

Avenues South

Avenues South Hampshire Services

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

About the service

Avenues South Hampshire Services is supported living service providing personal care to people with a learning disability in their own houses and flats. At the time of the inspection there were 5 people using the service. Some people lived on their own, whilst other people lived in shared accommodation. People received a variable number of support hours per week, depending on their assessed needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care focused on people's abilities and promoted their independence.

Right Care: Staff were respectful of people's dignity, privacy and treated them as individuals with their own beliefs, thoughts, and aspirations.

Right Culture: The provider's management displayed caring and person-centred values. They modelled this behaviour to staff and set expectations that these values should be integral to staff's working practice.

Care enhanced people's lives by helping them to develop their skills and seek opportunities to have useful, fulfilling lives. People were supported to maintain relationships that were important to them, and care was arranged so people could access the services and activities which they wished. People's support plans identified how they would like to be supported and what they would like to achieve with the help of care and support. People's communication needs were identified and met to help ensure they could give meaningful feedback or raise concerns around their care.

People received safe care focused on minimising restrictions related to their care to promote their safety. People were supported to take positive risk to promote their independence whilst still receiving support to help keep them safe. There were enough staff in place, who had received the right training and support in their role.

People were supported to lead healthy lives and access healthcare services when required. Staff had worked with people to overcome their anxieties around accessing community and leisure services. Where appropriate, healthcare professionals were involved in planning and reviewing people's care. Staff were proactive in maintaining these relationships and effective in implementing healthcare professional's advice.

There were effective systems to oversee the quality of the service. There was a registered manager in place supported by service managers who were responsible for organising and overseeing people's care. The registered manager was knowledgeable, approachable, and professional in their role. They had a good understanding of people's needs and how they wished to be supported.

Staff were caring and kind. People and relatives told us that they were happy with the support staff provided. Staff were motivated in their role and understood the principles of promoting people's privacy and dignity by treating them with respect.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 23 June 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and in part due to concerns received about poor care and culture. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Avenues South Hampshire Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 3 inspectors and 1 assistant inspector.

Service and service type

This service provides care and support to people living in 3 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 March 2023 and ended on 18 April 2023. We visited the location's service on 27, 30, 31 March and 6 April 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since it was registered.

We used information gathered as part of monitoring activity that took place on 01 February 2023 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We visited 5 people and spoke with 4 people. Using specific communication methods, we were able to communicate with 3 of the people supported. We spoke with 5 relatives to get feedback about their family member's care. We spoke with 15 staff including the registered manager, service managers, assistant service manager, support workers, senior operations managers, HR, a director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also obtained feedback from 5 professionals who were involved with the service.

We reviewed a range of records. This included 5 people's care records and medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy which detailed actions to help keep people safe in the event of concern to their safety or wellbeing.
- Relatives told us their family members received safe care. Comments included, "[My relative is] very safe", and "No safety or safeguarding concerns about Avenues South."
- A professional told us, "On each of my visits I have found the staff to be working in difficult circumstances with ongoing building work. They have however, shown strong resilience and have continued to provide safe and person-centred care throughout." The provider was supporting people with their tenancy as much as possible to avoid disruption due to the environment.
- Staff had received training in safeguarding and staff we spoke to knew of safeguarding and abuse and how to report it. There was no indication from our visits that people were at risk of abuse.

Assessing risk, safety monitoring and management

- People's care and support plans contained detailed, individual risk assessments around anxiety and behaviour. Care and support plans followed positive behaviour support (PBS) principles, which focused on what people may be trying to communicate through their behaviours and how staff could help people to develop their skills.
- One relative told us that, "Staff were pro-active in supporting [relative] around their behaviour and anxiety."
- The provider had an in-house PBS team who would support with updating care and support plans and follow up any related incidents. This helped to ensure risk assessments were appropriate to minimise restrictions to people's freedom, choice, and control.

Staffing and recruitment

- The provider had enough staff deployed to keep people safe.
- Relatives we spoke to were happy with the staff, although they did acknowledge recruitment for the provider was difficult. A relative told us, "There were significant issues with the last provider so Avenues South have done well to 'steady the ship' since taking over."
- There was an 'out of hours' phone line, which people, relatives or staff could call if they needed to speak with the registered manager or other senior staff. This helped to ensure the provider had systems to respond to incidents or emergencies.
- There were safe recruitment processes. These included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider told us they

would review their recruitment policy to ensure best practice in staff recruitment.

Using medicines safely

- People received their medicines safely and in line with their prescription. Staff who administered medicines had appropriate training and their competency was regularly checked by senior staff.
- Relatives we spoke to were happy with the way the service supported their relative with medicines. One relative told us, "Receives appropriate support around medicines with no concerns."
- People had risk assessments in place to show how medicines were administered. Medicines administration charts we checked were appropriate for the needs of the people supported. Storage of medicines was appropriate for a supported living environment.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had a detailed process in place for reviewing and investigating incidents. Themes identified could be used for targeted audits to improve the quality of care.
- Where staff had reported concerns, the provider had investigated these concerns thoroughly to ensure people supported were safe.
- The provider held 3 monthly group safeguarding meetings and lessons learned from these were followed up with the individual services.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had assessments in place for their physical, mental health and social needs. These included staff reviewing assessments from health and social care professionals to help ensure all commissioned care tasks were reflected in people's care and support plans.
- There were systems in place to monitor and assess people's health, mood, and behaviour. There were clear protocols in place to refer concerns back to professionals when required.

Staff support: induction, training, skills and experience

- Staff received training and support in their role which included shadowing experienced staff. The provider ensured that staff had competency checks for medicines administration and manual handling. One relative told us, "Staff all appeared competent and well trained." This meant they were able to meet the needs of the people they supported.
- Staff new to care received training in line with The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff training covered all the areas expected to enable staff to safely support the needs of people. Staff training included manual handling, basic life support and medication administration. Staff received in depth training in supporting people when they may be trying to communicate through their behaviours.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs and preferences were identified in their care and support plans. Risk assessments associated with eating and drinking, such as food allergies or swallowing, were included. For example, one person's care plan included how their meals were prepared and choices were given to them.
- Staff we spoke to knew people's food and drink needs well. A staff member told us, "[Person] has to have their food cut up bite sized and we sit with [person] to make sure they don't choke."
- Some people had received specialist input around their nutrition by speech and language therapists or dieticians. During the inspection the provider was updating this guidance into people's care and support plans. Staff provided support in line with professional's recommendations to ensure this was done safely.

Staff working with other agencies to provide consistent, effective, timely care

- The provider made timely referrals to health and social care professionals to ensure people had the appropriate support. This included when people's needs changed meaning they required changes to their care.

- A relative told us, "Staff have been pro-active in contacting neurologist as [relative] started to suffer seizures and medical investigations were needed." The outcome of this had a positive effect on the person's wellbeing.
- The provider had worked well with professionals during the transition from the previous provider. One professional told us, "The collaborative working with commissioners and families worked really well, leading to a smooth transition."

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services, including regular health checks with GP's and ongoing appointments in relation to their medical conditions. Where professionals made recommendations around healthcare, these were implemented in people's care and support plans.
- Information about healthcare services was presented to people in a way which they could understand. For example, staff could explain information to people verbally, using simplified language, which they supplemented with pictures or through social stories. Social stories are a tool which can be used to help people understand events or situations.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met. We found that the provider had a good understanding of the MCA and had applied its principles when organising people's care.

- Staff worked with people to gain appropriate consent to care. Each person had an individualised assessment in place which documented the support they needed to help them make informed decisions about their care. The provider understood people had the right to make unwise choices if they had the capacity to understand the risks involved. They were supportive of people's choices and worked with them to minimise any identified risks.
- Where people were unable to consent to decisions about their care. The provider followed a best interests process, which was in line with the MCA. One relative told us, "[Relative] would need support to make complex decisions about care, which is why family are involved." and, "[The provider] does not make decisions without consultation."
- Staff we spoke to had a good understanding of the MCA. One staff told us, "Have a group, family, doctors, social worker and staff to decide what is in their best interest."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff we observed during our visits supported people with respect, kindness, and compassion.
- Staff used accessible ways to communicate with people. This included a personalised form of Makaton. Makaton is a unique language programme that uses symbols, signs, and speech to enable people to communicate. Other people used pictures and objects of reference to be able to communicate with staff.
- Staff had received training in equality and diversity. There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristic identified in The Equality Act (2010).

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views by staff that knew them well. People were given time to be able to do this, which we saw during our visits.
- Staff knew people well and respected their preferences. Staff said, "Have started using a now and next board. So will help to allow [person] to understand what is going to happen."
- People were involved in activities and given opportunity to decide what they wanted to do. If people didn't like an activity this was documented in their care and support plans.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain privacy and dignity during our visits. We observed staff taking people somewhere private when administering certain types of medication or when supporting with personal care.
- Staff we spoke with understood the importance of promoting independence. One staff said, "I am a big believer on independence. Something I've always tried to implement as we are supported living and supporting them to live their own lives."
- We spoke with a relative during our visit who said that staff made them feel welcome when visiting their relative who was happy there. They said, "I'm comfortable here."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was commissioned through assessments of their care and support needs. The provider had worked with people so care arrangements fitted round their everyday life, planned activities, and changing care needs. This helped people have flexibility and control about how their care was arranged.
- People's care plans focused on their abilities, what they were able to do and how staff should encourage them to build their skills.
- People's care plans detailed their preferred routines around their personal care. This helped to ensure staff could provide care in line with these preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified within their care plans. This included their preferred communication methods, strategies to encourage people to express their feelings and how people processed and retained information.
- Staff provided information to people in an adapted form to help them understand everyday events, routines and appointments. This included developing visual daily planners, PECS and social stories for upcoming events. The Picture Exchange Communication System, or PECS, allows people with little or no communication abilities to communicate using pictures. This helped to ensure there were individualised arrangements in place to meet each person's communication needs.
- One person was able to communicate with us using a book of pictures with staff asking simple questions including yes or no answers. Through this they were able to show us some of the things they enjoyed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships with their families and friends. Staff gave people the freedom to explore these relationships whilst ensuring people were safe and supported.
- The provider had worked with staff and a local leisure facility to enable one person to take part in group swimming where they had previously only been able to do this activity on their own. The relative told us, "Staff had supported [relative] to sign up to a local swimming pool, which [relative] really enjoys attending."

- People had been supported to keep busy and follow their interests. This included attending college or day services, following their religious preferences, hydrotherapy and walking around the local area. The provider was flexible with support to be able to facilitate transport and co-ordinate with family.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which detailed how and to whom a complaint could be made to. The provider documented all formal and informal complaints which were then reviewed by the provider's senior management. This helped to ensure complaints were handled in line with the provider's policy.
- Staff regularly spoke with people to identify whether they had any worries, concerns, or complaints about their care. Staff were intuitive to people's behavioural and non-verbal cues when seeking feedback about their care. This helped to ensure the provider was able to act upon people's feelings and concerns.
- Relatives we spoke to said they would have no issue raising concerns with the provider. One relative told us they were not sure if [Relative] would be able to raise a complaint or concern about their care, "But the family would do this on [relative's] behalf. I would have no issues raising these concerns with [the provider]."

End of life care and support

- The service was not providing end of life care at this inspection.
- The provider had worked with people and relatives to identify their preferences and wishes around their care at the end of their life, should this be required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider worked closely with people and staff to create a friendly, open and comfortable atmosphere in the service. Most staff felt supported to deliver high quality care that led to good outcomes for people. Where staff had not felt supported, it had been raised with management to improve the support.
- Relatives told us that their main contact was with the service managers. Relatives were positive about individual staff members who supported people well and they had a good relationship with.
- Relatives all told us the service was better since Avenues South Hampshire Services took over from the previous provider. One relative said, "There were some positive changes that [the provider] made and it has certainly improved since taking over from [the previous provider]." A professional said, "They (the provider) have taken on board all recommendations, with positive feedback received from families and professionals."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the Duty of Candour and their responsibilities in informing people and relatives about concerns or when mistakes happened.
- A professional told us, "Where there have been safeguarding alerts, such as medication errors, [the service manager] and [registered manager] have responded quickly, alerting all relevant stakeholders."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was well supported by senior management with regular contact and training available. They were able to draw on specialist knowledge within the provider for quality data and better manage risks to people. The registered manager told us they, "Can cascade things easily and make sure all working to the same goal."
- The provider carried out regular audits of key aspects of people's care. Audits were undertaken within the locations by service managers and the registered manager. Audits were also completed by senior operations managers and the quality team. This included audits of medicines records, care records and financial records. This helped them identify good practice or highlight concerns.
- Providers are required to notify CQC about significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the provider had met the requirements of this regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had a strong commitment to engaging with all stakeholders to gain feedback about the quality of people's care through their engagement strategy. This involved creating opportunities for stakeholders to give feedback through meetings, questionnaires, focus groups and drop-in sessions with management. Actions identified from feedback included, supporting people to access more meaningful activities, improving communication with relatives. This helped ensure stakeholders feedback was used to make improvements and changes where required.
- Relatives we spoke with found meetings with senior management useful and welcomed more of them to understand contingency plans going forward. A relative told us they had a 6-month review meeting with [director], which they found to be, "quite helpful."
- Staff felt engaged, involved, and enjoyed supporting people. The provider held staff meetings where staff were able to raise issues concerning themselves and the people they supported. Not all staff we spoke with had attended team meetings, but we did see evidence of other staff attending with minutes being available.

Continuous learning and improving care

- The provider had a good system to analyse incidents and report on any trends that may impact people's care. This was reviewed at multiple levels within the organisation, with more serious incidents being seen by the provider's trustees. We were shown spreadsheets for lessons learned and information where these had been followed up.
- The provider had a peer review system where senior operations managers (registered managers) completed quality checks for each other's services. This helped to ensure an independent viewpoint was sought when judging the quality of care.
- Each supported living setting had an action plan in place which identified changes that could improve the quality of care. Actions plans were overseen by registered manager, which helped ensure any improvements made were beneficial to people and sustainable.

Working in partnership with others

- The provider worked in partnership with key stakeholders to help ensure people led a good quality of life in relation to their health, care, and housing. Although one of the supported living settings was still undergoing building work and had continuing maintenance requirements, the provider was doing all they could to support the people living there with their tenancies.
- Feedback from professionals was generally positive and they commented how the provider was willing to act on what they had to say. A professional told us, "The main file for each service user appeared very muddled in the presentation and layout of documentation and disjointed. This was communicated to the provider." The provider had a plan in place to resolve the issue as well as moving the care and support plans to an electronic system. This would make it easier to update, review and give access outside of the supported living settings.
- The provider had developed positive working relationships with health professionals including GP's, care managers, epilepsy nurses and speech and language therapists. The benefits included knowing people's needs well and continuity of care.