

Care Management Group Limited

Avenue Road

Inspection report

14 Avenue Road
South Norwood
London
SE25 4EA

Tel: 02089163247

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Avenue Road is a supported living service that can accommodate up to nine people with mild to moderate learning disabilities, diagnosis of mental health, behaviours that challenge and other associated health or communication needs. At the time of our inspection eight people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People spoke openly about the things they had achieved while living at the service. They spoke positively about their goals and aspirations and how staff supported them to achieve them.

Staff continued to put people at the heart of the service and were skilled in the way they provided person centred care and support. People continued to have an active and fulfilled life that was exceptional in meeting their needs and preferences. Staff actively encouraged people to try out new experiences and activities.

People told us they felt safe and would speak up if they had any problems. Staff knew what to look for to help them identify abuse; they knew how to report any concerns and felt they would be listened to by their managers. Staff understood the best ways to communicate with people and were able to support people when they became upset or worried.

People had risk assessments which helped them and staff make sure everyone was safe at the service and in the community. These helped staff to manage people's risk while still encouraging their independence. Medicines were managed safely and people received their medicine when they needed it.

People were supported by staff who had received the appropriate training and support. There were enough staff at the service and staff numbers were flexible to suit people's needs so that people received their care and support when they needed it.

People were encouraged to make healthy choices about their food and supported to have enough to eat and drink. Risks linked to people's diet had been identified and staff knew what to do to help people. Staff supported people to see healthcare services when they needed to and encouraged people to be involved in

their healthcare needs.

The provider listened to and acted on complaints. Information was available for people and their relatives to make a complaint and relatives were confident the manager would act on any concerns they raised.

Leadership was visible across the service and the manager and staff had a good understanding of their roles and responsibilities. The provider had a range of audits in place to assess, monitor and drive improvement. When things had gone wrong lessons were learned and this was shared across the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These make sure people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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.

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

Rating at last inspection

The last rating for this service was Outstanding (published 11 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Outstanding ☆

The service was exceptionally 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.

Avenue Road

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.

Inspection team

Our inspection was carried out by one inspector on 4 July 2019.

Service and service type

This service provides care and support to people living in a 'supported living' setting, 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 a manager in place who was in the process of becoming 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.

Shortly after our inspection we received confirmation that the managers CQC registration had been successful.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. 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

During our inspection we spoke with four people using the service and one family member of a person using the service. We observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We spoke with the manager, the regional manager and three staff members. We looked at records which included two care plans, medicine records and other records relating to the management of the service.

After the inspection

After our inspection we spoke with three relatives of people using the service and the manager sent us additional information such as resident and staff meeting minutes, training, staff rotas and quality checks.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Avenue Road. One person told us, "The staff are great, really great. Any problems I just tell them". Relatives told us they felt their family members were safe. One relative told us, "I feel [person's name] would let me know if he didn't like someone."
- Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place.
- Systems and processes were in place for managers to report, investigate and review safeguarding concerns. The manager understood their responsibility to report any allegations of safeguarding to the local authority and the CQC.
- Staff had received training in safeguarding and this was renewed regularly to keep their knowledge current.

Assessing risk, safety monitoring and management

- People continued to be encouraged to take positive risks to help encourage their independence.
- Staff knew about the risks people faced and supported people to be as independent as they could be while remaining safe. Staff gave us detailed examples of how they managed risk. For example, one staff member told us of the information available to them about one person who was at risk of seizures. Another staff member told us how they supported one person in the community who was at risk of falls.
- Risk assessments were in place and these were regularly reviewed as people's needs changed. These covered risks to the person both at home and in the community.
- Environmental risks were identified and reported to the providers maintenance department to make the improvements necessary to keep people safe.
- Health and safety and fire checks were routinely carried out at the premises and people using the service were encouraged to be involved in these checks if they wanted to.

Staffing and recruitment

- There were enough numbers of staff on duty to keep people safe. Staff told us their rotas were planned flexibly to accommodate people's outings, activities and healthcare appointments. Duty rotas and shift planners confirmed staff numbers. During our inspection staff were always visible and on hand to meet people's needs and requests.
- Staff told us there had been staff shortages. New staff had been employed and they felt there was enough of them on duty now to support people and meet their needs.
- The provider continued to follow safe recruitment practices. Checks were carried out before employment

started to make sure staff were suitable for the role. People using the service were involved in the recruitment of new staff and could ask questions and give their views during the interview process.

Using medicines safely

- People continued to receive their prescribed medicines safely. People's medicines were kept in their room in locked cabinets, or in a main medicine cabinet. We checked the storage of people's medicine and found one person's medicine had been opened but the date it was opened had not been recorded. The manager told us they would put this right. All other medicines had been labelled correctly.
- The temperatures were recorded in people's rooms and sometimes these exceeded the recommended storage temperatures to keep medicines safe. The manager explained air conditioning units had been installed in people's rooms to help keep the temperatures down.
- We checked the medicine administration records (MAR) for four people and did not find any recording errors. Medicine profiles were in place with information about each medicine including the dose, why it was needed and any side effects. This was to help people and staff understand why a medicine was needed.
- Staff knew about people's medicines. They told us they had received robust training in medicine management and yearly competency checks were completed by the manager to ensure staff continued to have the skills and knowledge to keep people safe. The manager carried out monthly audits to check that medicines were being managed in the right way. The pharmacist visited yearly to make sure the service was up to date with their systems and processes in line with national guidance.

Preventing and controlling infection

- Staff had access to personal protective equipment when needed and all staff had received training in infection control and hand hygiene. Cleaning schedules were in place and a monthly infection control audit was in place.
- The communal areas of the service were clean and tidy. Communal bathrooms and toilets had hand washing and drying facilities and were clean and free from malodour.

Learning lessons when things go wrong

- The manager reviewed all accidents, incidents and safeguarding concerns and there was a strong focus at service and provider level to learn lessons to make things better for people. The provider had robust systems in place to record and analyse incidents across the organisation. When there was learning from events these were circulated to staff at each location so action could be taken to reduce any risk that people could face.

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.

At the last inspection this key question was rated as outstanding . At this inspection this key question has been rated as 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 physical, mental and social needs continued to be holistically assessed to identify the support they required. Staff thought about how to develop people's skill to help them cope with the challenges of life. This was particularly relevant when one person using the service passed away unexpectedly and staff had to identify individual strategies to help support people while they grieved.
- When new people joined the service, staff made sure they made the transition as smooth as they were able. During our inspection the regional manager spoke about one person who had joined the service since our last inspection. They told us the person visited the service several times to help the transition from their home to Avenue Road with the ongoing support from staff the person knew well. They wanted the experience to be positive and encouraged the person to build new friendships but also maintain relationships with people they had known for a long time.
- Regular care reviews were conducted, updating people's care records when needed. Reviews involved people, staff and family members, if appropriate.
- Staff applied learning effectively in line with best practice and this helped them to support people in the best way.

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

- The service empowered people to make choices about their health and how it should be monitored and managed. For example, people were encouraged to choose which GP they wanted to see. One person had decided to change their GP based on a recommendation from another person using the service. The regional manager explained this GP knew people's needs well and people felt comfortable and confident going there.
- People spoke to us about their healthcare and any issues they had. They were able to explain treatment they had received and what they needed to do to look after themselves.
- Staff continued to be supportive with on-going health issues. For example, staff worked with one person who refused to use a walking aid. Staff knew how the person's safety might be at risk, while in the community, so took the time over several weeks to discuss the person's concerns with them to achieve the best way forward. Staff told us the person was now more confident than they had ever been.
- Staff remained committed to promoting people's health and wellbeing. People were supported to access the healthcare services they required. Care records confirmed that there were good links with local health services and the GP. There was evidence of regular visits to GPs, and appointments with the dentist, optician

and other healthcare professionals.

Staff support: induction, training, skills and experience

- Staff had the training and skills they needed to help them carry out their roles effectively.
- Relatives told us there had been many recent staff changes and felt some new staff may not be as experienced as others when it came to their relatives. However, the manager confirmed they had filled their vacancies and were working hard to give staff the support and encouragement they needed.
- Staff felt they were well supported by their managers and regular supervision, team meetings and yearly appraisals gave opportunities to discuss any issues including learning and development. One staff member told us supervision was the opportunity to give and receive constructive feedback on their work and discuss how they could do things differently to improve the outcomes for people.
- Staff told us they received enough training to provide people with the care and support they needed. Staff thought the training provided was very good and focused on the needs of people living at the service. One staff member told us, "By the time you have done the courses, you have learnt so much, you're a different person."
- Staff training was provided in a mixture of e-learning and face to face training. The provider monitored staff training and up and coming training was recorded on duty rotas so staff knew what they needed to do and when.

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

- People were supported to be as independent as possible with their choice and preparation of food. Staff told us people were able to cook and eat in their own rooms or in the communal kitchen depending on their choice.
 - Staff worked with people to plan weekly menus, try new foods and to make healthy choices if they wanted to. Staff told us they had worked with one person to encourage them to buy and prepare healthy food and reach their desired weight loss.
 - People's cultural, ethical and religious needs were respected when planning and preparing meals.
 - People's likes and dislikes were recorded in their care records along with any special dietary needs. People had weekly meetings with their keyworkers to discuss their menu plans and write their shopping list.
- Accessible information was available to help people make choices. For example, a pictorial guide was in place giving people menu ideas and helping people understand what healthy alternatives were available for them.

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.

- Staff continued to use a variety of methods to make sure people were fully involved in decision making.
- Staff made sure people had the maximum choice and control over their lives and supported them in the

least restrictive way possible.

- Mental capacity assessments were in place for specific decisions relating to people's care and support and best interest decisions had been made in line with best practice. This involved staff, family members and healthcare professionals.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People told us they liked the staff. One person told us, "The staff support is good." Another person said, "The staff are great, really great." People's relatives told us from their observations they found staff to be caring.
- There was a visible person-centred culture. Staff we spoke with knew people well and demonstrated a real empathy for people. Staff comments included, "I do this job to see their smile. I love this job so much" and "Every day is different, it's the little things you can do to support them that give you joy."
- Some staff had worked at the service for a long time, and it was clear when speaking to people they valued and trusted the support provided by these staff.
- People were supported with their religious beliefs and staff worked with family to make sure people's religious and cultural beliefs were respected.

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

- Staff were good at helping people to express their views. Staff understood the relationship people had with their families and what was important to them. Staff were sensitive to each person's situation and potential conflicts. They worked hard to support people emotionally and offered other support options such as advocates to offer help and advice.
- We observed people were involved in decisions about all aspects of their lives. The conversations between staff and people were open and honest with people taking the lead to make decisions about their day.
- Staff knew the best communication style to use with each person and we observed this during our inspection. Staff made sure they gave people the time they needed to tell them what they wanted and worked with them to make decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People at Avenue road continued to benefit from living in a person-centred environment. Support plans guided staff to help people be as independent and in control of their life as they were able to be.
- People told us staff respected them and gave them privacy when they needed it. Staff understood people's personal needs and made sure they had the privacy they needed when they needed it.
- People were encouraged to be as independent as they were able to in all aspects of their life. Staff worked hard to encourage and support people when learning new skills. For example, one person did not like the noise of an electric shaver but with staff patience and support had learnt how to use the shaver to shave

themselves. Staff told us what an incredible result this was and how much it had helped the person's self-esteem.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 continued to have an active and fulfilled life that was exceptional in meeting their needs and preferences. People's care and support focused on them having as many opportunities as possible to learn new skills and become more independent. Staff told us how they worked with people to make them more confident and have control over their day to day lives. One person's confidence in their appearance had changed completely since being at the service. Staff had worked with the person to build their self-esteem and they now took pride in their personal care, how they looked and dressed. Staff had supported the person to lose weight which had resulted in a huge improvement to their mental wellbeing and confidence.
- Staff put people at the centre of their care and continued to empower people to achieve their goals and aspirations with impressive results. One person felt restricted by their lack of mobility and felt it would never be possible to go abroad. Staff spent time creating a social story to help the person gain their confidence in leaving the service. This progressed to looking at holiday brochures and watching internet videos about trips away. Staff started to take the person on day trips and then, once the person was confident enough they travelled with staff for a holiday in the UK. The person then decided they would like to try a trip abroad. Staff made sure the travel arrangements would be as streamlined as possible to make sure the person could confidently use their wheelchair and other facilities. The person's family was contacted to provide additional support and encouragement and the person was reassured throughout with pictures and photographs. During our inspection staff told us what an exceptional achievement this had been for the person and when we spoke to the person they smiled and nodded with obvious pride.
- People told us how they valued staff support in everything they did. Staff had an excellent understanding of people's individual needs, values and beliefs and how this influenced how they wanted to receive care and support. People continued to be encouraged to participate in the wider community. Staff worked with people to increase their independence with exceptional outcomes. Each example we were given clearly demonstrated the way staff met the needs of individual people and how they were able to improve people's quality of life as a result.
- People spoke openly about the things they had achieved while living at the service. They did not see their support needs as a barrier but positively pursued their goals and aspirations, trusting staff to support them on their journey. For example, one person told us how they had been worried about money. They told us staff had supported them to work in a small job to help give them independence with their finances.
- Staff had an excellent knowledge of the people who were important in a person's life and encouraged and

supported people to maintain their personal relationships. One person told us about their relationship with their loved one from another service and their aspirations for living together in their own flat. Staff told us how they supported the couple to give them as much choice, control and independence as possible with aim of achieving the couple's goal.

- Family members felt welcome at the service. One person invited us to their home with their relative to tell us about their life, achievements and aspirations. It was clear they were independent in many aspects of their daily life as we observed the general day to day conversation the person had while making a cup of tea. They told us, "The staff support is good. If I ask for help, they help me."
- People felt comfortable speaking to us about their culture and the events they had been to. This included provider led sports days where people told us they had met the local Mayor and the peoples conference where people from all services were invited to a main event to share their views and experiences. One person told us how enjoyable and important celebrating Black History Month was to them.
- People were involved in the delivery of their care and support and this centred on them as individuals. People's care plans evolved with them as their needs changed. This meant people were able to experience positive outcomes in all the aspects of their daily life, based on what they wanted to do.

Meeting people's communication needs

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 care records included information about their individual communication needs and how these should be met. Staff used symbols, pictures and objects of reference to help people communicate. Many documents were written in a format people could easily understand such as fire evacuation procedures.
- Staff knew people's communication needs well and were able to support people appropriately to gain people's views and choices.

Improving care quality in response to complaints or concerns

- People and relatives told us they would speak to staff if they had a problem and believed this would be dealt with appropriately.
- People were given the opportunity to raise concerns or issues during monthly meetings or regular one to one key worker meetings. Information was available to people in an easy read and pictorial format should they require this.
- No complaints had been made to the service in the last 12 months. The provider had systems in place to monitor any complaints made and review actions taken to make things better for people.

End of life care and support

- At the time of our inspection no one at the service was receiving end of life care.
- People were given the opportunity to discuss their end of life plans and records of these conversations were kept in people's care records.
- The provider had detailed policies in place and forums to discuss end of life care in each service. The manager told us people and staff appreciated the support they had received from the provider when one person using the service had recently passed away.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives told us there had been changes in managers and staff at the service since we last inspected Avenue Road. Two relatives felt the lack of continuity may have had an impact on their family members' care, but all relatives felt things had improved now and respected and liked the current manager.
- The service had clear governance and management arrangements to support the staff during this transition. The regional manager explained they knew people well and had been able to offer support to the manager when they needed it. This helped provide continuity for people while these changes were happening.
- At the time of our inspection there had not been a CQC registered manager at Avenue Road since April 2018. However, the manager in place when we inspected had submitted their applications to register with the CQC. Shortly after the inspection we were informed their application had been successful.
- During the period leading up to CQC registration the manager was fully supported by the provider to learn the skills and knowledge needed to develop their management role. We saw evidence to support the ongoing training and mentoring of the manager. This meant the manager was clear about their role in the organisation.

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

- People told us they liked the manager and thought she was very good. Relatives knew who the new manager was and told us they had confidence in them. One relative told us, "[Manager's name] is very good, we get on with her very well and she knows what's going on and gets involved...very efficient."
- Staff told us they felt well supported and motivated to provide high quality care to people. One staff member said, "The team and manager are very supportive, I can be open with her." Another staff member told us, "I like my managers so much. They have been so supportive. From the beginning they have guided me."
- There continued to be a clear organisational commitment to promote a positive, open culture. People knew all the management team well including the chief executive. One person told us about a people's conference they had recently attended, they said, "I know [name of chief executive]; he is always around."

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

characteristics

- People told us they were involved in developing the service. One person told us they had been a 'quality checker' for the provider. They explained they had visited other services and spoken with the people using those services to make sure they were happy and doing the things they wanted to do. This meant they felt comfortable raising concerns or issues with the manager.
- People were able to have their say about the service and how it could improve through monthly meetings where people were asked if they were happy and what staff could do better. One to one key worker meeting also provided the opportunity for people to have their say. The provider actively encouraged people's feedback and held several events throughout the year where people had the opportunity to discuss their views.
- Staff told us they felt listened to and staff's views about the service were sought through supervision and team meetings.

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; Continuous learning and improving care

- There was an emphasis on continuous improvements. During the inspection the manager and regional manager discussed areas where they wanted to make improvements to make a difference to people's lives. This included involving more people in the provider led award scheme development and accreditation network (ASDAN) program. Although the manager acknowledged this was in the early stages they hoped to encourage more people to participate so they could learn and develop new skills.
- The provider made sure key messages from lessons learnt were sent to all services. This included improvements to the quality of care and how to keep safe. For example, we saw guidance on extra checks required to keep people's finances safe. The manager showed us how they shared these with staff and people so everyone knew where improvements were needed.
- There were governance arrangements in place to monitor, assess and improve the service. Staff undertook monthly and weekly health and safety checks, sometimes with the help of people using the service. The regional manager carried out audits of the service in line with CQC's inspection methodology. Any areas of improvement were noted together with an action plan clearly giving the action required and when. The provider had regular audits in place of people's finances, medicines management, infection control and health and safety and an electronic system was in place to track staff training.
- The manager was aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. We found the manager had notified us appropriately of any reportable events.

Working in partnership with others

- The service worked in partnership with other agencies including a range of healthcare professionals, the local authority, safeguarding teams and multi-disciplinary teams. Recommendations and advice from other agencies were used to help improve the outcomes for people and make sure people's care and support was provided in relation to their individual needs.