

Avenues South East

Avenues South East - 64 Brighton Road

Inspection report

64 Brighton Road
Horley
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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

64 Brighton Road provides accommodation and personal care for up to five people who have a learning disability, such as autism or epilepsy. People's accommodation is arranged over two floors. There were five people living at 64 Brighton Road on the day of our inspection.

There was 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.

People lived in a homely environment. Everyone was involved in maintaining the upkeep of the home by taking part in the cleaning and general housework duties.

People were independent and encouraged and supported by staff to continue to be so. 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 the menu planning, 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.

People were encouraged to take part in activities which were meaningful to them. People chose what they wished to do on the day, not only within the home but if they wished to go out.

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

Staff met with their line manager on a one to one basis and staff said they felt supported. Staff said the registered manager had good management oversight of the home and there was a good culture within the team.

There were a sufficient number of staff on duty to enable people to either stay indoors or go out to their individual activities. It was evident staff knew people well, understood people's individuality and needs and respected people when they wished to have time alone. Staff were caring to people.

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

Staff had followed legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

Appropriate checks were carried out to help ensure only suitable staff worked in the home. Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event.

Staff received a good range of training which included training specific to the needs of people living at 64 Brighton Road. This allowed them to carry out their role in an effective and competent way. Staff met together regularly as a team to discuss all aspects of the home.

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 made by staff.

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 another of the provider's homes or 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. People, their relatives and external stakeholders were encouraged to feedback their views and ideas into the running of the home.

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.

Medicines were administered and stored safely.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home .

Staff knew what to do should they suspect abuse was taking place. There was a plan in place in case of an emergency.

Is the service effective?

Good ●

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People were involved in choosing what they ate.

People had involvement from external healthcare professionals to support them to remain in good health.

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

People were able to take part in activities that meant something to them.

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

Complaint procedures were available for people in a way they could understand.

Is the service well-led?

Good ●

The service was well-led.

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

Everyone was involved in the running of the home. This included the people who lived there, their family members and the staff.

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

Avenues South East - 64 Brighton 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 18 August 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 anyone as they were unable to communicate verbally with us due to their medical conditions. Instead we observed the care and support being provided by staff. We obtained feedback from two relative's following the inspection.

As part of the inspection we spoke with the registered manager and three members of staff. We looked at a range of records about people's care and how the home was managed. We looked at one care plan, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at three staff recruitment files.

We last inspected 64 Brighton Road in January 2014 when we had no concerns.

Is the service safe?

Our findings

A family member said they felt their relative was safe at 64 Brighton Road. They told us, "Although [family member] has no language, he is a really good communicator and he would 'tell' me if something was wrong. He has been distressed before in other places, but here he seems contented."

Staff understood people's individual risks and how to keep people safe. Staff supported people to live their life in a safe way by ensuring they were not put in situations which could leave them at risk of harm. Some people liked horse-riding and this had been individually risk assessed based on people's required level of support or any specific medical conditions they had, for example, epilepsy.

Staff had a good understanding of safeguarding which meant they helped keep people safe from harm. Staff told us who they would go to if they had any concerns relating to abuse. There was information available for staff which contained relevant contact numbers.

There were a sufficient number of staff on duty to support people with their needs within the home as well as on any outside activities. We were told us there were usually three staff on duty during the day and one waking staff during the night. Staff undertook the cleaning, laundry and cooking within the home but as people living there were also involved in these tasks, everything got done and staff still had time to socialise with people. As we arrived two people were sitting with staff making cakes and there were still sufficient numbers of staff to meet the needs of the other people in a way we saw people did not feel they were having to wait for attention. Staff felt there were enough staff on duty to support people, carry out the duties they had to undertake and also spend social time with people. A relative told us, "Overall I have had no issues with the staffing."

The registered manager kept a log of accidents and incidents. We read that action taken and planned measures taken to help prevent reoccurrence had been noted, such as installing a sensor pad by a person's bed. The registered manager reviewed each record and signed when satisfied that appropriate action had been taken.

Staff followed good procedures in relation to the handling of medicines which meant people received their medicines in a safe way. Medicines were stored in a lockable cabinet, secured to the wall. Each person had a medicines administration record (MAR) which was completed properly, without gaps or errors which meant people had received their medicines correctly. Each MAR held a photograph to ensure correct identification of people and there was information on how a person liked to take their medicines such as on a spoon, in a pot or with a drink. We saw staff providing people with their preferred method of taking their medicines. Were people had homely remedies (medicines that be bought over the counter without a prescription) the doctor had authorised these and reviewed the use of these. Regular competency assessments were carried out on staff to help ensure they remained knowledgeable in medicines practices.

People were protected from being cared for by unsuitable staff because the provider carried out appropriate checks to help ensure they employed only suitable people to work at the home. Staff files included a recent

photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People's care would continue in the least disrupted way in the event of an emergency and people had to be evacuated. There was information and guidance for staff in relation to contingency planning and actions. The registered manager had told us in their PIR that staff carried out regularly fire evacuation tests and we confirmed this was the case. Each individual had their own personal evacuation plan (PEEP) and staff had received fire training so would know what to do in that event. There was an on-call system available to staff should they need help outside of normal working hours. A staff member told us they had used this recently when someone fell during the night. They told us the on-call manager responded to their call for support promptly.

Is the service effective?

Our findings

Staff received appropriate and relevant training, for example training in autism or epilepsy. Staff told us this enabled them to feel confident in their role and to help them meet people's specific needs. Staff undertook the provider's mandatory training such as safeguarding, infection control, health and safety or first aid. One member of staff said Avenues South East's training was, "Fantastic." Another staff member told us, "Training is really good and it's good that a lot is classroom based. It's much better, you learn more."

The registered manager told us in their PIR that staff had regular supervisions and appraisals. This was to allow staff to meet with their line manager on a one to one basis and as a way for their manager to check staff were putting their training into practice and that they were following the standards expected of Avenues South East. Staff confirmed this was the case and one staff member told us they found these, "A useful way to get any issues sorted out."

People were supported to have a varied diet to help maintain their health. Each weekend people sat together to plan the menu for the following week. This was done by using pictures of foods. On the day however people could make their own decisions about the food they ate. We saw a variety of meals served up at lunch time based on people choices and individual dietary needs.

People with specific dietary requirements were recognised by staff and provided with food and utensils appropriate for them, such as a spoon rather than a knife and fork. Specialist healthcare involvement had been sought in developing menus for people who could only eat food prepared in a specific way. Guidance was easily accessible to staff to help ensure people were not left at risk and a choking prevention policy was in place.

Staff understood the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and ensured that any decisions made were in people's best interest. 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. A staff member told us, "They have all got capacity because they will express it through their behaviours even if they can't tell us."

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had assessed people's capacity and where appropriate submitted DoLS application in relation to restrictions such as the locked front door. Staff had discussed individual circumstances to understand people's capacity for making specific decisions. Best interest meetings were held in order to help ensure everyone involved in the person's care had an input to any decisions made on

the person's behalf.

People could expect to receive effective care from staff when they needed it. Some people were living with epilepsy and staff were provided with clear guidance on signs and symptoms to recognise. Details in support plans included actions staff should take in the event someone suffered from an episode. A log of episodes was kept by staff to allow them to monitor the frequency and severity to help decide whether external professional support was needed.

People were by supported to maintain good health. Records evidenced that people had involvement from health professionals such as the doctor, optician, chiropodist or the Speech and Language Therapy team. Although one person was not losing weight staff had noticed a difference in their eating habits and were concerned they were not eating enough. Staff had sought internal professional help from the provider's Positive Behaviour Support team to develop ways to support and encourage the person to return to normal eating.

Is the service caring?

Our findings

Relatives told us staff provided kind care to people. One relative told us, "The staff are caring. I think if they weren't I'd be able to pick up on it. They do a good job."

Staff displayed kind, caring behaviour and it was clear to see that staff knew people well. Staff understood people's ways of communicating, from using simple Makaton (sign language) to a 'thumbs up' sign. A staff member said, "Although they can't communicate they've got their own skills. We need to look directly at them and focus on them when we are speaking to them. If necessary we repeat things several times in different ways."

People lived in an environment that was homely. There were few notices or posters displayed in the communal areas giving the environment a homely feel. People's individual rooms were cosy and personalised with their own belongings, ornaments and pictures.

Staff treated people respectfully and made them feel they mattered. We heard staff call people by their first name and saw people were dressed neatly and appropriately for the weather. Staff used forms of endearment at times when addressing people such as, "Darling." When staff arrived for their shift they acknowledged each person in turn. A staff member told us, "They are humans, we have to respect them. I wouldn't want personal care carried out with the door open, so why should they? They want to be treated respectfully and we must consider how they are feeling."

People could have privacy when they wished. During the day some people took themselves to their rooms or out into the garden for time on their own. Staff were aware of people's whereabouts but respected people's choice to be on their own.

People's individuality was recognised by staff. One person liked music and a staff member had taken a period of weeks introducing them to music from the intranet via their (the staff's) mobile phone. Once the person had become familiar with the concept of downloading the music and displayed signs that they were enjoying it staff spoke with the person's relative to obtain agreement to purchase a tablet. This person now, with support from staff, was able to make their own play-lists and listen to music whenever they wished.

People were encouraged to be independent and make their own choices and decisions. When we arrived one person helped staff to make us a hot drink. At other times during the day people accessed the kitchen freely to make their own drinks or drinks for others. Each person participated in the upkeep of the home by doing their own laundry, cleaning their rooms, emptying the dishwasher or putting out the rubbish. A member of staff asked if one person would like to help them with the laundry. The person indicated to the staff member they did not want to and this decision was respected. Another person chose not to eat the lunch served to them and instead indicated they wished something else. A staff member opened the fridge for them and they (the person) made their own choice of the food they wished. A relative told us, "They (staff) are remarkable at getting them to function independently. It's good for their pride."

Relatives told us they were able to visit when they wanted and were made to feel welcome. One relative said, "It is welcoming and clean. Staff are always willing to talk to me and make me feel at home."

Is the service responsive?

Our findings

There was a complaints procedure available for people. This gave information to people on how to make a complaint. The procedure was written in a way that people could understand. The registered manager told us there had been no complaints about the staff or home. Relatives were invited to leave comments about the home when they visited. We noted one had written, '[Family member] has the settled appearance of someone who is enjoying living in the home'. The last relative's survey evidenced that family members knew how to make a complaint.

Relatives felt there was sufficient opportunity for people. One relative told us, "Avenues does an amazing job at trying to engage people."

People were supported to participate in activities which meant something to them. People's lives were meaningful as a result of the activities they undertook such as one person who worked as a volunteer in a local charity shop. During the morning everyone went out for a drink and snack and in the afternoon three people went horse-riding. We saw one person play a ball game with staff and heard everyone enjoying the activity.

There was an opportunity for people to get social stimulation from outside of the home. Regular holidays were organised and day trips took place. A staff member said that currently there was enough for people to do, but they had developed a plan for some additional more individualised activities, particularly for when people remained in the home.

Support plans were person-centred, comprehensive and contained relevant information about people to ensure they received the correct support and treatment. Important information about people's lives were recorded in their support plans. We read people's life history had been written down and people had hospital passports. This is a document which includes useful information about the person should they need to go into hospital. These were completed fully and comprehensively. When people's needs changed, staff responded appropriately. The registered manager had told us in their PIR that one person's mobility needs had changed so they had been moved to a bedroom on the ground floor to avoid them using the stairs. We saw this was the case during our inspection. A separate 'wet room' had been installed downstairs to support this.

People's support plans focused on their needs and the support they required. One person who had epilepsy had to wear a protective helmet at all times and we saw this was the case. There was clear guidance for staff on what should happen during the night when they got out of bed to use the toilet when they may not be wearing their helmet. Support plans were written using photographs to support personal information which helped people feel involved in their own plan. Staff were knowledgeable about people's needs and were able to describe to us the support people required, the foods they ate and details about individual risks to people.

Each person had a keyworker who had the responsibility of ensuring information about an individual was up

to date and relevant. Keyworker meetings were held regularly with people to ensure accurate information was recorded and goals set. One person's goal was to go horse-riding more and the daily records showed this happened. Daily notes were written by staff which recorded people's moods, what they ate and what they did during the day. These were used as a handover record to help ensure new staff coming on duty would be aware of the most up to date information about a person. Relatives were also encouraged to be involved. A relative told us, "I am always invited to his review meetings and I can comment."

Where a person may have certain behaviours which could cause harm to themselves or others guidance was in place for staff. This detailed what might trigger such behaviours and what to do in the event someone became distressed.

Is the service well-led?

Our findings

Relatives felt the home was well led. One relative told us, "It is a well led service. They do the best they can."

Provider audit visits took place to check the quality of the care being provided by staff and the home was quality monitored by the registered manager and other staff as they carried out regular audits. These included monitoring of water temperatures, fire checks and general environment checks such as the garden. A medicines audit was carried out which identified a medicines risk assessment was missing from one person's folder. We noted this action had been completed. Regular financial audits were completed to help ensure people were kept safe from financial abuse.

Staff said they felt supported by Avenues South East and the registered manager and liked working at the home. A staff member told us, "Lovely to work for. Very supportive." Another staff member said, "Best manager ever had. She is supportive and patient." A third staff member told us, "Nicest manager ever. Everyone has so much respect for her."

Staff felt the culture and ethos in the home was good as staff worked well together as a team and discussed any areas of concern between them. Staff said Avenues South East strived to ensure people lived as independent a life as possible and one staff member told us, "We should not judge them because they had a learning disability." Staff met regularly to discuss aspects of the home such as general issues, training and people's support needs. One staff member said, "We work together as a team, even the bank staff are thought of as permanent members of staff."

Avenues South East recognised the hard work and dedication from staff and helped them progress. One new member of staff was nominated for the 'Newcomer of the Year' award which they won. They told us they were delighted to have been nominated. One staff member told us the organisation was, "Good at progression."

People were involved in the running of the home. Bi-monthly residents meetings were held and the minutes produced in pictorial format. These were discussed with people following the meeting.

Relatives and stakeholders were encouraged to give their feedback of the home. The last survey resulted in positive feedback. We noted relatives rated the care as either, 'good' or 'excellent' and professional feedback felt the quality of care was safe, they were welcomed into the home and staff listened and communicated with them well.