

Avenues London

# Avenues London (South)

## 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 

### Overall summary

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 service.

This was an announced inspection to ensure the registered manager was available at the time of the inspection. At our previous inspection in June 2013, the provider was found to be meeting the required standards in the following areas; respecting and involving people

who use services, care and welfare of people who use services, safeguarding people from abuse, staff support and supervision, and how the quality of the service was monitored.

Avenues London (South) provides personal care and support for people with learning disabilities and complex needs living mainly in supported living accommodation with some domiciliary care services within South London. In the London borough of Sutton, the provider has a specific scheme which provides innovative support,

# Summary of findings

mainly of hospital admission avoidance for people with dementia. At the time of our inspection, 167 people were using the service in the London boroughs of Bromley, Greenwich, Merton and Sutton.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and their relatives were complimentary about the service and told us they would recommend the service to their friends and families. People told us that staff were caring, friendly and welcoming. We observed positive interactions between people and staff and we saw that relationships between people and staff were open and trusting.

People informed us that staff had time for them and did not rush them when providing support. Where possible, people, their relatives and those that matter to them

were involved in making decisions about their care and support, and their views were acted upon. People said they felt staff provided the support they needed and they had nothing to complain about.

People's support plans were detailed and written in formats to support people's understanding. The support plans addressed people's individual needs and provided staff with guidance on how to support each person appropriately in a safe and dignified way.

People had access to healthcare services and received ongoing healthcare support. The service worked in cooperation with other agencies and services to make sure people received effective care and support when required.

There were systems in place to identify, assess and manage risks to the health, safety and welfare of people, including safeguarding people from the risk of abuse.

Staff said the management team were approachable and they felt supported to perform their duties as required. Staff knew the support needs of people and told us how these needs were met.

# 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?

The service was safe. The provider had procedures in place to safeguard people who use the service. Staff knew how to recognise and respond to signs of abuse. The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights.

People who used the service had a support plan in place which included risk assessments so that appropriate support was planned and provided to meet their needs.

There were safe recruitment process in place and staffing levels were sufficient and met people's needs.

Good



### Is the service effective?

The service was effective. People's support plans included assessments of their health and social care needs, likes and dislikes and things that mattered to them. Staff knew how to meet people's needs and did this effectively.

Training and support was in place for all staff to do their job effectively. Staff told us supervision and team meetings were held on a regular basis and the records we looked at confirmed this.

People were supported to eat and drink sufficient amounts to meet their nutritional needs.

Good



### Is the service caring?

The service was caring. People, their relatives and others involved in their care said staff were caring and supportive. We observed positive interactions between staff and people using the service.

People's privacy and dignity was maintained.

People, their relatives and friends were involved in their support planning. There was an advocacy service available where people required support to make decisions.

Good



### Is the service responsive?

The service was responsive. People and those acting on their behalf told us they were involved in making decisions about the support provided. Information was available in formats that met people's needs.

People said they knew how to make a complaint if they were unhappy about the support they received. They told us that their complaints were handled well and they were satisfied with the outcome.

Good



### Is the service well-led?

The service was well-led. There was a registered manager in post and they were supported by a clear management structure. Staff told us they were happy working with Avenues London (South).

There were systems in place to monitor the quality of the service. This included monthly, quarterly and annual audits carried out by various managers and/or departments with people's involvements. Where issues were identified these were actioned to improve the quality of the service.

Good



# Avenues London (South)

## Detailed findings

### Background to this inspection

This inspection was carried out by an inspector, a specialist advisor and an expert by experience who had experience of learning disability services. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of service.

Before our inspection, we reviewed information we held about the service and contacted the contracts monitoring teams in the London Boroughs of Bromley, Greenwich and Sutton to obtain their views about the services they contracted. We also sent questionnaires to 29 health and social care professionals in the community of which five responded. The provider completed a Provider Information Return (PIR) as requested by CQC which we used in planning our inspection. The PIR is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service such as any statutory notifications we had received including safeguarding concerns.

We spoke with 12 people and 20 relatives on the telephone, visited two supported living services where we spoke with six people. We spoke with two area managers, three service managers, two assistant managers, a team leader and 13 care staff either on the telephone or face-to-face.

We looked at eight support plans, 10 staff recruitment files, 15 supervision records, 72 staff training records, various meeting minutes including tenant's, staff and board meetings, policies and procedures, complaints logs, activity planners, menus, various audits including mental capacity audits and medicines records.

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.

# Is the service safe?

## Our findings

People told us they felt safe using the service and relatives said they felt people were safe. When we asked how relatives knew people were safe one commented, “I know because he likes them.” We found from records that ‘how to stay safe’ was discussed at most tenant meetings and people were given the opportunity to raise any issues of concern if they did not feel safe. Information was made available to people in formats to support their understanding, including easy read with pictures on ‘how to stop abuse’. People said they would speak to staff if they felt unsafe or had any concerns. Health professionals informed us they had no concerns about the safety of people who used the service.

Safeguarding adults and whistleblowing policies were available to ensure staff were aware of actions to take if they had any concerns of abuse. Staff we spoke with knew the types of abuse and how to recognise them. They were aware of their responsibility to report abuse to their manager. Where required, staff had followed appropriate local authority reporting protocols as well as notifying CQC. We found that the provider responded appropriately to any allegation of abuse and had cooperated with local authority safeguarding investigations. The provider had a safeguarding lead and a safeguarding board to ensure policies and procedures were in place including staff training and appropriate actions were taken where required to ensure the safety of people.

We found the requirements of the Mental Capacity Act (2005) code of practice were being met. The service had undertaken an audit to check whether any people were being deprived of their liberty as defined by the law, and was in discussion with the various local authorities concerned to ensure that appropriate action was taken where required.

Support plans we looked at showed people’s capacity had been assessed in regards to making specific decisions about their daily lifestyles, such as making decisions about their finances. The support plans included communication passports to ensure staff understood people’s communication needs and supported them to make decisions that mattered to them. Where people’s capacity had been assessed and they were found unable to make specific decisions for themselves, we saw that best interests or multidisciplinary meetings were held and

included decisions in areas such as people’s eyesight, dental treatments and accommodation. We saw that people, their relatives, staff, health and/ or social care professionals were involved in these meetings to ensure the decisions made met the individual’s needs.

Staff confirmed that each person using the service had a support plan in place. People’s support plans were up to date and included areas in which they needed support such as mobility, nutrition, personal care, accessing the local community and medication. Where risks were identified, adequate risk management plans were in place to mitigate the risk. For example, the provider had made arrangements to protect people against the use of excessive control or restraint by training staff in de-escalation, defusing and breakaway techniques to ensure an individual’s behaviour did not pose unnecessary risk to them. People’s risk assessments were individualised and included the number of staff required to support them to meet their needs.

The provider had a business continuity plan which provided staff with guidance on actions to take in the event of an emergency. Staff were aware of the emergency protocols in place and told us they would call emergency services including the fire brigade or a GP in the event of an emergency such as fire or when an individual required urgent medical attention. Accident and incident records indicated that staff had followed appropriate guidance when an emergency arose. Support plans showed that some people using the service had been trained and were aware of actions to take in the event of an emergency.

People and their relatives told us there were sufficient staff to support their needs and that the service provided cover when there was a shortage. Staffing arrangements were planned taking into consideration the number of people using the service at each supported living scheme. We looked at staff rosters for different sites and visited two supported living services and we saw that the staffing arrangements in place were sufficient to meet people’s needs. We spoke with different staff at different sites and they all confirmed the number of staff on shift in relation to the number of people using the service and the level of support they required was adequate. A care plan we looked at showed that when the individual’s needs changed, staff numbers changed to support the person accordingly.

The provider had a robust recruitment and selection process in place. Staff records included documents such as

## Is the service safe?

copies of identification documents, to demonstrate staff had the right to work in the United Kingdom, two references, and criminal record checks. Records we hold about the provider showed that people's credentials to

work at the service were regularly monitored. Where staff were found to be unsuitable to work in social care, appropriate actions were taken to ensure that people using the service were protected.

# Is the service effective?

## Our findings

People told us they felt staff had the appropriate skills to support them. For example one relative told us that if it had not been for the professional care they received from Avenues, their relative “would not have been able to mobilise today.” Another relative commented, “Staff understood the type of support my relative needed.” All staff we spoke with informed us that they received an induction both at the head office and the supported living accommodation when they began working at the service. The induction programme included completing mandatory training, shadowing experienced colleagues and familiarising themselves with the provider’s policies and procedures. The staff records we looked at confirmed staff had been supported with induction.

Staff training records showed mandatory training was up to date in areas such as food hygiene, first aid, health and safety, manual handling safeguarding adults and young people and medication. Other training courses specific to people’s needs such as supporting people with autism, epilepsy, dementia, break-away techniques, care of the back, diabetes and insulin training were completed by most staff depending on the type of support they provided people. Staff we spoke with were complimentary about the level and regularity at which they received training. Most staff confirmed they had qualifications in health and social care and some staff said their managers were supporting them to enrol on these courses.

All staff we spoke with informed us that they received regular supervision from their line manager. Records we looked at for various staff at different supported living schemes were mostly up to date and supervision was being

undertaken in line with the provider’s eight week policy. Annual appraisals were integrated into bi-monthly supervision to monitor staff performance and progress and provided appropriate support where required. Systems were in place to cascade information to staff at various levels including the use of staff meetings. Minutes of staff meetings we looked at showed that topics covered included staff rosters, records management, policies and procedures, support planning, risk management and health and safety protocols. All staff we spoke with felt they were adequately supported to perform their role to the required standard.

People were supported to eat and drink sufficient amounts for their wellbeing. People told us they were supported to do their own grocery shopping so they could choose what food they would like to eat. Staff were aware of peoples’ nutritional needs and how these should be met. Staff told us they had menus in place, and gave people choices of food available and promoted healthy eating. For example, staff told us they encouraged people to have vegetables in their meals. Where required, people had been referred to a dietician or district nurse to support them with their dietary needs. People we spoke with were satisfied with the nutritional support that was in place for them.

All the people using the service had a health action plan in place and people told us they were being supported to attend health appointments where required. People received input from professionals such as GPs, dentists, district nurses, chiropodists, social workers and opticians. Regular health checks were also carried out to ensure that appropriate care and treatment was in place for people using the service.

# Is the service caring?

## Our findings

Every one we spoke with was full of praise for staff. People said staff were “caring”, “brilliant” and said they were “happy” using the service. One person commented, “I am extremely grateful for the service I am receiving.” Relatives felt people were well looked after and staff understood people’s support needs. One relative described their staff as “incredibly supportive.” Comments from relatives’ feedback forms included, staff were “patient”, “friendly” and “competent.” Relatives also said they found staff to be “welcoming”, “friendly” and “evidently caring.” Staff we spoke with were aware of people’s support needs. One relative commented, “I work in healthcare, so I know what to expect.” Another person said, “We have been with The Avenues for about nine months and I can tell you I am extremely happy with them.”

We found that staff understood people’s needs in respect of their disabilities, gender, race, religion and sexual orientation and supported them in a caring way. For example, we found that staff supported people to practice their faith by taking them to church on Sundays. People told us they were involved in their support planning and therefore were aware of the support staff should provide. The provider had a keyworker system in place. A key worker is an individual that monitors the support and progress needs of a person they have been assigned to support. We found that the key worker system was effective in ensuring people’s needs were identified and met.

People and their relatives told us that both staff and the management team respected and acted on their views. People told us that they were involved in discussions about their care. One person said, “We discuss everything... anything at all.” All the support plans we looked at had been signed to demonstrate people and their relatives had been involved in making decisions about their support.

Where required, a communication passport was in place to inform staff of people’s communication needs. People’s support plans and health action plans were written in formats such as easy read or in pictorial formats to support their understanding. The care plans also included people’s likes and dislikes and the things that mattered to them.

Where people needed to make important decisions an independent advocate was available to support them. One person’s care plan stated they liked to visit a particular place in their local community because they knew their advocate works there.

The provider had an ‘active support’ system in place which encouraged people to be actively engaged in every day activities. For example, some people could access the local community independently to buy their own groceries and others managed their own finances. All staff we spoke with explained how they promoted people’s independence. For example, they told us they encouraged people to be involved in household tasks such as grocery shopping, meal preparation, cleaning and laundering of clothes.

People we spoke with told us that staff respected their privacy and dignity. They said staff knocked on their doors before entering their flats. Staff we spoke with were aware of actions to take to promote privacy and dignity. They told us that they called people by their preferred name, asked for their permission before accessing their belongings and shut curtains when providing personal care. Relatives told us that people’s privacy and dignity were respected and confirmed that staff carried out the actions they described.

People told us that staff encouraged them to maintain relationships with their friends and family. We found that people, their relatives and those that matter to them could visit or take them out. Arrangements were in place to support people to visit their relatives where this was required.



# Is the service responsive?

## Our findings

All the people we spoke with told us they were asked for their feedback during face-to-face meetings. People who used the service were supported and encouraged to express issues that mattered to them. Tenants' meetings were held at the various supported living schemes. Minutes of tenants' meetings showed people were given opportunities to express their views on how they would like to be supported. A recent relatives' satisfaction survey showed that 10 out of 12 relatives rated the service as either good or excellent. All 12 relatives reported people were supported to make their wishes known and staff listened to people's views and promoted communication between people and their relatives.

People confirmed they had a support plan in place. They told us that their support needs were regularly reviewed. Some people said this was every six months, others told us they were asked regularly and some commented it was when there were major changes in their support needs. Where possible, people had signed their support plans to demonstrate they were in agreement with the support that was being provided. Relatives told us that staff were aware of risks associated with people's care. One relative told us the main risk for their family member was dehydration and that these risks were being minimised because "the staff make sure she has fluid." Another relative told us that staff understood their family member's needs in relation to dementia and supported them in a way that met their needs.

People's medicines were reviewed regularly to support their needs. For example, we noted that medicines used to manage people's behaviours were not excessively administered. The provider told us that they had strategies in place to try to minimise the use of these medicines and

there were plans in place to work with health professionals to ensure that these medicines were used appropriately. We saw that people had positive behaviour support plans in place and this included guidance for staff to understand behaviours that challenge and the management of it. The behaviour support plans were personalised and included information such as people's health conditions, known triggers and preventative strategies. Appropriate health professionals were involved in supporting people manage their behaviours to ensure that the care and treatment provided was safe and met the individual's needs

People were supported with stimulating activities and access to the local community. We found that people had access to day centres where they were engaged in various stimulating activities including arts and crafts, board games and physical activities. People also went to "discos", restaurants, shops and leisure centres. One relative told us that although their family member had dementia and physical disabilities, staff continued to support them to access community activities. This showed that people were supported to access activities and facilities in their local communities, which helped to prevent social isolation.

People who used the service and their relatives told us that they knew how to complain if they were unhappy. A relative commented, "If I have any issues, I have the direct number of the manager." There were systems in place to ensure people's complaints were taken into consideration and acted upon. We saw that the provider's complaints policy was included in the service user guide and written in formats that were accessible to people who used the service. The complaints log we looked at showed that the service took into consideration people's views and made improvements to ensure people were satisfied with the service they received.

# Is the service well-led?

## Our findings

People knew who the service managers were. People told us they felt comfortable to contact them if they had any concerns and people knew the contact numbers of the service managers. This shows that people were encouraged to approach the management team if they had any issues that they may wish to discuss with them. We also found that people using the service were involved in its development. For example, people using the service were involved in the recruitment process and sat on interview panels to ensure new staff were capable of supporting them and in meeting their needs. People who using the service were also involved in senior management recruitment and were informed who had been appointed to the post in formats they understood.

The provider had a management structure in place and there was a registered manager in post who was supported by deputy managers, area managers, service managers and their deputies and team leaders. Staff told us they were happy working with Avenues London (South). We spoke with various staff at different levels and they all told us they found their line managers supportive and approachable. They said they could easily raise any concerns with their managers and were confident any issues would be addressed appropriately. Staff told us that they felt well supported in their roles. One staff said, "If I ask for something, it always gets looked at properly and usually goes through."

Professionals in the community felt the service was well led. All five professionals who responded to our questionnaire felt the service's managers and staff were accessible, approachable and dealt effectively with any concerns they or others had raised. A local authority contracts monitoring team informed us that the

management of the agency's services had greatly improved over the past six months and that effective team leaders had been put in all the services which had contributed to a better service delivery.

The provider had systems in place to monitor the quality of the service. This included monthly, quarterly, and annual audits completed by managers and/or departments. The audit documents we looked at covered areas such as the Mental Capacity Act (2005), safeguarding people from abuse, complaints, finance, medication, accidents and incidents, health and safety and staff supervision. We saw that where recommendations were made, these were being monitored and appropriate actions taken to implement them. Service reviews were also undertaken quarterly to monitor what worked well and what required improvement at each supported living scheme.

A local authority contracts monitoring team had also conducted audits in three of the supported living schemes and found the provider to be meeting most standards at their June/July quality audits. Where recommendations were given, the provider told us that they had recently received the reports and were in the process of following up on any actions that needed to be completed.

Monthly board meetings were held at senior management level and this included the registered manager and deputy managers. Topics discussed at these meetings included management of medicines, health and safety, safeguarding adults, policies and procedures, staff disciplinary, external audits and updates on organisational changes and events. We saw that learning from accidents and/or incidents from various services were shared at these board meetings to ensure adequate support was in place for all managers including the registered manager to develop and drive improvements at the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.