

Avenues South East

# Avenues South East - 39 Beresford Gardens

## 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

This inspection was carried out on 7 July 2016 and was unannounced.

Avenues South East - 39 Beresford Gardens provides accommodation and personal care for up to four people with a learning disability. The service is a converted house. There were three people living at the service at the time of our inspection.

The registered manager was no longer leading the service. They had applied to the Care Quality Commission (CQC) to be deregistered. An acting manager had been appointed and was leading the service. They had applied to us to be registered as the manager of the service and were awaiting the outcome of their application. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were kind and caring to people and treated them with dignity and respect at all times.

The acting manager and registered provider had oversight of the service. Staff felt supported by the acting manager and were motivated. The acting manager and staff shared the provider's vision of a good quality service.

There were enough staff, who knew people well, to meet their needs. People's needs had been considered when deciding how many staff were required to support them to complete different activities. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

Checks had been completed to make sure staff were honest, trustworthy and reliable. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff had completed the training and development they needed to provide safe and effective care to people and held recognised qualifications in care. The acting manager met regularly with staff to discuss their role and practice. They supported staff to provide good quality care.

People's care and support was planned and reviewed with them and others who knew them well, to keep them safe and help them be as independent as possible. Possible risks to people had been identified and were managed to keep them as safe as possible, while supporting them to be independent. People enjoyed a variety of activities, with support when needed.

Plans were in place to keep people safe in an emergency. Staff knew the signs of abuse and were confident to raise any concerns they had with the acting manager or provider. Systems were in place to manage complaints received.

People received the medicines they needed to keep them safe and well. Action was taken to identify changes in people's health, including regular health checks. People were offered a balanced diet that met their individual needs.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Arrangements were in place to apply to the supervisory body for a DoLS authorisation when necessary. People were not restricted and went out when they wanted to.

The requirements of the Mental Capacity Act 2005 (MCA) had been met. People's capacity to make decisions had been assessed when this was needed. Staff supported people to make decisions and respected the decisions they made. When people lacked capacity to make a specific decision, systems were in place to make the decision in people's best interests with people who knew them well.

The acting manager worked alongside staff and checked that the quality of the service was to the required standard. They also completed regular checks on the quality of the service. Any shortfalls found were addressed quickly to prevent them from happening again. People, their relatives, visiting professionals and staff were asked about their experiences of the care.

Accurate records were kept about the support people received and the day to day running of the service care. These provided staff with the information they needed to provide safe and consistent care to people.

## 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.

Risks to people had been identified and action had been taken to support them to remain independent and keep them safe and well.

Staff knew how to keep people safe, when there was an emergency or if people were at risk of abuse.

There were enough staff who knew people well, to provide the support people needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

People were given the medicines they needed.

### Is the service effective?

Good ●

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff offered people choices in ways they understood.

Staff had the skills they required to provide the care and support people needed.

People were offered food and drinks they liked to help keep them as healthy as possible.

People were supported to have regular health checks and to attend healthcare appointments.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and

respect.

Staff had the skills to communicate with people in ways that they understood. Staff responded consistently to what people told them.

People were supported to remain independent.

### Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in planning their support. People received their care in the way they preferred.

People were involved in their local community and participated in activities they enjoyed.

Systems were in place to resolve any concerns people had to their satisfaction.

### Is the service well-led?

Good ●

The service was well-led.

The acting manager and staff shared the provider's vision of a good quality service.

Staff were motivated and led by the acting manager. They had clear roles and responsibilities and were accountable for their actions.

Checks on the quality of the service were regularly completed. People, their relatives and staff shared their views and experiences of the service.

# Avenues South East - 39 Beresford Gardens

## **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 7 July 2016 and was unannounced. The inspection team consisted of one inspector. This was because the service was small and it was decided that additional inspection staff would be intrusive to people's daily routines. Before the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury.

During our inspection we spoke with the acting manager and staff. We visited people's bedrooms with their permission and looked at two people's care records and associated risk assessments. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received. We looked at their medicines records.

We last inspected Avenues South East - 39 Beresford Gardens in November 2013. At that time we found that the registered provider was complying with the regulations.

# Is the service safe?

## Our findings

People appeared relaxed and happy in the company of each other and staff. People's relatives and representatives had told the provider in the annual quality assurance survey they thought the service was safe.

Staff knew about different signs and types of abuse and how to report any concerns they had. They were confident to raise any concerns they had with the acting manager or other managers working for the provider. Concerns staff had raised about people's safety had been listened to and acted on to keep people as safe as possible. The acting manager was aware of safeguarding procedures and reminders about responding to abuse were displayed in the staff office. Any accidents or incidents were recorded and monitored by the acting manager so they could identify any patterns or trends and take action to prevent further incidents.

People's money was protected. Staff supported people to spend their money on things they knew they liked, such as sweets and activities. People always had the money they needed when they wanted it. Systems were in place to record any money spent. Receipts were kept and the balances were checked regularly.

Risks to people had been assessed and staff followed agreed processes to keep people safe while maintaining their independence. Detailed guidance was available for staff to refer to. For example, one person was at risk from items stored in their bedroom, such as toiletries. These were locked away when they were not in use. The person knew where the key was stored and was supported by staff to get and use their key when they wanted their things. Staff made sure another person had the equipment they needed and they were supported to discreetly tell staff when they had got up as they were at risk of falling. Staff responded promptly when the person got up and supported them to remain safe in their bedroom. This supported people to be independent and remain as safe as possible.

Guidance was provided about how to support people to remain calm and reduce the risk of them becoming anxious or worried. Staff supported people to avoid situations, such as crowded places that made them anxious. Staff spoke to people and each other in a quiet way and the atmosphere in the service was relaxed and calm which people preferred. At the beginning of each shift staff were informed of any changes in the way people were supported to manage risks. Changes in the support people needed were also recorded in their records so staff could catch up on changes following leave or days off.

Risks posed to people from the environment had been identified and assessed. Measures were in place to reduce risks. For example, the temperature of the water was checked before people had a bath, to make sure it was not too hot or too cold. Action was taken promptly to reduce risks to people. The water pressure to the taps on one bath had dropped and the water was a scalding risk. This bath was not being used at the time of the inspection. Repairs to the bath were booked and a person who used the bath was being supported to shower following their twice weekly swim.

A fire risk assessment had been completed and plans were in place to evacuate each person during the day

and the night. Practice drills were held regularly so staff got to practice supporting people to leave the building in an emergency. Fire equipment was checked to make sure it was working properly.

The provider had identified that some areas of the building required refurbishment and redecoration. An improvement plan was in place and the provider was in negotiations with the landlord about the required works. Staff had plans in place to redecorate following the maintenance works and had involved people in choosing colours and furniture.

Staffing levels were planned around people's needs, appointments and activities. There were always enough staff on duty to support people to do what they wanted to do. There were three staff vacancies at the time of our inspection. Cover for vacancies, sickness or holidays was provided by the staff team or a bank of staff employed by the provider who knew people well. The provider had advertised and was recruiting to the vacant staff positions. The acting manager and other managers were on call out of hours to give advice and support.

The acting manager discussed people's needs and staffing levels regularly with the staff team and kept them under review. Each shift was planned with staff allocated to support different people with different activities. Each staff member knew what they would be doing that day. Staff worked well as a team agreeing who would complete tasks to make sure people always had the support they needed when they needed it. Staff knew people very well and had worked at the service for several years. Staff were always around when people needed them. Staff had time to spend with people and were not rushed.

Checks had been completed on new staff to make sure they were honest, trustworthy and reliable. Information had been obtained about staff's conduct in their last employment and their employment history, including gaps in employment. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Checks on the identity of staff had been completed.

Systems were in place to make sure people received their medicines safely and on time. Staff were trained to manage people's medicines safely. Their competency was regularly checked to make sure their practice remained safe. Accurate records were kept of the medicines people were given, including creams. Staff told people about their medicines before they provided their support. For example, staff showed one person their eye drops and asked them to put their head back. They counted, "One and the other one" as they administered the drops and thanked the person for helping them.

Medicines were stored securely. Regular checks were carried out on medicines and the records to make sure they were correct. Records of the temperature that medicines were stored at were kept. The acting manager had identified that the room was often warm and action was taken to reduce the temperature, including using a fan and placing icepacks in the medicines cupboard. Medicines had not been stored above the recommended maximum temperature. Some people had pain sometimes. Staff knew the signs that they were in pain or were distressed and offered them pain relief that was prescribed only when it was needed. Guidelines about 'when required' medicines was available for staff to refer to and people were offered their medicines when they needed them. Staff had identified that one person was often in pain and had discussed this with the person's doctor. The person was prescribed pain relief daily and was more comfortable and relaxed. Staff supported people to have their medicines regularly reviewed by their doctor to make sure they were still suitable.



# Is the service effective?

## Our findings

People were supported to make choices about all areas of their lives, including what they wore and how they spent their time. During our inspection people were offered choices and made decisions which staff respected and supported. People told staff how they preferred their support provided. Staff knew people very well.

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. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA and it was.

People living at the service were able to make straightforward decisions, such what they wanted to eat and drink, when they wanted to get up and what they wanted to do. Staff offered people choices in ways that they understood, such as showing people the choices available to them. For example, one person told staff they wanted to eat a piece of fruit. The staff member offered them the fruit bowl and the person chose the piece of fruit they wanted. Another person had decided to have a lay in as they were tired and got up at about 11am.

Processes were in place to assess if people were able to make complex decisions about the care and treatment they received. Different assessment methods were used dependant on the person's capacity and assessments were completed several times to check if people understood and remembered information at different times. When people were not able to make a decision, decisions were made in their best interests by people who knew them well, including staff, their relatives and care manager. The acting manager was aware of their responsibilities under MCA and knew how to obtain independent advocacy support for people if they needed it.

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 procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The acting manager was aware of their responsibilities under DoLS. DoLS applications had been completed for each person using the service as there was a risk they may be deprived of their liberty. A DoLS authorisation was in place for one person. This was monitored and a further application had been submitted to continue the DoLS. This had been granted by the local authority DoLS Team. People were not restricted and staff supported people to go out when they wanted. One person asked to go out in the minibus during our inspection. Staff explained to the person they were not able to go out then and they would take them out in the afternoon. Staff took the person out in the minibus in the afternoon, which they enjoyed. Another person would get their shoes to tell people they wanted to go out and were supported to do this.

Staff supported people to maintain good health. People had health action plans and hospital passports in

place to tell staff and health care professionals about their health care and communication needs. Staff knew about people's health conditions and supported them to manage these. One person was intolerant to certain foods and drinks. Staff encouraged the person to avoid these foods and drinks. When the person chose a drink from the fridge that they were intolerant to staff explained what would happen to them if they drank it. The person chose to have a different drink.

Staff who knew them well supported people to attend health care appointments, including health checks and GP appointments. Staff supported people to tell their health care professional how they were feeling and offered them reassurance. Staff made sure any recommendations were acted on when they returned to the service. People had regular health care checks including dental check-ups and eye tests. Each person had an annual health care review with a specialist learning disability nurse.

Staff were trained and supported to have the right skills, knowledge and qualifications to give people the support they needed. Staff had received an induction when they started work for the provider to understand their roles and responsibilities. The acting manager was developing a service induction to help new staff get to know people and their support needs. New staff worked alongside experienced staff to help them build relationships with people and provide care in a consistent way. Staff told us this was important as people became confused if their support was not provided consistently.

There was an ongoing programme of training which included face to face training and e-learning. The acting manager tracked training staff had completed and arranged refresher training when it was due. The range of training completed by staff included subjects related to peoples' needs including positive behaviour support. Some staff held level 2 or 3 qualifications in social care and other had completed the Care Certificate, (an identified set of standards that health and social care workers adhere to in their daily working life). Staff had personal development plans in place which included their agreed development goals.

Staff were knowledgeable about people's needs and health conditions. The acting manager assessed staff competence to undertake their role by observing staff and talking to them about their practice. Staff received feedback during their shifts and at regular one to one meetings. Any changes needed to staff practice were discussed at these meetings and included in staff's development plans. All the staff we spoke with told us they felt supported by the acting manager.

The staff team was small and most staff had worked at the service a long time. They knew each other and the people they supported well. Throughout the inspection staff gave people the support they needed in the ways people preferred.

People had enough to eat and drink. People took part in the food shopping, some people enjoyed doing a large weekly shop and others preferred to shop for three or four items. Everyone was involved in preparing meals and snacks for themselves. Staff supported people to make their sandwiches for lunch during the inspection, including spreading butter and fillings and cutting sandwiches up. Staff offered people sandwich fillings they knew that they liked and respected people's choices. One person was not hungry at lunchtime as they had had a late breakfast. Staff made them the sandwich of their choice and left it on the table where they could reach it when they wanted it. Staff reminded them, "Don't forget if you are hungry your sandwich is on the table". The person chose to eat the sandwich later in their bedroom.

People told staff when they wanted a drink or a snack and staff supported them to make these each time they asked. Food was prepared to people's preferences and to meet their needs, such as cutting up meat to help people chew it. People who were at risk of choking were reminded to eat slowly and swallow their mouthful before taking another bite, which they did.

Staff were aware of what people liked and menus included people's preferences, including a monthly takeaway. People were supported and encouraged to eat a healthy and nutritious diet and there was plenty of fruit and fresh vegetables. Meals were prepared to meet people's health needs, including their intolerances. Staff monitored people's weight to support them to remain healthy and reduce the risk of weight gain making other health conditions worse.

# Is the service caring?

## Our findings

People had lived at 39 Beresford Gardens for a long time and everyone appeared happy and relaxed. People's relatives and representatives had told the provider in the annual quality assurance survey they thought staff were caring.

Staff spoke with people, and each other, with kindness and respect. They were patient with people and worked at their pace. Staff described people to us in positive ways. One staff member described the people living at the service as, "Amazing". The atmosphere was quiet, calm and relaxed which people liked. People preferred to spend some time on their own and staff supported them to do this. Detailed information was available to staff about people's life before they began using the service, including people and places that were important to them. This helped staff to get to know people and understand how they preferred their support to be provided.

Staff understood what people were telling them, including their speech, signs, gestures and body language and responded to what people were telling them. People were encouraged to use signs they had learnt to tell staff what they wanted. One staff member prompted a person saying, "What do you want. Use your signs". The staff member provided the support the person wanted in response to their request and praised them for using the signs.

Guidance was provided to staff about how people communicated their needs and wishes and how they should communicate with the person. Staff followed the guidelines consistently which helped people to understand what they were being told or asked and to manage their expectations. For example, one person told staff they wanted to make a cup of tea. Staff told them they could not make the tea because someone else was in the kitchen and offered to make the person a cup of tea. The person smiled and walked out of the kitchen. Another person's support plan instructed staff to 'Be patient with me. Take me to the area and show me the item to help me understand'. We observed staff following this guidance to support people's understanding.

Staff worked with speech and language therapists (SALT) at times to help improve people's communications skills. The acting manager had identified that one person's communication needs had changed. Systems that were in place to support the person understand what they were being told, including a picture board, were no longer supporting them effectively. A request had been made to the local SALT team for support to develop new ways of supporting the person to communicate. The acting manager planned to also ask the SALT team to assist them to develop strategies to support people to understand the concept of 'later' and people sometimes became confused if they could not do what they wanted immediately.

People were treated with dignity and were supported to do as much for themselves as possible, including washing, dressing and using the bathroom. Staff rotas were planned to make sure that people received support with their personal care from a staff member of the same gender if they preferred. People were supported to make decisions about their support at regular keyworker and review meetings. A key worker is

a member of staff who is allocated to take the lead in co-ordinating someone's care. If people agreed, staff were in contact with people's care managers, family and friends who were involved in helping people to achieve their future goals. People were supported to 'have a say' and their views were listened to.

People had privacy and their private space was respected. People had chosen the way their bedroom was organised and decorated. Some people liked to have their things out on display so they could look at them and enjoy them. Other people preferred to have their things put away out of sight. Staff gave people privacy when they wanted it, for example in their bedroom.

Assessments were completed to identify people's cultural needs. People were supported to follow their chosen religion when they wanted to. People who wanted to, were supported to attend the local church. Staff knew about any spiritual support people may want at the end of their life.

Staff were aware of the need for confidentiality. The provider had completed an 'information governance audit' before our inspection and found that people's personal information was kept securely. There was good communication between staff members with handover meetings held between shifts and a detailed communication book.

## Is the service responsive?

### Our findings

People had been involved in planning their care and support, with their relatives or care manager when necessary. Staff knew people's routines and provided the support they needed in the way they preferred.

Processes were in place for people who were considering moving into the service to meet with the acting manager to discuss their needs and expectations. This helped the acting manager make sure that they could provide the care and support the person wanted. People were able to visit the service and spend time with other people and staff before deciding if they wanted to move in. No one new had come to live at the service for several years.

Staff provided the care and support people needed. They encouraged people to do what they were able for themselves and helped them to do other things. Information about people's abilities and the support they needed was included in care plans for staff and visiting professionals to refer to. Guidance was included about all areas of people's life, including their daily routines and preferences. A routine was important to people and staff supported them to do things at the time they wanted. One person's care plan stated it was 'essential' that staff respect the person's routine.

Routines were flexible to people's daily choices, such as having a lay in or having breakfast before getting washed and dressed. One person's usual routine was to get up at 8:00am. On occasions they liked to lie in. Their care plan informed staff that the person would stay in bed and pull the covers up if they wanted to lie in. Staff told us they respected people's choices as their job was to support people to do what they wanted to do.

Staff told us receiving consistent support and appropriate responses from staff was very important to people and gave them reassurance. Detailed guidance was provided to staff about how to support people, to ensure that it was consistent and as they preferred. Staff knew what made people anxious or upset and avoided these triggers. They responded quickly to reassure people and remove what was worrying them and incidents were rare. Staff recorded any incidents that happened. This information was useful for any visiting behavioural support staff to review.

Guidance to staff about the support people wanted was reviewed monthly to make sure it continued to meet their wishes and preferences. People were involved in these reviews when they wanted to be. People's family and representatives, such as their care manager, attended a yearly review. This review checked people were receiving the support they wanted and that the service continued to be the best place for them to live.

People had enough to do during the day and had regular opportunities to follow their interests and take part in social or physical activities. One person went swimming regularly and another person enjoyed regular aromatherapy sessions. One person enjoyed listening to music in their bedroom, some staff sang along to the music and the person smiled when they did this. People went shopping with staff to buy personal items.

People knew what they were doing each day and followed an individual activities plan. People liked to go out and used their local community facilities, such as local cafes and shops. People liked watching films on the television and one person enjoyed watching a film during our inspection.

There was a complaints policy and procedure and staff were aware of the process to follow should anyone make a complaint. An easy read complaints procedure was available at the service to support people to understand how to raise any concerns they had. Any concerns raised with staff were fully investigated and action was taken to reduce the risk of the issue happening again.

## Is the service well-led?

### Our findings

Staff told us the acting manager was supportive and available either in person or by phone to give advice and support. The acting manager had been working at the service for several months. They had been supported by the registered manager and staff get to know people and their support needs. They led by example and supported staff to provide the service as the provider expected. The acting manager understood relevant legislation and had completed an induction to make sure they had the skills and knowledge they needed. They were experienced and qualified and were supported by the provider.

The acting manager had informed staff at a staff meeting that CQC were able to inspect the service at any time. They had explained the inspection process to staff, including CQC's right to enter the service and the five key question areas of safe, effective, caring, responsive and well-led that we would look at. Staff understood that they should continue to support people in the ways they preferred and follow their chosen routine. This happened during the inspection and people and staff were prepared and relaxed.

There was a culture of openness; staff, the acting manager and a visiting senior manager spoke to each other and to people in a respectful and kind way. The registered provider had a clear vision of the quality of service which was shared by the acting manager and staff which was to support people to have control over their life and be as independent as possible.

Staff told us they were supported by the acting manager. One staff member told us the acting manager had helped them manage a very busy period of their life and this had reduced their stress at work and in their personal life. Staff were motivated and enjoyed working at the service. One staff member told us they felt supported by the acting manager and the staff team.

Staff understood their roles and knew what was expected of them. There were regular team meetings and staff told us their views and opinions were listened to. Staff worked together as a team to make sure that people received the care and support they wanted. Staff held specific responsibilities such as managing medicines or checking health and safety risks. Staff completed these roles fully and were accountable for their own practice.

A keyworker system was in operation at the service. Each person had two or three staff who were responsible for planning and reviewing their care and support with them and others who knew them well.

People, their relatives and visiting professionals were asked for their feedback about the service regularly. Surveys had been sent out and responses reviewed. People said they thought the quality of the service was good or excellent.

People were supported to share their views at regular review meetings. Staff were not currently surveyed but were able to share their views anonymously on the provider's intranet site if they wished to. Staff told us they made suggestions about improvements to the service at team meetings, review meetings and supervision sessions and these were listened to and acted on by the acting manager. For example, one staff



member told us they had suggested some outings that the person they were keyworker to may enjoy. They had been supported to research these outings and one was planned for the day after our inspection.

Checks and audits of the environment, records, staff training and the support being provided were carried out regularly. The provider carried out quarterly audits and produced reports that had actions allocated to improve the service. A process was in place to complete more regular checks if the provider identified that the service was not at the standard they required.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The registered manager had informed us of one significant event that had happened at the service. They had failed to inform us of another event that took place at the service. The acting manager had recognised that the event had not been reported and had reviewed their systems to ensure any significant event was reported in a timely way in the future. They agreed that this was an area for improvement.