

Avenues South East

Avenues South East - 56 Oakwood Road

Inspection report

56 Oakwood 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

56 Oakwood Road provides accommodation and personal care for up to six people with a learning disability. People's accommodation is arranged over two floors. There were six people living at the home 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. The registered manager assisted us during our inspection.

At our last inspection in August 2016 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action in relation to consent and good governance. Following that inspection the provider submitted an action plan to us to tell us how they planned to address these concerns. We carried out this inspection to check if the provider had made the changes required. We found that improvements had been made in all areas and the regulations were now being met.

Staff were following the 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).

Quality assurance audits were carried out to help 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, such as a fire, people would be evacuated following guidance in place for staff.

People lived in an environment that was hygienic, free from infection and suitable for their needs. People were cared for by staff who knew them well and had developed relationships with them. People were spoken to in a respectful way and encouraged to do things for themselves or spend their time as they wished. Staff supported people to eat a good range of foods and staff ensured that those with a specific dietary requirement received their food in an appropriate way.

People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health. Medicines were stored appropriately and recording of medicines was completed to show people had received the medicines they required.

People were encouraged to take part in activities and staff were consistently thinking of new ways to keep people stimulated. We found support plans were person-centred and staff reviewed these regularly. There were a sufficient number of staff on duty to enable people to either stay indoors or go out to their individual activities. Staff recognised people's individuality and as such provided new ways of ensuring people's needs

were met.

Staff met with their line manager on a one to one basis and staff said they felt supported. Staff received a good range of training. Staff met together regularly as a team to discuss all aspects of the home. People had support from an individual keyworker whose role was to help someone work towards their goals and to ensure the person received the most appropriate care for their needs.

Risks to people's safety were identified and control measures were in place to minimise the risk of harm. Staff recorded all accidents and incidents and took relevant action to minimise the risk of them happening again. Staff were knowledgeable about their responsibilities to keep people safe and were aware of reporting procedures should they suspect potential abuse. Appropriate checks were carried out to help ensure only suitable staff worked in the home.

A complaints procedure was available for any concerns. This was given to people in a format that was easy for people to understand. People, their relatives and external stakeholders were encouraged to feed back their views and ideas into the running of the home.

Although the registered manager also managed another of provider's services, we found they had good management oversight of the home. Staff said the registered manager was supportive and there was a good culture within the team. We saw the registered manager was very hands on. The registered manager was aware of their statutory duties in relation to their registration with CQC.

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 as independent as possible.

People were enabled to maintain relationships with people close

to them.

Is the service responsive?

Good ●

The service was responsive

People were able to take part in activities both within and outside of the home.

Staff responded well to people's 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 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.

The registered manager was aware of their statutory obligations in respect of their registration with CQC.

Avenues South East - 56 Oakwood 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 15 November 2017. 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. The PIR did not show any evidence of risk at this location.

During the inspection we were unable to speak to anyone at length because of their communication needs. Instead, we observed the care and support being provided by staff. We obtained feedback from three relative's following the inspection.

As part of the inspection we spoke with the registered manager and two members of staff. 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 and internal and external audits that had been completed. We also looked at four staff recruitment files.

Is the service safe?

Our findings

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?

Our findings

At our inspection in August 2016 we found that staff were not always following the principals of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards. We found at this inspection the registered manager had taken appropriate action in relation to this.

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. Where people lacked capacity to make decisions we found decision-specific mental capacity assessments had been drawn up and when appropriate discussions took place between staff, relatives or professionals to make a best interest decision. This included one person whose toiletries had to be locked away as well as for the office and laundry room to have double-handled doors, the kitchen being locked and a listening device in their room at night.

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. A staff member told us, "It's about providing care in a person's best interest and not restricting their liberties."

People were cared for by staff who had received appropriate and relevant training. The registered provider told us in their PIR, 'all staff attend a varied and comprehensive training programme suited to the needs of the service'. We read statutory training for staff included safeguarding, infection control, first aid and moving and handling. Staff also underwent training specific to the needs of people, such as autism training. From the records provided to us by the registered manager we found that staff were up to date on their training. Before staff worked independently they underwent an induction. One staff member said, "During my induction I shadowed another member of staff and spent time getting to know the guys better." They added, "The training is one of the good things about working for Avenues. It's brilliant. A foundation for knowledge and relevant." They told us they had undergone training in autism and epilepsy and were able to describe to us what they would do should someone have a seizure. Another said, "I feel I got to know people really well during my induction. I shadowed for the first week, carried out observations and reading of people's files." They told us they had received training in dysphasia and management and said, "The training is relevant. It's fantastic."

Staff told us they had regular supervisions and an annual appraisal. This was to allow staff to meet with their line manager on a one to one basis. It was also for their manager to check staff were putting their training into practice and that they were following the standards expected of the provider. We noted from the records provided to us by the registered manager that supervisions were held in line with the provider's

policy. A staff member told us, "I find them (supervisions) useful. We discuss my responsibilities, handover, what do I need and general items."

People were supported to have a varied diet to help maintain their health and people's specific dietary requirements were recognised by staff. One person required a two-plate meal. This meant staff used a second plate to place small amounts of food on which the person ate from. We saw staff supporting staff in this way at lunch time. People were provided with regular drinks and snacks throughout the day to keep them hydrated and in the case of one person who had a tendency to drink large quantities of liquids staff were monitoring their intake by keeping a daily record. People sat together each week and staff showed them pictures of different foods in order to encourage them to participate in putting together the menu for the following week.

People lived in an environment that was suitable for their needs. Each floor had a bathroom and toilet facility to help ensure easy access for everyone. The downstairs bathroom had recently had a walk-in shower installed which was more suited to those who had poorer mobility. Each person had their own bedroom with handwashing facilities. People were mobile and as such the house was free from obstacles and clutter. The registered manager held a development plan. We read that they had acted on some environment issues which had been identified, such as redecorating the entrance hall, upgrading the downstairs bathroom and redecorating two people's bedrooms.

Staff recognised people's individuality. A staff member told us, "They are all very different. [Name] likes music and [Name] likes books. People communicate mostly with gestures and one person will tap their head to indicate 'yes'." Staff told us how people had their own particular places they liked to relax within the house and we saw where people sat tied in with what staff had told us. A relative said, "He loves his music and staff know this is important and as such they will ensure that his headphones are always working."

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. The registered provider stated in their PIR, 'staff work alongside any guidelines given by professionals' and 'all staff have been trained in positive behaviour support and where extra support is needed individuals are referred to the organisational positive behaviour support team for input'. We saw this evidenced in people's support plans and also in the way staff acted on the day. Staff followed advice from health care professionals to ensure they were following best practice and as such we saw evidence of involvement and guidance from a professional in relation to epilepsy.

People were supported to maintain good health. Records evidenced that people had involvement from health professionals such as the doctor, optician, chiropodist or the dentist. We noted the doctor had been called when people appeared unwell. One person had reduced vision and they told us they were planning to contact Sights for Surrey for advice and support in relation to this person. Each person had a health action plan and a hospital passport. This helped ensure staff recorded all information in relation to a person's health appointments or on-going health checks as well as provide relevant information should a person be admitted to hospital. A relative told us, "They (staff) ring at the slightest thing."

Is the service caring?

Our findings

Relatives were happy with the care their family member received. One relative said, "I do feel he is in the best possible place. Staff are always so positive." Another told us, "I think it's good. He is well looked after." A third relative said, "He is very comfortable and staff are doing a wonderful job." A further relative commented, "I am very, very pleased. The standard of care and staff is very good and he seems quite happy."

Staff displayed kind, caring behaviour and it was clear staff knew people well. Staff understood people's ways of communicating, such as using simple sign language. We observed staff responding to people who lacked verbal communication, clearly understanding what the person was asking for. We saw people respond to staff by smiling at them. A staff member told us, "We know what it means if he puts his hand to his chin or makes noises."

People lived in an environment that was simple but comfortable and presented in a way that suited their needs. People's individual rooms were personalised with their own belongings, ornaments and pictures. The communal areas were comfortable and there were different areas where people could sit depending on how they wished to spend their time. People demonstrated a relaxed approach to their surroundings. A relative said, "He's got his own room and his own stuff and they've recently redecorated his room."

Staff treated people respectfully and made them feel they mattered. We heard staff call people by their preferred name (in line with their support plan) and saw staff had ensured people were dressed neatly and appropriately for the weather. A relative said, "I am thrilled at the way they look after him. He is really looked after beautifully."

People could have privacy when they wished and were encouraged to make their own decisions. During the day some people took themselves to their rooms. Staff were aware of people's whereabouts but respected people's choice to be on their own. When people had hot drinks in the morning we saw staff offered people a choice and people indicated in their own way which drink they would prefer. People were asked where they would like to sit when they were having their lunch.

People's individuality was recognised by staff. One person liked looking at photographs and staff ensured they had access to a cupboard in which their photograph albums were stored. We saw this person help themselves to an album and sit and look at the photographs with a member of staff. A staff member told us, "I respect each person's own little ways." A relative said, "Staff take into account all his foibles. Staff cater for the individuals."

People were supported to be independent as much as possible. We read in people's daily notes how people were encouraged to take part in day to day tasks, such as taking their washing to the laundry room, emptying the recycling and cleaning their rooms. We saw one person being supported by staff to make the tea and coffee in the morning. People were supported to pour their own drink with staff using a hand over hand method to help with this. We saw another person help clear away the plates and cutlery after lunch. A

staff member told us, "I encourage them (people) to do what they can. I encourage independence in the daily routine as much as possible."

Relatives told us they were able to maintain relationships with their family member. The registered provider said in their PIR, 'we endeavour to maintain contact with relatives and other important people and encourage those we support to maintain relationships'. Relatives confirmed this and one relative told us, "They (staff) are always sending me photos of him."

Is the service responsive?

Our findings

Relatives felt there was sufficient opportunity for people. One relative told us, "I'm amazed at what they do with him." Another said, "Staff will always find something for him to do."

At our inspection in August 2016 we made a recommendation to the registered provider in relation to more individualised, meaningful activities for people. We found at this inspection that things had improved but this was still an on-going piece of work.

People had access to activities. Inside the home we saw people listening to music, looking at photographs or doing puzzles. During the morning two people had been out for a sensory session and later in the morning other people went out to bowling and for lunch. We read in people's daily notes that they went to discos, shopping, the pub and outreach services. Staff told us horse and cart riding was a new activity and they had introduced this to some people to see if they liked it. They also said they were introducing more in-house such as making puddings together. People were enabled to participate in the local carnival in the summer and each week a coffee morning was held at one of Avenue's services which meant people had the opportunity to mix with their friends.

Staff understood what was important to people. One person liked listening to music and they would spend time in their room doing so. Staff had arranged for the summer house to have electricity installed in order that this person could sit in there in the summer listening to music as they knew they liked to do this. A relative told us, "They send me photos. He always looks happy. He has his music system and staff bought him a garden swing chair as they know that's what he likes."

People's care was provided in response to support plans which we found were person-centred. Support plans included their personal histories, communication methods, likes and dislikes, nutritional requirements and mobility. Some support plans contained pictures to help ensure people received the correct support and treatment. Where people had a specific health needs separate support plans had been included, such as for those people who had epilepsy. 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.

People's individual needs were included in their care plans. Such as in the case of one person who needed to sit on a separate table at lunch time. There was clear instructions for staff on when and where to sit this person and what cutlery they required for their meal. This same person could display behaviours that may cause themselves or others harm. There was detailed information in relation to this in their care plan. This included possible triggers, distraction techniques for staff and strategies on how to respond to any behaviour.

Each person had a keyworker who had the responsibility of ensuring information about an individual was up to date and relevant. The keyworker was also responsible for encouraging and supporting people to achieve their individual goals. Staff held a communications book in which staff wrote important notes, diary dates

and events in relation to people. Such as confirming an activity for someone. We found daily notes were written by staff which recorded what people did during the day, what they ate and what intervention staff provided.

People had access to a complaints procedure which was presented to them in a way they would understand. This gave information to people on how to make a complaint. The registered manager told us there had been no complaints about the staff or home since our last inspection. A staff member told us, "I would follow the procedure. I would speak to the person's keyworker or the registered manager to see if anything needed to change. It could be that someone is out of their routine and we would need to look at how consistent we are being as a staff team." A relative told us, "I know I could speak to [registered manager]." A relative said, "As far as I'm concerned I have nothing to complain about."

Is the service well-led?

Our findings

At our inspection in August 2016 we found a breach of regulation as we found there was a lack of contemporaneous care records held for people. At this inspection we had no concerns that this had not been addressed. We found people's support plans contained detailed and comprehensive information about them and they were relevant and up to date.

Quality assurance checks were carried out by staff to help ensure people lived in a safe and caring environment. We read that regular fire alarm tests were done, emergency lighting and electricity testing was carried out. Legionella and gas checks done and environmental health collections had been organised. The registered manager held a continuous improvement programme and development plan where they recorded actions required to improve the service. We saw that these had either been addressed or were in hand. This included asking the GP to review and authorise people's PRN protocols, review people's risk assessments and to purchase more games and puzzles for the house. Finance audits were carried out by a registered manager of another of the provider's services and the medicines were double checked by a peer.

The area manager carried out regular service reviews and governance audits. We read from the last review held in September that they noted no specific actions. These audits supported any in-house quality assurance carried out for staff to highlight areas for improvement. Actions identified were inputted into the registered manager's continuous improvement plan.

The registered manager was aware of their statutory requirements and duties in relation to CQC. Services registered with us have a duty to notify us of any safeguarding or serious accidents or incidents. We found that the registered manager had submitted appropriate notifications to us in line with their requirements.

The registered manager had good management oversight of the house despite managing another of the provider's services. There was a good management structure in place which included a deputy manager and senior support worker. Each of the senior staff was afforded one administration day per week. This helped to ensure there was always a senior staff member on duty each day and up to date records were maintained. A staff member told us, "[Name] is good. She will answer any questions I have. It is a good staff team." Another said, "I feel I have the support of everyone in the team." They told us that the organisation encouraged progression saying, "I started as a support worker and have gone on to be a senior. I've attended management training to support this. [Registered manager] is fantastic. To be honest that why I came to work at Oakwood Road. We are all here for the same purpose. She had positive relationships with people so I can learn from that. She gets involved."

There was a good delegation of tasks. One staff member told us, "I line manage six staff. I am also responsible for the weekly medicines and financial audits as well as the vehicle checks." The registered manager told us they felt supported by Avenues South East senior management and that they had regular supervisions. The registered manager said they were continuing to work hard on ensuring people had individualised, meaningful activities and that now she had a senior staff member in place it would allow them as a service to develop more.

Staff attended regular meetings where they could discuss all aspects of the service. This included discussing each individual and staff giving ideas of any additional support they would benefit from. For example, at the last meeting they discussed how much one person had enjoyed a cooking session and agreed to enrol them on some more. A staff member told us, "We can make suggestions and having staff meetings helps me a lot because we come together to discuss people."

People were involved in the running of the home. House meetings were held and we read in the minutes of the last meeting that staff had discussed feeling safe and infection control with people. Relatives and stakeholders were encouraged to give their feedback of the home. Surveys had been sent out to relatives and other stakeholders and we read positive feedback had been received. Comments included, 'always feel welcome. It is a homely environment', 'whenever I phone staff are very helpful, my brother seems happy and, 'staff seem to work at their best'. A relative told us, "The staff give me a call from time to time to give me an update." Another told us, "I would be happy to go and live there myself."