complaints procedure included all relevant information about how to make a complaint, timescales for response and who to go to if they were dissatisfied with the response. Staff told us they pass all complaints to the manager. The provider told us in their PIR that no complaints had been received since our last inspection and we found this to be the case.

However we read that the home had received 18 compliments from relatives and healthcare professionals.

Relatives told us they were aware of how to make a complaint. They said they found staff approachable and if they had any concerns they could discuss them with staff and the new manager. The manager said any concerns or complaints would be discussed at staff meetings as an opportunity for learning or improvement.

Good

Is the service well-led?

Our findings

Relatives told us that they thought the service was managed well as their family members were cared for in a respectful and dignified way. One relative told us their family member had lived in a few other care homes, but 69 Reigate Road was the best because of the staff and how the home was managed.

The service promoted a positive culture. Staff told us the manager had an open door policy, was approachable and they could talk to the manager at any time. One member of staff told us, "The new manager is like a breath of fresh air. We can see positive changes happening such as new equipment for individual people. A new ramp into the sensory garden was organised by the manager." Relatives were also complimentary about the manager. A healthcare professional told us, "The new manager is very much on the ball and is aware and works with new procedures such as best interest meetings and is very knowledgeable about the DoLs process."

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The provider undertook audit visits to check the quality of the service being provided by staff. Action plans were developed from these visits and had been completed by the manager.

The manager and assistant manager undertook regular internal quality audits to help drive improvement at the home. Audits included medicines, water temperatures, fridge/freezer temperatures, fire detection systems, care plans, risk assessments, health and safety and the environment. Through these audits new furniture suitable to the needs of people had been purchased.

The manager also told us that as part of continued improvement, managers from other of the provider's homes were to undertake audits in sister homes. They also told us that the managers from the different homes met on a regular basis to learn from one another and share good practice.

Staff had monthly staff meetings where they discussed people who lived at the home, messages from the organisation, changes in legislation, accidents and incidents and training. This was corroborated in the minutes of meetings we viewed. Regular senior meetings also took place at the home. These helped staff to stay up to date, to use best practice and to share their knowledge.

Meetings with people living at the home had not taken place in the past. The manager told us that this was something they were to introduce so as to involve people as much as possible in the running of the home.

Relatives and stakeholders were encouraged to give their feedback about the home. Comments in the last survey undertaken were all positive about the care provided at 69 Reigate Road. Comments included, "Is providing an outstanding service to the people who live there and the team should be extremely proud of the work they do," and "Staff talk and interact with people and offer them choices." The manager told us they had just sent out questionnaires to ascertain the views about the care and support provided to people by staff.

The manager was aware of their responsibilities and the requirements of CQC. They told us they had started the process of registering with CQC and we found they had notified us about significant events. We use this information to monitor the service and ensure they respond appropriately to keep people safe.