

# Avenues South East Smock Acre

## 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

This inspection was carried out on 21 April 2016 and was unannounced.

Smock Acre provides accommodation and personal care for up to three people with a learning disability. The service is a converted bungalow. There were three people living at the service at the time of our inspection.

A registered manager was leading the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were kind and caring to people and treated them with dignity and respect at all times.

The registered manager was leading the staff team and had oversight of the service. Staff felt supported by the registered manager and were motivated. The registered manager and staff shared the provider's vision of a good quality service.

There were enough staff, who knew people well, to meet their needs. The registered manager had considered people's needs when deciding how many staff were required to support people in different activities. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

Checks had been completed to make sure staff were honest, trustworthy and reliable. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff had completed the training they needed to provide safe and effective care to people and held recognised qualifications in care. The registered manager met regularly with staff to discuss their role and practice. They supported staff to provide good quality care.

People's care and support was planned and reviewed with them and others who knew them well, to keep them safe and help them be as independent as possible.

Plans were in place to keep people safe in an emergency. Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager. Systems were in place to manage complaints received.

People received the medicines they needed to keep them safe and well. Action was taken to identify changes in people's health, including regular health checks. People were offered a balanced diet that met their individual needs.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Arrangements were in place to apply to the supervisory body for a DoLS authorisation when necessary. People were not restricted and went out when they wanted to.

The requirements of the Mental Capacity Act 2005 (MCA) had been met. The registered manager had assessed people's capacity to make decisions when this was needed. Staff supported people to make decisions and respected the decisions they made. If people lacked capacity, decisions were made in people's best interests with people who knew them well.

People enjoyed a variety of activities, with support when needed. Possible risks to people had been identified and were managed to keep them as safe as possible, while supporting them to be independent.

The registered manager worked alongside staff and checked that the quality of the service was to the required standard. The registered provider also completed regular checks. Any shortfalls found were addressed quickly to prevent them from happening again. People, their relatives, visiting professionals and staff were asked about their experiences of the care.

Accurate records were kept about the support people received and the day to day running of the service care. These provided staff with the information they needed to provide safe and consistent care to people.

## 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.

Risks to people had been identified and action had been taken to support people to remain independent and keep them safe and well.

Staff knew how to keep people safe, when there was an emergency or if people were at risk of abuse.

There were enough staff who knew people well, to provide the support people needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

People were given the medicines they needed.

### Is the service effective?

Good ●

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff offered people choices in ways they understood.

Staff had the skills they required to provide the care and support people needed.

People were offered food and drinks they liked to help keep them as healthy as possible.

People were supported to have regular health checks and attend healthcare appointments.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and respect.

Staff had the skills to communicate with people in ways that they understood. Staff responded consistently to what people told them.

People were supported to remain independent.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People and their families were involved in planning their support. People received their care in the way they preferred.

People were involved in their local community and participated in activities they enjoyed.

Systems were in place to resolve any concerns people had to their satisfaction.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager and staff shared the providers' vision of a good quality service.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

Checks on the quality of the service were regularly completed. People, their relatives and staff shared their experiences of the service.

# Smock Acre

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 April 2016 and was unannounced. The inspection team consisted of one inspector. Before the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury.

During our inspection we spoke with people, the registered manager and staff. We visited people's bedrooms with their permission and looked at two people's care records and associated risk assessments. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received. We looked at their medicines records.

We last inspected Smock Acre in December 2013. At that time we found that the registered provider was complying with the regulations.



## Our findings

People appeared relaxed and happy in the company of each other and staff.

Staff knew about different signs and types of abuse and how to report any concerns they had. They were confident that any concerns they raised to the registered manager would be listened to and acted on. The registered manager was aware of safeguarding procedures and reminders about responding to abuse were displayed in the staff office. Any accidents or incidents were recorded and monitored by the registered manager so they could identify any patterns or trends and take action to prevent further incidents.

People's money was safeguarded. Systems were in place to record and account for any money spent. Receipts were kept and the balances were checked regularly. Staff supported people to spend their money on things they knew they liked. People always had the money they needed when they wanted it.

Risks to people had been assessed and guidance was provided to staff about how to keep people safe while maintaining their independence. One person was at risk of choking. Meals were prepared in the way they preferred, and staff provided them with consistent support at mealtimes. Staff had been trained to support people if they choked. Staff made sure another person had the equipment they needed to help them get out of bed and move around the service safely. This helped them to be independent and remain as safe as possible.

Guidance was provided about how to support people to remain calm and safe and reduce the risk of them becoming anxious or worried. Staff supported people to avoid situations, such as loud or crowded places that made them anxious. At the beginning of each shift staff were informed of any changes in the way risks to people were managed. Changes in the support that people needed were also recorded in their records so staff could catch up on changes following leave or days off.

Risks posed to people from the environment had been identified and assessed. Measures had been put in place to reduce risks. This included environmental risks. For example, the water temperatures were checked before people had a bath, to make sure it was not too hot. Hoists and slings were checked regularly. A fire risk assessment had been completed and evacuation plans were in place for each person. The registered manager had identified that additional equipment was needed to help staff evacuate one person safely and this had been ordered. Practice drills were held regularly so staff got to practice supporting people to leave the building in an emergency. Fire equipment was checked to make sure it was working properly.

Staffing was planned around people's needs, appointments and activities. On occasions people had not been able to take part in activities they liked as not enough staff had been available to support them. No appointments had been missed and there were always enough staff on duty to meet people's needs when at home. To help prevent this from happening again, a deputy manager was due to begin working at the service shortly after our inspection to increase staffing to the required level. Cover for sickness or holidays was provided by the staff team or a bank of staff employed by the provider. The registered manager and other managers were on call out of hours to give advice and support.

The registered manager talked to staff about the staffing levels and kept them under review. Each shift was planned with staff allocated to support different people with different activities. Each staff member knew what they would be doing that day and staff told us that they worked well as a team. Staff had been working at the service for several years and knew people very well. There were staff around when people needed them. Staff told people when they were going out of the room and when they would be back to reduce the risk of people becoming anxious. Staff had time to spend with people and were not rushed.

The registered manager told us that checks had been completed to make sure staff were honest, trustworthy and reliable. Information had been obtained about staff's conduct in their last employment and their employment history, including gaps in employment. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Checks on the identity of staff had been completed. This information was not available at the service to confirm these checks had been made so the registered manager sent it to us after the inspection. This was an area for improvement.

There were policies and procedures in place to make sure that people received their medicines safely and on time. Staff were trained to manage people's medicines safely. Accurate records were kept of the medicines people were given, including creams.

Medicines were stored securely. Regular checks were carried out on medicines and the records to make sure they were correct. Staff supported people to have their medicines regularly reviewed by their doctor to make sure they were still suitable. Guidelines were in place for staff to refer to about where to apply creams. Some people had pain sometimes. Staff knew the signs that they were in pain or were distressed and offered them pain relief that was prescribed only when it was needed. Guidelines about 'when required' medicines was available for staff to refer to.





## Our findings

People were able to make choices about all areas of their lives, including how they spent their time. During our inspection people made decisions and were offered choices which staff respected and supported. People were able to tell staff how they preferred their support provided. Staff knew people very well.

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. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA and it was.

People living at the service were able to make some straightforward decisions, such as what they wanted to do and they shared these with staff. Staff offered people choices in ways that they understood. They told us some people became confused if they were offered too many choices at the same time. For example, one person chose between two items of clothing and another person was able to tell staff what they wanted to wear.

Staff used different ways to assess if people were able to make complex decisions about the care and treatment they received. Assessments were completed several times to check if people understood and remembered information at different times. When people were not able to make a decision, decisions were made in their best interests by people who knew them, such as staff, their relatives and doctors. The registered manager assessed people's capacity to make a decision each time a decision needed to be made.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities under DoLS. DoLS applications had been completed for each person using the service as there was a risk they might be deprived of their liberty. People were not restricted and staff supported people to go out when they wanted. Some people went out every day with staff, other people chose to spend more time at home.

Staff supported people to maintain good health and provided care to meet their health care needs. People had health action plans and hospital passports in place to tell staff and health care professionals about their

health care and communication needs. Staff knew the signs that people were becoming unwell and plans were in place to support them to remain well. One person had regular infections, staff knew the signs that they may be becoming unwell and followed plans agreed with their GP to keep them as well as possible. The number of times the person became unwell had reduced. People were supported to see their doctor when they needed to. The advice and guidance given by health care professionals, including doctors, was followed to keep people as well as possible.

People were supported by staff who knew them well to attend health care appointments, including health checks and hospital appointments. Staff helped people understand what was going to happen and supported them to tell their health care professional how they were feeling. Staff made sure any recommendations were acted on when they returned to the service. One person was due to have an operation shortly after our inspection. Plans were in place for staff to support the person at the hospital before and after the operation.

People had regular health care checks including dental check-ups and eye tests. The registered manager had considered people's needs and had chosen health care professionals who had the skills to support people. Staff had arranged for one person to have their regular blood checks at the service as it was difficult for them to visit their GP surgery.

Staff were trained and supported to have the right skills, knowledge and qualifications to give people the support they needed. Staff received an induction when they started work at the service to get to know people, the care they needed and to understand their roles and responsibilities. New staff worked alongside experienced staff to help them build relationships with people and provide care in a consistent way. Specialist nurses trained staff to use one person's eating and drinking equipment.

There was an ongoing programme of training which included face to face training, mentoring, and e-learning. Training completed was tracked and further training was arranged when needed. The registered manager checked to make sure that staff had completed training when it was due. The range of training completed by staff included subjects related to people's needs including epilepsy and positive behaviour support. All the staff held level 2 or 3 qualifications in social care. Staff had personal development plans in place which included their agreed development goals for the year.

Staff were knowledgeable about people's wide ranging needs and health conditions. The registered manager reviewed the effectiveness of the training by observing staff and talking to them about their practice. She gave feedback from her observations to staff at regular one to one meetings. Any changes needed to staff practice were discussed at these meetings and the registered manager supported and coached staff to provide good care. The one to one meetings were planned in advance so that staff could prepare and enabled the registered manager to track the staff member's progress towards their goals and career ambitions. All the staff we spoke with told us they felt supported by the registered manager. One staff member told us, "The manager is very open".

The staff team was small and staff had worked at the service a long time. They knew each other and the people they supported well. Throughout the inspection staff anticipated people's needs and gave them the right support.

People had enough to eat and drink. One person chose to take part in the food shopping and preparing meals and snacks. People told staff when they wanted a drink or a snack and staff provided what they had requested. Food was prepared to people's preferences and to meet their needs.

Staff were aware of what people liked and did not like. People chose what they wanted to eat each day by chatting with staff and looking at foods and photographs of meals. One person was offered two food items to choose between at lunchtime. They chose what they wanted to eat for lunch. People were supported and encouraged to eat a healthy and nutritious diet and there was plenty of fruit and fresh vegetables available. Meals were prepared to meet people's health needs. People enjoyed having an occasional take-away meal and chose what they wanted each week. One person told us they always chose fish and chips as this was their favourite.



## Our findings

Most people had lived at Smock Acre for a long time and everyone appeared happy and relaxed. One person's relative had commented to staff, "It's lovely to see everyone so happy, calm and content".

Staff spoke with people, and each other, with kindness, respect and patience. They described people to us in a positive way. The atmosphere was quiet, calm and relaxed, and people preferred this. Information was available to staff about people's life before they began using the service, including people and places that were important to them. This helped staff to get to know people.

Staff understood what people were telling them, including their speech, signs, gestures and body language. They responded to what people were telling them. Staff used objects to help people understand what was going to happen. For example, staff showed one person their wheelchair straps to help them understand they were going out on the minibus. Information was also provided to staff about objects that should be avoided to stop people from becoming confused or upset. For example, staff were advised not to wear an apron when helping one person to do house hold tasks. The person associated the apron with having a bath, an activity they enjoyed very much and they became upset if they were not able to have a bath.

Each person had a 'positive interaction profile' in place to help staff understand how the person communicated. Guidance was also provided about how staff should communicate with the person. Staff followed the guidelines consistently which helped people to understand what they were being told or asked. Staff worked with speech and language therapists at times to help improve their communications skills.

Staff spent time with people making sure they had what they needed. One person often felt cold and staff made sure they had a blanket to keep them warm when they wanted one. Another person enjoyed sitting in the sunlight in different rooms in the home. Staff knew where the person enjoyed sitting at different times of the day.

People were treated with dignity and were supported to do as much for themselves as possible. For example, one person was able to dress their top half without support and staff helped them with their trousers and shoes. People were supported to make decisions about their support at regular keyworker and review meetings. If people agreed, staff were in contact with people's care managers, family and friends who were involved in helping people to achieve their future goals. People were supported to 'have a say' and their views were listened to.

People had privacy and their private space was respected. People had chosen the way their bedroom was organised and decorated. One person enjoyed spending time in their bedroom while other people enjoyed spending time in the lounge with other people. Staff gave people privacy when they wanted it, for example one person enjoyed a soak in the bath on their own. Staff did not stay with the person and checked them often to make sure they were safe. Another person told us they preferred staff to stay with them while they had a bath.

Assessments were completed to identify people's cultural needs. People were supported to follow their chosen religion when they wanted to. People who wanted to, were supported to attend the local church. Staff knew about any spiritual support people may want at the end of their life.

Staff were aware of the need for confidentiality and people's personal information was kept securely. There was good communication between staff members with handover meetings held between shifts and a detailed communication book.



## Our findings

People, including those who needed support communicating their needs and preferences, had been involved in planning their care and support, with their relatives or care manager when necessary. Staff provided the support people needed in the way they preferred and knew their routines.

Before people moved into the service they met with the registered manager to discuss their needs and expectations. This helped the registered manager make sure that they could provide the care and support the person wanted. People were able to visit the service and spend time with other people and staff before deciding if they wanted to move in.

Staff knew what each person was able to do for themselves and the care and support they needed. This information was included in people's care plans for staff and visiting professionals to refer to. Information was included about all areas of their life, including their daily routines and preferences. A regular routine was very important to some people and staff did things at the time people wanted them too. Staff encouraged people to do what they were able for themselves and helped them to do other things.

Detailed guidance was provided to staff about how to support people, to ensure that it was consistent and as they preferred. For example, detailed guidance was provided to staff about one person's night time routine, including their evening snack and how they liked their bed made. Staff followed the guidelines and this reduced the risk of the person becoming confused and anxious which may lead to behaviour that might challenge.

Staff knew what made people anxious or upset and avoided these triggers. They responded quickly to reassure people and remove what was worrying them and incidents were rare. One person's care plan advised staff to 'speak calmly and attempt to identify and meet [person's name] needs'. Staff recorded any incidents that happened.

Staff completed 'reflective logs' after they provided people's support on occasions. They noted what had gone well and made suggestions about how the support could meet people's needs and preferences better in the future. These were used as part of regular reviews of people's care. People's care plans were updated when their needs changed or they wanted their support offered in a different way.

People had enough to do during the day and had regular opportunities to follow their interests and take part in social or physical activities. One person was taking part in a sponsored swim and enjoyed swimming

regularly at the local leisure centre. Another person enjoyed going to the cinema. People went shopping with staff to buy personal items.

People knew what they were doing each day and followed an individual activities plan. Some people liked to go out often. They used their local community facilities, such as local cafes and shops. One person told us staff took them to the seaside which they enjoyed. People liked listening to music and a radio was playing quietly in the lounge during our inspection. People appeared to enjoy this.

Guidance was provided to staff about how to support people before and during activities to increase their involvement and reduce the risk of them becoming anxious or worried. For example, one person often joined in activities that staff were doing but was reluctant to start the activity with staff. Another person did not like their activities to be delayed, so staff started the minibus before the person got on, to help them understand that the activity would happen when they expected it to.

There was a complaints policy and procedure and staff were aware of the process to follow should anyone make a complaint. An easy read complaints procedure was displayed in the service to support people to understand how to raise any concerns they had. Any concerns raised with staff were fully investigated and action was taken to reduce the risk of them happening again.



## Our findings

Staff told us that the registered manager was supportive and available either in person or by phone to give advice and support. The registered manager had managed the service for several years and knew the staff and people well. They led by example and supported staff to provide the service as the provider expected. The registered manager understood relevant legislation and kept their skills and knowledge up to date. They were experienced and qualified and were supported by the provider.

There was a culture of openness; staff and the registered manager spoke to each other and to people in a respectful and kind way. The registered provider had a clear vision of the quality of service which was shared by the registered manager and staff.

Staff told us they were supported by the registered manager. One staff member told us, "The manager is really good". Staff were motivated and enjoyed working at the service and told us it was a 'great place to work'.

Staff understood their roles and knew what was expected of them. There were regular team meetings and staff told us their views and opinions were listened to. Staff worked together as a team to make sure that people received the care and support they wanted. Staff told us, "The staff team work really well together in a positive way" and "This is a great place to work".

A keyworker system was in operation at the service. A key worker is a member of staff who is allocated to take the lead in co-ordinating someone's care. Each person had two or three staff who were responsible for planning and reviewing their care and support with them and others who knew them well.

People, their relatives and visiting professionals were asked for their feedback about the service every six months. The registered manager sent out surveys and responses were returned to the provider's head office where they were collated. The registered manager told us the response rate was very low and only two responses had been received from the last survey in September 2015. Both people had said they thought the quality of the service was excellent. One person's relative had commented that any suggestions they made were always listened to.

People shared their views at regular review meetings. Staff were not currently surveyed but were able to share their views anonymously on the provider's intranet site if they wished to. Staff told us they were able to make suggestions about improvements to the service at team meetings, review meetings and supervision



sessions and that these were listened to and acted on by the registered manager.

Checks and audits of the environment, records, staff training and the support being provided were carried out regularly. The provider carried out quarterly audits and produced reports that had actions allocated to improve the service. A process was in place to complete more regular checks if the provider identified that a service was not at the standard they required.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like serious injury and safeguarding incidents. This is so we can check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events, and had done so in a timely way.

Accurate records were kept about the care and support people received and about the day to day running of the service. These provided staff with the information they needed to provide safe and consistent care to people.