

# Sussex Partnership NHS Foundation Trust

## Avenida Lodge

### Inspection report

3 Upper Avenue  
Eastbourne  
East Sussex  
BN21 3UY

Date of inspection visit:  
09 January 2023  
10 January 2023  
12 January 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

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. We considered this guidance as there were people using the service who have a learning disability and/or who are autistic.

### About the service

Avenida Lodge is part of Sussex Partnership NHS Foundation Trust and provides support for adults who live in their own homes in Eastbourne. Registered as a domiciliary care agency under Adult Social Care, it is inspected separately from the Trust, and supports people with autism, learning disabilities and mental health needs. At the time of inspection, the service was supporting 13 people. People using the service lived in their own homes across two blocks of flats, Acorn House and Mayfield Court.

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

#### Right Support:

People received support to achieve their aspirations and goals. The service worked with people to plan for when they experienced periods of distress so their freedoms were restricted only if there was no alternative. Staff recorded when people were restrained and constantly reviewed and learned from incidents and how they might be avoided or reduced. People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

#### Right Culture:

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's

individuality, protected their rights and empowered people. People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people with the person, their family and other professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 13 December 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection on the safe and well led key questions. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Avenida Lodge

## 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 1 inspector and an Expert 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### 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 9 January 2023 and ended on 16 January 2023. We visited the location's office on 9 January 2023, Mayfield Court on 10 January 2023 and Acorn House on 12 January 2023.

#### What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in

the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people and 5 people's relatives about the care and support provided. We spoke to 9 members of staff including the registered manager, deputy manager, shift leaders and support staff. We reviewed 4 people's support plans and multiple documents relating to people's care including medicine records. We received feedback from 3 health and social care professionals. We reviewed multiple documents relating to quality assurance and feedback from others.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff worked well with other agencies to do so.
- Relatives told us their loved ones were safe. One told us, "I think [person] is safe there. I just feel confident in the way the care is set up. I think [person] feels safe as well. [Person] would tell me or the staff if they were worried about something, or it may be obvious by their behaviour."
- Staff received training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- Risks to people were safely assessed and managed. People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Some people using the service were at risk of harming themselves and others through how they expressed themselves. Staff planned and monitored support for people that enabled positive risk taking in a safe and manageable way. People had detailed positive behaviour support (PBS) plans which gave clear details on how staff should recognise a decline in a person's wellbeing and the appropriate support to provide for them at the right stage of their experience.
- People's support plans contained clear guidance for staff to follow for activities they engaged in. For example, plans contained step by step action plans for how to support people to move in and out of their vehicles, engaging in activities of daily living such as washing up and wiping surfaces and having their meals. This was particularly important to people that required a consistent and specific routine for staff to follow in order to minimise the risk of them becoming upset or agitated.

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 Mental Capacity Act (MCA).

- Staff understood their responsibilities around the mental capacity act and had been trained to use restrictions safely. One staff member told us, "Some people require the use of physical restraint to keep them safe, but only when absolutely necessary. We try all the different ways to support people to calm down using voice, words and actions before restraint. We have had training in how to safely restrain people."

- Where people had restrictions as part of their support, staff had completed restrictive interventions risk assessments. These detailed what restrictions people had in place and assessed whether restrictions were appropriate, necessary and were the least restrictive option. These were regularly reviewed to ensure they were the least restrictive.
- The staff ethos was focused around consistently looking for opportunities to reduce restrictions for people. Some people had previous experience of living in settings that were institutional and had frequently experienced physical restraint. Staff had worked with people, relatives, health and social care professionals to reduce restrictions for them. For one person who had previously been regularly physically restrained to protect themselves or others, incidents had been significantly reduced and physical restraint was now rarely used.

### Staffing and recruitment

- There were enough staff to support people safely. This included supporting people on a two to one or one to one basis. Shortages in staff were covered by agency staff. Where possible, the same agency staff were used to provide consistency. There were safe processes in place to ensure that where people's assessed needs were to have a staff member that was part of their core team, this was maintained.
- The rota of staff was arranged based on the needs of people that used the service. For one person who found the afternoon staff change difficult and upsetting, the rota had been adjusted for staff to spend whole days with them. This change had reduced incidents of upset for the person and allowed them to have more consistency in their daily routine.
- People's relatives were positive about the staff team. One told us, "[Person] knows all their staff. They have specific training to do the job. The staff set out the way they work to me very clearly. There is a clear staff framework."
- The management team had actively requested views from recently employed staff to receive feedback on the current recruitment and induction programme. Feedback received had been used to change the induction process to provide more robust support for new staff and ensure staff were provided with the best possible start to support people.
- Staff were recruited safely. Recruitment checks were carried out such as references, ID and Disclosure and Barring Service (DBS) Checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- Medicines were managed and administered safely. Staff received training and regular competency checks to ensure medicines were given in accordance with their medication administration records (MARs).
- Guidance for staff on how to give people their medicines was clear and person-centred. Where needed, people had medicine action plans which instructed staff on people's routines around medicine taking.
- Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles

### Preventing and controlling infection

- Staff used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. Staff had good arrangements for supporting people to keep their homes clean and hygienic.
- People were encouraged to get involved in the cleaning of their own homes and encouraged to do as much for themselves as possible.



### Learning lessons when things go wrong

- Incidents affecting people's safety were managed well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- The management team learned from incidents and requested support from health care professionals to improve staff practice where needed. For example, one health professional told us they had been asked to provide bespoke medicines training to staff to reduce the risk of medicine errors. This professional told us, "I met with service leads and discussed areas for improvement. The training was very well accepted by the team and the support workers were keen for me to repeat with further training and longer sessions."
- The management team were proactive in addressing concerns raised by staff around the culture of the service. Staff had recently reported concerns through the service's Freedom to speak up (FTSU) process. Some of these concerns related to the visibility of the management team. The management team were open and honest with staff and external stakeholders in their investigation of the concerns raised. As a result of these concerns, the management team had assessed the service under a closed culture indicator checklist and produced an action plan to make improvements. Lessons were learnt through this process and changes were made to the management and monitoring of the service.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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; Continuous learning and improving care

- The registered manager worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and empowered people. The registered manager and senior staff were alert to the culture within the service and spent time with staff, people and family discussing behaviours and values.
- Staff worked with people to achieve their goals. Some people found having staff and others in their home to be challenging and upsetting. Staff had worked with them to build trust and increase their tolerance of having others in their homes, this had led to increased engagement for people. For one person this involved increasing time staff spent in their home a minute at a time over months.
- Staff used the Positive Behaviour Support (PBS) model to focus on engaging people to live as independently as possible in the community and to learn and use daily living skills. People's relatives told us this was done in collaboration with them. One said, "I am very keen on [person] having a good quality of life. I am in collaboration with the staff, we listen to each other. They are very good at listening to a parent." Work staff undertook to provide support to people in their homes had led to this being the longest time some people had been able to live in one place.
- Staff supported people to control their emotions and express themselves when upset in a way that did not risk causing injury to themselves or others. For one person, this included daily 'worry sessions' for them to discuss with staff anything that had upset them. This worked to ensure their worries did not build up into a more significant concern. For another person, a reward system was used where the person was able to buy an item of memorabilia after a certain amount of days in which they felt in control of their emotions. They proudly showed us their collection of memorabilia and told us this had helped them to keep calm when they were upset.
- People's relatives were positive about the culture of the staff team. One relative told us, "[Person] seems to be well looked after. The atmosphere when I visit is happy, the staff want to talk to me about what is going on. I can hear [person] being very vocal in the distance which means they are happy, content."

Working in partnership with others

- Staff worked in partnership with health and social care professionals to achieve good outcomes for people. For one person who had experienced significant episode of mental ill health following a family tragedy, staff had worked in close partnership with a psychologist to support the person to manage this in their own home. This involved putting together a wellness pack for staff to follow to support the person to express and process their emotions. This had led to significant improvements for the person.

- Staff worked with other health care professionals to support people in different settings. For one person who was receiving treatment in hospital, staff continued to provide support for this person whilst in hospital. This involved staff working in an unfamiliar setting, in collaboration with hospital staff to ensure the person was provided with continuity of care and being supported by staff that knew them.
- Staff advocated for people to support health and social care professionals to understand people's needs, communication styles and receive appropriate health care. For one person who had recently experienced a significant health event, but had not shown the typical symptoms of this, staff advocated for them to health professionals. Staff worked tirelessly and constantly to ensure they received the health care they needed. This resulted in the person receiving timely treatment for a serious health condition and meant they did not experience long-term side effects that might otherwise have been expected.
- Staff had also worked in partnership with a hospital, ambulance service and the Police to support them to understand the specific needs of a person who frequently used these services. This included response plans for them to follow to ensure they provided safe and effective support.
- The registered manager had recently advocated for people to have multi-disciplinary team meetings with the community learning disability team. This involved health and social care professionals meeting on a monthly basis to discuss any services people may need support from. This had just begun to be implemented and the registered manager told us they hoped this would improve efficiency of people's access to services and enable them to receive timely support.

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

- People were at the centre of the support they received. Staff held 6 weekly 'team around the person (TAP)' meetings with people, relatives and staff. During these meetings, people were encouraged to give their views on the support they received and tell their team of staff about their wishes and goals. One person told us, "I can say what I want at the meeting, I have a list of ideas to talk about. We listen to each other."
- Staff were committed to reviewing people's care and support with them on an ongoing basis as their needs and wishes changed. People's relatives were positive about the TAP meetings. One told us, "There is a clear agenda for the meeting; health reports, incidents, opportunities for the future. They are proactive about addressing any issues raised. I feel they have a lot of respect for my [relative]."
- People's relatives were invited to meetings to ask questions, raise concerns and discuss the management of the service. Relatives gave feedback to staff on how they felt the service was providing support to their loved ones. One told us, "There is an annual questionnaire. There was a meeting before Christmas which was open to all the families. It was good to meet other family members."
- Staff told us they felt supported by the management team and their colleagues. Systems were in place to promote staff wellbeing. Where staff experienced stressful or upsetting situations, 'diffuse meetings' were held with the staff involved to allow them to discuss what happened and support they may need. Staff told us, "Management are very supportive, we debrief and [registered manager] makes sure you're okay after incidents and things are done properly. He's great." The management team told us that following significant events that may have impacted on the wellbeing of staff, they had procured a psychologist to support staff through these incidents.

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

- There was a clear governance structure in place and effective monitoring of systems and processes. Audit processes were effective in identifying improvements and staff worked in partnership with people and their relatives to make improvements.
- The management team recorded areas for improvement in a quality improvement plan based around

CQC's key lines of enquiries. This plan detailed what improvement was planned and who would be responsible for ensuring its completion.

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed. People's relatives were positive about the management of the service. One told us, "The staff are like a family. [Registered manager] leads them and makes them like that. It is clear that [registered manager] loves his staff team."
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. The management team understood the importance of being open and honest and apologising when something went wrong.