

Avenues London

Avenues London South West

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 London South West is a supported living service for adults with an autistic spectrum disorder and learning disabilities. This service provides care and support to people living in 19 supported living homes but only 11 of these were providing a regulated activity to people. At the time of the inspection, out of a total number of 45 people, 32 people were receiving personal care.

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 autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. There was an open culture which helped people to achieve the outcomes they wanted to. Staff empowered people to make decisions about their care needs. People had support to build and maintain important relationships to them.

Issues we identified during the inspection in relation to records being completed for fire safety checks undertaken had been promptly addressed by the provider. People and their family members were happy with the care delivery and had no concerns about safety. Staff were aware of the safeguarding procedure should they have to apply it suspecting a person to be at risk of abuse. Personal protective equipment (PPE) was effectively used by the staff team. People had support to continue being active during the COVID-19 lockdowns and engage in activities of their choice at home. Risks to people's safety were identified and a positive pro-active approach to risk taking was applied to encourage people's independence. The provider followed robust recruitment procedures making sure they employed suitable staff to work with people using the service.

The provider had enrolled staff on learning disabilities training at the time we inspected the service. Staff received training before they started working with people and regularly attended refresher courses to ensure effective care delivery. The provider had an action plan in place to ensure staff were regularly supervised. Mental Capacity Act 2005 (MCA) principles were followed to support people in the decision-making process, making sure their involvement was encouraged. However, some MCA records required updating to ensure all relevant information was appropriately recorded. Where people required support to meet their complex

nutritional needs, staff had provided the required care. Healthcare professionals told us how staff worked towards good practice to provide people with person-centred care.

Staff maintained good relationships with people they supported and were kind and understanding towards their care needs. People were involved in their care planning and made choices how they wanted to be supported to celebrate important events to them. Where people chose to have pets, staff helped to look after them. Staff respected people's right to privacy and diversity.

People's support plans were personalised to guide staff on how people wanted to be supported. Different aids related to people's communication needs were used to encourage people to take part in conversations. Systems were in place to gather feedback from people and their family members so that information collected could be used to inform the effectiveness of the care delivery.

The management team had worked to promote a positive culture at the service so that people could have a good quality life. Systems were in place to support the service delivery and where a short fall was identified, actions were taken quickly to improve the care provision. Regular audits were carried out to monitor day-to-day running of the service and the quality of service delivery.

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

Rating at last inspection

This was the first inspection of the service since it registered with the CQC on 1 May 2019.

Why we inspected

This was a planned inspection based on when the service registered with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Avenues London South West

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by four inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Where people did not communicate verbally, we observed their interactions with support staff.

Service and service type

This service provides care and support to people living in 11 '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.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the

registered managers would be available to support the inspection when we visited the central office location.

What we did before the inspection

We reviewed information we had received about the service since it was registered with us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We visited the central office location on 16 November 2021 and spoke with the registered managers. After that we visited three supported living homes and spoke to eight people living there, three service managers and 10 support workers. We made calls to 13 family members. We also received feedback from four healthcare professionals.

We reviewed a range of records. This included people's support plans and medicines management records, staff files in relation to supervision, recruitment and training data. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to people's care records, fire safety and auditing systems.

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 for 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

- People felt safe supported by the provider. One person told us, "It's safe. I would tell [staff] everything." Staff also knew what to do if they had concerns about people's safety and felt they were at risk of harm. One staff member said, "If I had any concerns, I would reassure the service user and make sure they were ok, then tell my line manager, and document everything. If I have to, I know I can report things to safeguarding or the CQC." A Healthcare professional told us, "I think my clients are well looked after at [name of the supported living home]."
- Where the service supported people with their budgeting and finance, we saw appropriate safeguards were in place. There was a receipting and reconciliation system that was monitored by the management team as necessary.
- Staff were provided with a whistleblowing policy and procedure that included a flowchart to help staff to follow the procedure easier should they have any concerns about people's safety.

Assessing risk, safety monitoring and management

- Staff supported people to live a fulfilling life in the safest way possible, assessing risks but not restricting people. Risk assessments were completed relating to behaviours that challenge and required a response to keep a person, other people using the service and staff safe. Guidance for staff to follow was provided as part of a positive pro-active approach to risk taking. There was also evidence of learning following incidents with a multi-disciplinary approach to reviewing and improving the support provided.
- Risks associated with people's support were being assessed covering different aspects of their support. Where people had specific risks relating to their health conditions, such as epilepsy and diabetes, we saw guidance from professionals that informed their risk assessments. People's support plans included photos demonstrating the specific manoeuvre techniques for staff to follow to reduce the risk of falls and help people to move around safely.
- The provider had fire safety procedures in place to ensure staff supported people safely if they discovered a fire. Individual fire risk assessments were completed for people making sure staff knew what to do in the event of a fire emergency. Fire alarms were tested weekly and we saw up to date fire alarm service records.
- However, some records in relation to fire safety checks were not being completed. For example, in one service the fire door and the firefighting equipment checklists had not been updated as necessary. One other service did not have their internal 'Fire Risk Assessment' reviewed as required per provider's policy and procedure.
- The fire safety concerns highlighted during the inspection had been discussed and promptly addressed by the management team to ensure people's safety. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

Staffing and recruitment

- There were enough staff to support people safely and in line with their wishes. One family member said, "We are happy with the staffing levels. [Staff] do not seem rushed and pop in and out constantly to check on [my relative]." Where there was a need for additional staff, for example when people wanted support to undertake activities, or when they had specific health needs, we saw there was flexibility in the rota to accommodate this.
- Staff told us there were adequate numbers of staff and well-established procedures to help keep people safe. One staff member said, "I get the support I need. Management handles things really well. We always take the steps to make sure people are safe."
- The management team told us that staffing levels had been up and down recently. On-going recruitment was carried out making sure the provider employed competent staff for the role. Each house had its own staff team, although in emergencies they did work in other houses. The provider had a bank pool and regular agency staff to cover gaps in the rota.
- Checks were carried out before staff started working for the provider. Staff had to attend an interview, undertake a Disclosure and Barring Service (DBS) check and provide references to ensure safe care delivery. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable people.

Using medicines safely

- Staff supported people to take their medicines as prescribed. The medicines administration record (MAR) sheets were up to date and correct, and medicines stocks tallied with the MAR sheets. There were completed risk assessments for each person around the storage, administration and monitoring of medicines to help ensure their safety and welfare.
- There was information for staff on each medicine and side effects to look out for. As and when required medicines protocols were in place and reviewed as needed. Where people had been prescribed topical creams, we saw body maps were in place and administration of these was also recorded on the MAR sheets.
- Daily medicines checks were carried out and medicines audits were completed which helped to ensure safe medicines management.

Preventing and controlling infection

- We were assured that the provider was effectively managing risks in relation to COVID-19 and infection prevention and control (IPC).
- The provider had appropriate measures in place during the COVID-19 lockdowns. People were supported to stay in their house 'bubbles' to reduce the risk of spreading infection. Each person had a person-centred COVID-19 risk assessment.
- Personal protective equipment (PPE) was used correctly and in accordance with current IPC guidance. Staff confirmed that they had been well supported during the pandemic with adequate supplies of PPE and hand sanitisers. We observed staff wearing appropriate PPE in the houses in which people lived.
- Staff demonstrated a good level of knowledge of hygiene standards. Services had regular cleaning schedules for high touch areas such as door handles and light switches.

Learning lessons when things go wrong

- There were electronic systems in place to report and review any accidents and incidents taking place. We were able to audit the records kept to establish the actions taken following an incident or accident, for example, an incident out in the community. Completed support plans and risk assessments for people showed that lessons were learnt, and changes made in the planned care being provided.
- Accidents and incidents were analysed by senior managers for trends and patterns to reduce reoccurrence.

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's needs were assessed, and their care planned and delivered in line with best practice. Each person had a thorough assessment of their needs to inform their support plan. People who needed support for their behaviours had appropriate Positive Behaviour Support (PBS) plans in place and the provider had a PBS worker to support staff, analyse behaviours and review the plans.
- When the service had people wishing to move in, there was a transition period that was as long as necessary to ensure that people were compatible and wished to live together. This transition process was directed by people and their needs.

Staff support: induction, training, skills and experience

- Staff received on-going training to meet people's needs safely. The provider was returning to classroom training after the COVID-19 restrictions and we saw these were booked for staff who required them, in topics such as basic life support and positive behaviour intervention. Other topics included autism awareness, fire safety, nutrition and safeguarding.
- However, we found that staff were not provided with training for learning disabilities. The provider had acted promptly addressing this concern and on the same day of inspection booked staff to attend the necessary training. We will check their progress at our next planned inspection.
- Staff had opportunities to meet with their line manager as and when necessary. Systems were in place to observe staff on the job and assess their competency to administer medicines. Supervisions addressed the goals of the people using the service, staff training, and personal well-being. Where staff needed specific areas of development, we saw they had plans in place to assist them to achieve this. Some staff were being supported to attain qualifications in health and social care at the appropriate level for their role, or to develop further and move to more senior roles within the organisation.
- Although records showed that staff's supervisions were not consistently carried out, the provider had an action plan in place to address this concern. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.
- There was a clear induction procedure in place, including training and shadowing more experienced staff. The length of the time shadowing depended on the people with whom the staff member would be working, and their own prior experience and knowledge.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people had their liberty restricted for their own safety, we saw they either applied or had appropriate authorisations from the Court of Protection in place. Where relatives were authorised to make decisions on people's behalf, this was documented in people's support records.
- Staff supported people to make choices in line with the requirements of the MCA. People's records contained a number of capacity assessments for specific decisions, and people were assessed as having capacity to make some decisions but not others. Where people were assessed as not having capacity, we saw that best interest decisions were made on their behalf and the least restrictive option was chosen. For example, in relation to the COVID-19 vaccinations.
- However, some records viewed in relation to the MCA required more information. In one support plan, we saw that although a best interest decision had been made and staff views were considered, the person's relatives views were not recorded. We discussed this with the management team who told us they will review their systems making sure the records were completed and robust. We will check their progress at our next planned inspection.

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

- Staff supported people to eat and drink according to their needs and preferences. People said they were happy with the food choices and were given appropriate support. One person told us, "[Staff] help me with food, the food is quite good. I need assistance and staff help me."
- Where people had special dietary needs relating to their health conditions, these were met. For example, one person identified as being at high risk of choking had a soft diet and we saw staff supported them to choose their food then mashed it so they could eat safely.
- People views were considered when planning menus. One staff member told us, "We do menus and we ask [people] what they would like. We make different meals for them."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider worked in partnership with other agencies to ensure people's health needs were met. Family members told us that staff recognised when a healthcare referral was necessary. One family member said, "[Staff] will call the GP straight away (if any concerns). [My relative] also sees the dentist and the podiatrist." A healthcare professional told us that staff "Re-referring appropriately to the [health] team if they felt there were gains to be made."
- We saw dietitians, learning disability nurses, behaviour specialists, neurological service assessments and guidelines for staff. People had up-to-date health action plans and hospital passports.
- Staff were aware of people's health needs and knew how to support them safely. One staff member said, "You have to spend time getting to know everyone, especially the people who have seizures. I can tell now when [name of the person] is about to have a seizure by the noises [they] make, so I can help them, make sure they are in a comfortable place and don't hurt themselves."

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 treated people well and were friendly. One person said, "I'm ok, it's not too bad here. The staff are alright, and they help me." Family members' comments included, "The staff are top drawer- they do an amazing job", "[Staff] are brilliant on the whole. [My relative] sees it as his home which is great" and "[Staff] are friendly, bubbly, good company."
- We saw staff had good relationships with people, laughing and joking. One staff member told us, "It's such a lively house, never a dull moment! I have great joy and pleasure supporting the service users." Another staff member said, "It's great experience, I get a lot of satisfaction. I love the guys with all my heart, care for them so much."
- People's support plans included a 'cultural assessment' to ensure people's cultural needs were identified and could be met by staff. A manager gave us an example of how they were advocating on behalf of a person to ensure they were being treated equally and having their rights upheld. This involved their access to local healthcare facilities.

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

- People's views and decisions were adhered to as necessary. Family members told us, "[My relative] chose to stay at home last Christmas which was fine by us- as long as he is happy" and "I am happy that staff listen to [my relative] and take notice of her." A staff member told us, "Everyone can choose how they want to celebrate their birthday. Some people have a party, some a BBQ and others want to go out. We support them in whatever they want to do."
- Staff ensured people understood the options available to them before making decisions. One staff said, "We have to offer [a person] choices when supporting her with food, we explain what we are feeding her."
- Support plans included a 'Decision Making' document to inform staff about the support people required to make decisions when taking part in activities, maintaining family contacts and healthy diet.
- People told us they liked their room. One person said, "Look at my room – this is me!" People's bedrooms were personalised and furnished according to their individual tastes and their personal belongings.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One family member told us, "[My relative's] privacy and dignity are respected by staff. [My relative] always has clean clothes on and looks smart." We observed staff closing doors and curtains before supporting people with personal care, knocking on doors and asking for people's permission before undertaking personal care support.
- Staff supported people to be as independent as they could be, through ensuring they supported them to enhance and retain their skills. We saw people folding laundry, making their beds, preparing food, making

drinks and vacuuming. One staff member told us, "[Name of the person] is very independent, we have to be patient with him and gently encourage him. He has improved a lot since he came here, he has personal care twice a day which he never did when he moved in."

- Staff supported people to care for their pets. People had fish and cats that they cared for with staff support. We observed staff reminding people it was time to feed their pet and they enjoyed caring for it very much.

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; Meeting people's communication needs

- People had individualised, person-centred support plans that were reviewed as necessary. Support plans included a profile of the person, what was important to them and 'how best to support me' information. A staff member commented, "We know the guys here well."
- Staff knew people well. We observed staff anticipate people's needs and proactively meet them. When people started to become agitated, we saw staff had specific skills and strategies to support them to calm down that were individual to each person.
- The provider was implementing an electronic care management system in the next few months, moving from a paper-based records system so that staff could access information more easily, and update people's records in real time.
- Staff supported people to undertake a wide range of activities, both within the home and outside in the community. People were supported to go to the shops, to have lunch with family members, bowling, day centres, out for trip and there was flexibility within the staffing rota to allow for this. We saw some people being supported to paint a raised bed in the garden, make Halloween decorations, build a model railway, sing along to music and dance. One staff member said, "We do active support and try and achieve a good quality of care. We support [people] to do things they want to do."
- During the COVID-19 lockdowns, people continued to be active. People had a 'lockdown activity planner' describing a wide variety of activities they could undertake without needing to leave the premises.
- Staff supported people to maintain relationships with people important to them. During our visit we saw several visitors come to see people, and staff told us about how they supported people to see their loved ones through video calls when they were unable to see each other during the lockdowns. The service bought tablet computers for services to facilitate this.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Staff understood people very well, even where they did not communicate verbally. One family member said, "Staff are able to communicate with [my relative] because they know her so well and she knows the carers. [My relative] is doing well." We saw staff used communication aids when this was appropriate for some people, Makaton and objects of reference.
- Each person had a communication passport, and these were highly detailed, describing specific gestures, body language and vocalisations and what these meant for people.

- Records within the home were available in easy read format, these included menus and the provider's complaints policy.

Improving care quality in response to complaints or concerns

- The service had a complaints system in place. Family members told us they felt confident to raise concerns should they have any and felt listened to. One family member said, "I would be confident to raise a complaint or concern, but I have never had to. There was an incident... It was all resolved to our satisfaction."
- Complaints were recorded, responded to and action taken to learn from them. The service also received a lot of compliments from people's family members and professionals who worked with them. One family member wrote, "You are all doing a marvellous job. Thank you for the photo of [name of the person] standing without support!"

End of life care and support

- Where people were nearing the end of their life, the service had documented people's wishes and liaised with relevant healthcare professionals to ensure their needs and wishes were met.
- We saw that people and staff had recently attended a memorial service for a person who had passed away, and tributes had been paid to them by their housemates.

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 service had a culture that was inclusive and empowering for people, promoting their independence. Relatives told us the service was well led. Comments included, "[The manager] is easy to contact and very approachable" and "The management has been very sympathetic to families, flexible and understanding." A healthcare professional said, "[Reference to the specific services] are managed well with a dynamic team of competent, confident staff."
- The management team had a good understanding of the people they supported and a passion for wanting to deliver person-centred care based on current good practice.
- Staff reported a positive ethos in the service and knew they could approach the management team for advice and support. One staff member told us, "My manager is great. I can tell her anything. We work so closely together here as a team. You have to, to make sure you can support the guys." Another staff member said, "Management handled a recent incident really well. They were very open– amazing."

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

- The managers of the service and staff team were all clear about their roles and responsibilities. The managers worked alongside the staff team routinely and assessed the delivery of care as part of their daily work.
- Team meetings took place to support staff's involvement and engagement in the service delivery. Staff told us they were asked for their opinions on changes and were able to provide open and honest feedback.
- Systems were in place to monitor day-to-day care being delivered for people. This included staff completing handovers to share information as necessary and people having keyworkers to oversee their support.

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

- Systems were in place to gather feedback about the service delivery. Relatives' comments included, "Occasionally we get a questionnaire- maybe once a year", "We can give feedback online" and "We tend to discuss things week to week so are giving feedback that way."
- The healthcare professionals told us the service responds well to feedback and used it as an opportunity to improve the quality of service provision. Comments included, "[Staff] are always grateful for the advice I give [in my area of expertise]" and "[Staff] are responsive to suggestions and actions identified."

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

- We saw that actions were taken quickly where there was a need for improvement identified during our inspection, including update required to MCA records, review of staff's training needs and fire safety procedures. Actions implemented by the management team were time and decision specific so this could be reviewed to ensure effective care delivery.
- Each supported living home had a continuous improvement plan (CIP) which included the actions from the weekly audits. These were all collated together to form the service's CIP. The management team had regularly undertaken a 'service review' which looked at the progress made on the actions identified to make improvements.
- Each supported living home completed a weekly audit, which was then overseen by the service manager. These audits included health and safety, support plans and medicines management checks.

Working in partnership with others

- The service worked closely with commissioners, people's social workers, family members, healthcare professionals and the landlords of the properties to ensure service improvement.
- Healthcare professionals told us they had good working relationships with the services, with one of them telling us, "All support workers act appropriately and accommodate the joint working."