Avenues South East

Avenues South East - 320 Hempstead Road

Inspection report

320 Hempstead Road
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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

Overall summary

The inspection was unannounced. 320 Hempstead Road is a residential home providing care and support for four people with learning disabilities, autism and limited verbal communication. The home is part of a group managed by the Avenues Trust. At the time of our visit, four people lived at Avenues South East, 320 Hempstead Road.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home and shares the legal responsibility for meeting the requirements of the law with the provider.

People were protected from the risk of abuse. The provider had taken steps to identify the possibility of abuse and prevent abuse from happening. There was a

Summary of findings

safeguarding adult protection policy in place, which detailed what actions to be taken by the provider to help keep people safe. All staff had been trained in safeguarding adults and they gave clear explanations of the different types of abuse to be aware of; and who explained that they knew which action to take in the event of any suspicion of abuse.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Each person's care plan contained individual risk assessments in which risks to their safety were identified. These clearly detailed the support needs, views, wishes, likes, dislikes and routines of people. Staff updated their knowledge about people's care needs daily. They regularly updated their training needs and received appraisals and one to one supervisions were carried out monthly.

People were supported to be able to eat and drink sufficient amounts to meet their needs. They were provided with a choice of suitable and nutritious food and drink.

People were registered with appropriate healthcare professionals and people were supported by staff or relatives to attend all of their health appointments.

People were supported by kind and attentive staff. Staff showed patience and gave encouragement when supporting people. They were knowledgeable about how to support each person in ways that were right for them.

People's health and care needs were assessed with them. People, families and professionals were involved in writing their plans of care. People's needs were taken into account with the use of pictures and Makaton sign language to facilitate those with communication difficulties.

Staff communicated effectively with people and responded appropriately to their requests and offered people choices. People were encouraged and supported to take part in a variety of appropriate activities inside and outside the home. Each person had an individual weekly activity plan.

People were made aware of the complaints system. This was provided in a format that met their needs. Staff told us that they were aware of the complaints policy and procedure. They knew what to do if someone approached them with a concern or complaint and had confidence that the manager would take any complaint seriously.

There was an open and positive culture which focussed on people. The office was located in the centre of the home so that the manager and staff were accessible to people and visitors. The manager had an open door policy, and actively encouraged people to voice any concerns.

People were comfortable with the management team and staff in the home. Staff spoke positively about the way the home was run. They told us the manager was approachable and the management team often chatted with them and asked them how things were.

The home worked well with other agencies and services to make sure people received their care in a joined up way. The provider was a certificated gold member of British Institute of Learning Disabilities (BILD). The provider told us in their provider information return made that they had accreditation schemes with Skills for Care and Social Care Institute for Excellence (SCIE).

The home had a quality assurance system, records showed that identified shortfalls were addressed promptly.

Summary of findings

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.

People were protected from the risk of abuse, because the provider had taken steps to identify the possibility of abuse and prevent abuse from happening.

Mental capacity assessments were carried out by the manager for people who might not have the capacity to make certain decisions. Deprivation of Liberty Safeguards applications were made to the local authority and these were granted, which enabled the provider to keep people safe.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff had relevant qualifications in health and social care and were provided with on going training.

Staff appraisals and one to one supervisions were carried out monthly to make sure staff received the support they needed.

People's nutritional needs were assessed and people were supported to be able to eat and drink sufficient amounts to meet their needs. They were provided with a choice of suitable and nutritious food and drink.

Is the service caring?

Good

The service was caring.

People were supported in a caring and friendly way. Staff showed knowledge of individual's needs.

We observed that people were supported by kind and attentive staff. Staff showed patience and gave encouragement when supporting people.

Staff maintained people's dignity, showed respect and involved people. Staff communicated with people using their preferred communication methods such as Makaton which is a language programme using signs and symbols to help people to communicate.

Is the service responsive?

Good

The service was responsive.

People's individual assessments and care plans were kept under review and updated as their needs changed to make sure they continued to receive the care and support they needed.

People were provided with a range of suitable individual activities they could choose from such as carrying out weekly shopping, swimming, voluntary and paid employment.

People were made aware of the complaints system. This was provided in a format that they could understand.

Summary of findings

Is the service well-led?

Good

The service was well led.

The provider had a clear set of vision and values, which included a process to raise any issues with the Group CEO. There was an open and positive culture which focussed on people.

Quality assurance and monitoring systems ensured that any shortfalls were identified and addressed promptly to ensure a good service was maintained.

Staff, people and their visitors were provided with forums where they could share their views and concerns and be involved in developing the service.

Avenues South East - 320 Hempstead Road

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the home.

One inspector inspected on 22 July 2014. We spoke with two people who lived in the home, two care staff and the registered manager. We received feedback from a consultant psychiatrist Mental Health of Learning Disability. We contacted other professionals such as social care professionals who provided health and social care services to people, community nurses, speech and language therapist, a local authority care managers and commissioners of services.

Both people we spoke with required one to one staff support at certain periods of the day because of their complex needs. People's ability to communicate was limited, so we were unable to talk with everyone. One person was able to use sign language with staff support. We observed people, care and support in communal areas throughout our visit and to help us to understand the experiences people had. We used our Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, we reviewed information we had received from the provider about their service. We also reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR was information given to us by the provider which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the provider's records. These included two people's records, which included care plans, health action plans, risk assessments and daily records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures. We also looked around the care home and the outside spaces available to people.

At our last inspection on 30 December 2013 we had no concerns.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People told us that they felt very safe and had no concerns. One person using their sign language said, "It is safe living here".

The provider had taken reasonable steps to protect people from abuse. There were systems in place to make sure that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team, in a timely manner. Staff told us they would feel comfortable raising an alert if it was required and were of aware of their responsibility to do so. They said they would tell the manager of any safeguarding issues. The manager would then alert the local authority safeguarding team and the Care Quality Commission. They said, "I have been trained in safeguarding. If there is an allegation of abuse, I will speak with my manager. If it is to do with my manager, I will go higher up". There was a safeguarding adult protection policy and information on who to contact. It also detailed what actions should be taken by the provider to help keep people safe.

The provider had a whistle blowing policy, which stated that they encouraged people to raise concerns and that they would deal with concerns in an open and professional manner. Staff demonstrated their knowledge and said, "I have read the whistleblowing policy and I know I can go to CQC and make a report of bad practice if needed".

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Staff had been trained on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager and staff showed that they understood their responsibilities under the MCA and DoLS.

Mental capacity assessments were carried out by the manager for people who might not have the capacity to make certain decisions. For example, there were mental capacity assessments to ascertain if one person had the capacity to understand the need to lock the front gate and door with an electronic key device. The result of this assessment was that "The person does not have capacity to make this particular decision about locking the front gate and front door at this time". The manager told us that they had applied to the local authority for authorisation on the use of this restriction and records confirmed this. The local authority later granted this applications, which enabled the provider to keep people safe.

There were enough qualified, skilled and experienced staff to meet people's needs. The permanent staff team comprised of support workers, outreach workers and the registered manager. The manager told us that the staffing rosters were based on the individual needs of people. Some people required one to one staff support while others needed additional support to meet their needs. The four staff shown on the roster were on shift during our visit. There was an outreach support worker, whose primary role was to enable people to maximise their independence by offering activities within and outside the home. They supported people go to the shop and having a meal in a restaurant. Staffing levels were organised to support individuals who required one to one support, those attending appointments, and supported people to engage and participate in their chosen activities in the community.

We used SOFI to observe two people over a thirty minute period. We found that staff interacted with people in a positive manner and were attentive to their needs. For example, we saw that staff supported one person who needed support with making sure the water needed to have a shower was not too hot in order to keep them safe. This showed that staff knew how to keep people safe from harm.

Each person's care plan contained individual risk assessments in which risks to their safety were identified. These clearly detailed the support needs, views, wishes, likes, dislikes and routines of people. Risk assessments and protocols were in place for people with specific needs and these identified the level of concern, risks and benefits of encouraging activities to take place and how to balance the risks. Care plans were reviewed each month with the person concerned or their representative. Where people's needs changed, staff updated risk assessments and changed how they supported people to make sure they were protected from harm. A member of staff said, "We read their paperwork regularly, including risk assessments to know how to meet their needs". Information about any action staff needed to take to make sure people were protected from harm was included in the risk assessments.

The manager operated safe recruitment procedures. Staff files showed that recruitment procedures included checks

Good

Is the service safe?

for applicants' identity including a recent photograph; two written references; a full employment history with any gaps in employment discussed; and Disclosure and Barring System (DBS) checks. Applicants were asked to show proof of any previous training. Interviews were carried out and an interview record was retained. Successful applicants were required to complete a detailed induction programme and probationary period.

Good

Is the service effective?

Our findings

The service was effective in responding to people's needs. Throughout our visit, staff provided support to people based on their assessed needs.

Members of staff told us how they updated their knowledge about people's care needs. They said, "I read the communication book when I come on shift to allow me to update myself on anything that has changed in people's needs" and "I read their care plan in order to meet their needs. For example, one person was sick this morning and we immediately took them to the doctor this afternoon".

Staff had relevant qualifications in health and social care. This showed that the manager ensured staff had the skills and experience which were necessary to carry out their responsibilities. The staff training schedule showed that all staff had received essential training such as moving and handling, food hygiene, supporting people with autism and de-escalation, diffusion & breakaway technique, which enable staff to identify potentially situations that may challenge the service and provided them with skills to manage such situations. Staff told us they received regular refresher courses in essential training.

Staff told us they received opportunities to meet with their line manager to discuss their work and performance. Staff said, "I had my supervisions with my line manager as well as my appraisal every month." and "I feel supported and love working here". The manager confirmed this and said, "Supervisions are carried out at least every six weeks to make sure people receive the required support".

Yearly appraisals were carried out and reviewed with one to one supervisions carried out monthly. The last time this took place, development & training needs were identified. Task to be carried out were also identified with timescales for completion. For example, one member of staff whose strength was identified as being able to maintain furniture and equipment , it was agreed they would secure quotations for garden swings and purchase a new bin by a certain date. This was planned to be reviewed at their next supervision as a goal for the staff.

People were supported to be able to eat and drink sufficient amounts to meet their needs. They were provided with a choice of suitable and nutritious food and drink. People's care record contained information about their food likes and dislikes. There was a pictorial menu on the kitchen notice board which enabled people see what was on offer. There were diabetes food guides and management information in one person's care records because the person had diabetes. The provider provided guidance to staff about the risk of poor nutrition which enabled staff to meet people's nutritional needs.

We found that staff interacted with people in a positive manner and were attentive to their needs. We saw that staff respected the wishes of a person who wanted to be supported by a particular staff member for example and that people were offered choices about what they would like to eat and drink.

We observed breakfast and lunch time and saw that staff offered people different types of food and enabled people to choose before being served. For example, we observed choices of cereal being offered to one person with limited communication during breakfast, which the person refused by reacting through their body language, which staff understood as negative reaction. This made the staff to offer an alternative meal which the person accepted with smiles. This showed that staff understood the people's method of communication, which allowed them to meet their nutritional needs. The lunch period was calm and people enjoyed their food with staff support. No one was rushed to eat their meal. People were actively offered hot and cold drinks and snacks during the day; and we were informed that the kitchen was "always open" and that people could have a snack at any time, including during the night. Staff were trained in food hygiene which enabled them to support people in food preparation and maintain good hygiene standards.

People were registered with the GP and there were records of regular contact with their GPs, dentists, chiropodists, psychiatrist, psychologist and with an ophthalmologist. People were supported by staff or relatives to attend all of their health appointments. For example, when we arrived at the home, staff attended to one person who was unwell, called the doctor, booked an appointment and the person was later supported to see their GP before we left. Outcomes of people's visits to health professionals were clearly recorded in the care plans. Monitoring charts were completed for meeting different health needs such as dietary needs, continence care, personal hygiene and weight records.

Good

Is the service effective?

Mental health professionals who were involved in the home informed us that people were supported to maintain good health. They told us that staff had a good understanding of the people supported and they were consistent in their approach to a high level.

Good

Is the service caring?

Our findings

People were supported by kind and attentive staff. Staff showed patience and gave encouragement when supporting people.

Staff spoke with people in a caring and sensitive manner, gave people choices and included them in discussions and decisions. They spoke with people in a friendly, sociable manner and not just in relation to what they had to do for them.

Staff were attentive and helped people who needed assistance. People were appropriately dressed and they interacted with staff and appeared comfortable and settled. All people surveyed recently by the provider said 'people were treated with dignity and their privacy was respected'.

The manager told us, "We carry out a full initial assessment before anyone is admitted into the home. We then develop a care plan, risk assessment, behavioural guidelines for the person. We liaise with professionals regarding additional support that might be needed".

Records showed that more information had been obtained about people after they moved into the home. Records were completed of people's 'life history' and relationships; assessments, for example in relation to behaviours and behavioural guidelines developed. This information helped staff to get to know the person well and provide them with the right care and support. Staff demonstrated their knowledgeable about people's needs. They said, "When people's behaviour changes and challenges the service, we know the reason based on their care plan. Once we recognise the signs/triggers, we are able to support the person properly".

People's care needs were assessed with them, and people were involved in writing their plans of care. People's needs were taken into account with the use of pictures and Makaton sign language to facilitate those with communication difficulties.

Care records contained individual's profiles, details of people's needs and how they were met as well as individual risks and how they were managed. All individual care /risk management plans were dated and showed they were up to date. Staff explained that care/support plans were reviewed during meetings which were held with the person's social worker, relatives and other professionals. Staff explained that each month the key worker had a meeting with their individuals to find out if they were happy with the support provided and review planned goals and activities. We saw records of these meeting.

Staff told us how they ensured they maintained people's dignity, showed respect and involved people. They gave good examples of their daily practice about how they achieved this and said, "We involve people through making decisions on their preferred activities. For example, like preparing meals or going out". People's privacy was maintained. For example, we saw staff knocked on people's doors before entering rooms and closed doors on exit.

Staff told us how they supported people with limited communication to express their views and wishes. They told us they always ensured they included the person in decision making. Staff sought the views of professionals, relatives and advocates to make sure the person's needs had been fully considered. Staff told us they used their skills and the knowledge of the person to understand the person's needs, such as their facial gestures and body language.

Staff demonstrated respect for people's dignity and welfare. People felt that their viewpoints were taken into account. For example, one person had plans to meet their family for a birthday party. Staff ensured that they built this into the person's routine because routine was very important to the person. Staff reminded the person in a caring way throughout the day about this upcoming event which the person was happy with. We looked at the person's care records and found guidance that showed that this was the best way to manage the person's behaviour.

Good

Is the service responsive?

Our findings

Staff responded to people's needs throughout our visit. For example, one person wanted to go out to the shops to buy some groceries and staff supported them, which they were happy with. Another person liked sensory items and staff provided sensory lights, fluffy cushions, teddy bear etc. in their bedroom. This person also like their privacy and as a result, provided a private sitting room for the person to play their music and videos.

Care records contained consent to care forms. These were signed by their representatives to show their involvement and consent to care and support provided. A consent to medication form was completed and reviewed regularly. Consent to medical emergency treatment forms were also completed. The manager told us that these were reviewed in consultation with families and professionals.

Staff communicated effectively with people and responded appropriately to their requests and offered people choices. People were able to make choices about furnishings and personal effects on display in their individual bedrooms and these reflected their personalities. People's rooms were decorated according to their preferences. Staff told us that people chose to redecorate their rooms the way they wanted them.

People were encouraged and supported to take part in a variety of meaningful activities inside and outside the home. There was an activities room, which had exercise bikes for in house gym, drum kit and key board for music. Each person had an individual weekly activity plan. Staff confirmed that people were supported to attend all their planned activities unless they chose not to. Activities included carrying out weekly shopping, swimming, voluntary and paid employment and going on holiday. One person went on holiday to Euro Disney in 2013 and had plans to go in 2014 with staff support. We observed an outreach worker supporting one person out into the community for their preferred activity of the day, which was attending the day centre.

People were made aware of the complaints system. The complaints policy and procedure was available in an easy to read format so that people could understand it. The complaints policy gave staff clear instructions on how to respond to someone making a complaint and how the provider would deal with any issues arising from the complaint.

Staff told us that they were aware of the complaints policy and procedure. They knew what to do if someone approached them with a concern or complaint and had confidence that the manager would take any complaint seriously. A member of staff said, "I am aware of the complaints policy and procedure. I have read it. If I have any problems, I will go to the deputy manager first before going to the manager". This meant that the provider made sure that staff were aware of the complaint's procedure and encouraged them to raise concerns, if needed.

Staff told us that they would assist people to complain if they wished. A member of staff said, "I listen to them and encourage them to raise concerns if they wish in key worker meetings". Key workers are staff who already work with people help them to coordinate their schedule of appointments, support people to have a clear and effective plan of support.

There was also information and contact details for other organisations that people could complain to if they are unhappy with the outcome. Complaints were recorded in a complaints log. We were informed by the manager that the home had not received any formal complaints in the last 12 months. The manager told us that they resolve informal complaint promptly from people by listening and observing people and responding to their needs immediately.

Good

Is the service well-led?

Our findings

The management team was approachable. We observed that people were comfortable with the management team and staff in the home. Staff spoke positively about the way the home was run. They told us the manager was approachable and the management team often chatted with them and asked them how things were. One staff member said, “I feel supported and love working here”. Relatives told us they felt that the home was well run and could speak to the manager at any time if they had any questions or concerns.

The provider had a clear set of vision and values. These stated “We always make sure that the people that we support are living their lives how they want to - not how we think they should”. The management team demonstrated their commitment to implementing these by putting people at the centre of planning, delivering, maintaining and improving the service they provided. For example, there was a poster on the notice board which stated 'Ask Steve', which was an initiative that invited all staff across the organisation to ask or raise any issues with the Group CEO. Our observations showed us that these values had been successfully cascaded to the staff who worked at the home. For example, staff confirmed that they were able to speak directly with the CEO if they wish.

There was an open and positive culture which focussed on people. The office was located in the centre of the home where the manager and staff were based. There was an open door policy, which is a local communication policy in which the registered manager leaves their office door open in order to encourage openness and transparency with people, visitors and staff. Staff told us, “You get good support from the team.” “I really enjoy my work.” and “People are well cared for, one hundred per cent”. The manager actively encouraged people to voice any concerns. Staff said they felt well supported by the manager. One person said, "I feel supported and love working here".

The home worked well with other agencies and services to make sure people received their care in a cohesive way. The provider was a certificated gold member of the British Institute of Learning Disabilities (BILD). This organisation stands for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and respect. The manager told us that being a member of BILD has enabled them to be up to date in their skills and knowledge of how to support, promote and improve people’s quality of life through raising standards of care and support in the home.

People, their representatives and staff were asked for their views about care and treatment in the home and these were acted upon. We saw questionnaires had been developed to gain people’s views on the quality of service provided from relatives/families and professionals. The recent results stated that people were generally happy with the service provided. Comments from families included, “My relative seems very happy” and “Very concerned of safety while they are travelling in the minibus, a risk assessment should identify that no client should be on their own whilst travelling in the back”. We spoke with the manager about this comment and we were told that they had held a meeting with the family where existing risk assessments were shown to them and this reassured them of their family member's safety.

Monthly and weekly audits were carried out to monitor infection control, health and safety, care planning, accidents and incidents, and medication. Accident records were kept and audited monthly to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. Staff made comments such as, “We document all incidents using the ABC (Antecedent, Behaviour and Consequences) form, report it to the manager who will investigate and also report it to higher management if need be.” We found that the manager regularly carried out audits on these incidents in order to review people’s support as necessary. This process provided direction and guidance to staff. For example, an incident whereby someone put dry gravy granules in their mouth, did not like the taste, spat it out and became aggressive. They assaulted staff and required distraction techniques were used, which enabled the person to calm down. The registered manager and staff learnt from this incident that the person did not like gravy granules and updated the care plan and risk assessment with this information.

Staff meetings took place monthly. This enabled the manager to keep staff up to date with what was going on, share knowledge and gave staff an opportunity to comment, express any concerns and ask questions. We looked at the minutes for the June 2014 meeting and saw that a variety of areas were discussed, including needs of

Good

Is the service well-led?

the people, activities, health appointments, key worker responsibilities, menu planning and CQC visits. Areas for improvement were identified with actions such as reviewing all care plans, these had been achieved by staff.

The manager told us that regular spot checks were carried out by the senior management to ensure the service was being delivered effectively, this included night spot checks to ensure that night staff were alert to people's needs. The last management audit carried out in June 2014 looked at various areas such as staffing, training, records and nutrition. For example, the audit found that staff were up to date with required training to meet people's needs.