Avenues South East

Avenues South East - 1a Spencer Way

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

Avenues South East - 1a Spencer Way is a care home which provides accommodation for up to six people with a learning disability who require personal care. At the time of the inspection six people were using the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We inspected Avenues South East - 1a Spencer Way on 1 December 2016. The inspection was unannounced. The service was last inspected in December 2013 when it was found to be not meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. For example we were told: "I like it here – yes, feel safe, yes I do. I know carers are there for me," and a relative told us: "He's very happy there – he seems secure and I feel he is safe, yes. He is very well looked after."

People told us they received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard.

Staff had been suitably trained to recognise potential signs of abuse. Staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately. A member of staff told us: "I would have no hesitation in raising concerns about anything to do with safety – I understand about whistle blowing – we have that in the training."

Staff training was delivered to a good standard, and staff received updates about important skills such as moving and handling at regular intervals. Staff also received training about the needs of people with learning disabilities. Staff told us "Training is good. It has helped me broaden my knowledge."

Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included written references and an enhanced Disclosure and Barring Service check, which checked if a person was suitable to work with vulnerable adults.

People had access to medical professionals such as a general practitioner, dentist, chiropodist and an optician. People said they received enough support from these professionals.

There were enough staff on duty and people said they received timely support from staff when it was needed. For example we were told "There's always enough staff for residents to have their planned one to one time." We observed any requests for assistance being responded to quickly, and staff always being

attentive to people's needs.

Care was provided appropriately and staff were viewed by people and their relatives as caring. For example a relative told us: "We're very pleased with the quality of the care, and the staff are always welcoming," "I watched the staff at the big BBQ they have each year – they were really attentive, and they did treat everyone with respect," and: "I think they're wonderful – (our relative) is so happy there – they are kind and caring."

People had opportunity to participate in a wide choice of activities. People were busily involved in a range of activities on the day we visited. People were able to attend several different centres locally, which offered up a wealth of things to do. They also have the opportunity to go on an annual holiday if they want to. One person said: "I like the cookery – that's my best. I like the cycling too. And I like the jigsaws – like doing the jigsaws with X (staff member)." Relatives told us: "They have lots of activities – a great busy life really. There is lots on, and in the evenings they sometimes have music, I think. Or they will get together maybe with the other house too," and: "If they don't want to do what's on the plan, they're not made to. So, then they might go for a walk, or a bus ride, so they get out a lot."

Care files contained information such as a care plan and these were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People were happy with their meals. Everyone said they always had enough to eat and drink and were provided with a choice of meals. People received enough support when they needed help with eating or drinking. For example, we were told: "We know what they like, and what they don't like – we change the menus, introduce new things – and there's always a choice if they are not in the mood for what's on the menu."

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint. For example, we were told: "I am sure they would listen – I have no reason to think otherwise, but have had no cause to complain at all," and "I haven't had to complain, and in my job I'm used to having to do that, so would be fine with raising things if necessary."

People felt the service was well managed. We were told the registered manager and assistant manager were approachable and friendly, and appeared to be "hands on". We were told: "They are a well led set-up – and professional – they really want the best for the people we support, and they are prepared to listen," and: "The team seem well managed now – yes, I think they are – it's not an easy job, the residents are quite a complex group of people with individual needs!"

Staff and relatives told us they had residents meetings every three months, and relatives had been asked for their feedback about the service on a regular basis. We were told: "We have a survey at least once a year, maybe twice this year actually. I give feedback all the time anyway," "Yes, I do get questionnaires / surveys to fill in, and I reply," and: "They don't have relatives' meetings, no, but they have events like the BBQ and we're always asked for any feedback and ideas about improving things."

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

Medicines were administered, managed and stored securely.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse.

The service was clean and well maintained.

Is the service effective?

Good

The service was effective.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to doctors and other external medical support.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support responsive to

their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

There were suitable activities available to people who used the service.

Is the service well-led?

Good

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was very good.

Avenues South East - 1a Spencer Way

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.

We visited Avenues South East - 1a Spencer Way on 1 December 2016. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

Before visiting the home we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service. We also reviewed notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we only had limited discussions with three people who used the service. This was because people were unable to fully engage in conversation due to some people's communication disabilities. We had contact (either through email or speaking to) with five relatives. We also spoke with the registered manager and four members of staff. We inspected the premises and observed care practices during our visit. We looked at three records which related to people's individual care. We also looked at seven staff files and other records in relation to the running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included: "I like it here – yes, feel safe, yes I do. I know carers are there for me, " and a relative told us: "He's very happy there – he seems secure and I feel he is safe, yes. He is very well looked after."
The service had a satisfactory safeguarding adult's policy. All staff had received training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. A member of staff told us: "I would have no hesitation in raising concerns about anything to do with safety – I understand about whistle blowing – we have that in the training," and a relative told us: "When we have been to visit and take him out, he always wants to return – that says a lot I think, and we can tell that he's just so happy there. It's plain to see that he's settled and he's comfortable."

Risk assessments were in place for each person. For example, to help people access the community safely, to participate in various activities, medicines, helping people to communicate and specific staff support for example if people were anxious. Risk assessments were regularly reviewed monthly and updated as necessary.

People's medicines was administered by staff. People said their medicine was always on time and medicines did not run out. Medicines were stored in locked cabinets in the office. Medicine Administration Records (MAR) were completed correctly. A satisfactory system was in place to return and/or dispose of medicine. Medicines which required refrigeration were appropriately stored, and the temperature of the refrigerator was checked daily. Training records showed that staff who administered medicine had received comprehensive training. Staff said they felt competent to carry out the administration of medicines. The pharmacist had checked the system, and their report said its operation was satisfactory.

Incidents and accidents were recorded in people's records. These events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

The service kept monies on behalf of some people. This was for when people needed to purchase items such as toiletries or pay for hairdressing. Suitable records were kept, and receipts were obtained for expenditure. We checked monies kept, and cash tallied with the totals recorded in records.

There were enough staff on duty to meet people's needs. A relative told us: "I feel the staffing levels are fine," a staff member told us: "I feel there is enough of us yes – we are a good team," and "There's always enough staff for residents to have their planned one to one time." Rotas showed there were three care staff on duty during the day and evening. During the night there was one member of staff on waking night duty. In addition, some staff support was provided by the health care trust to assist people to go out and about more frequently in the community. The registered manager worked at the service but also managed another care home for the provider. At the time of the inspection staff appeared not rushed and attended to people's needs promptly. Staff told us shortages of staff were "Very, very rare."

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

The environment was clean, bright and well maintained. Appropriate cleaning schedules were used. The home was spacious, in a quiet residential setting, with a good sized garden. The service had a self-contained sensory room (presently being refurbished). As the service had been open for many years, some areas needed refreshing and updating. The provider had recognised this and there was a programme of redecoration in hand. Some areas of the home that had already been painted looked bright and fresh.

We were told the laundry service was generally efficient and where possible people were involved in helping with their laundry. We saw there were appropriate systems in place to deal with heavily soiled laundry. There were no offensive odours.

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. The electrical circuit had been tested and was deemed as safe. Records showed the passenger lift and manual handling equipment had been serviced. There was a risk assessment to minimise the risk of Legionnaires' disease. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked.

Good

Is the service effective?

Our findings

Staff had received suitable training to carry out their roles. New staff had an induction to introduce them to their role. The registered manager said when people started to work at the service she spent time with them to explain people's needs, the organisation's ways of working, and policies and procedures. New staff also worked alongside more experienced staff before being expected to complete shifts. Staff we spoke with told us "My induction when I started – yes it was very thorough," and a relative said "They make sure new people are shadowed."

The registered manager said she was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support. The registered manager said all new staff complete the Care Certificate unless they have completed a level 3 or level 4 Diploma in care before starting working at the service.

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed that people had received training in manual handling, fire safety, health and safety, infection control, safeguarding, and first aid. All staff had also undertaken further training about autism, epilepsy, de-escalation and diffusion (if people were acting in an aggressive manner), and mental health awareness. Staff who administered medicines, and who handled food had received suitable training. Staff had completed a diploma or a National Vocational Qualification (NVQ's) in care. Staff, we spoke with, were positive about the training they had received. Staff members told us "We get a lot of training," and "Training is good. It has helped me broaden my knowledge." Relatives told us ""They seem well trained – even the newer staff had a good grasp quite quickly," and "They are professional – they know their stuff, but do it in a friendly way."

Staff told us they felt supported in their roles by colleagues and senior staff. Staff told us they had supervision "Every month or two." There were some records of individual formal supervision with a manager, although the most recent records we saw were dated August and September 2016. A schedule for when staff had or were to have supervision were displayed on the staff noticeboard. However the staff we spoke with said they could approach the deputy and registered manager at any time if they needed any help or support.

Due to people having significant learning disabilities, and the high level of vulnerability of everyone, the front door was locked for security reasons and to maintain people's safety. A relative told us "The front door is locked and so is the gate at the back – I'm more than happy that they take his welfare seriously." "What's good though, is that they always let him come to the door and stand outside when we're leaving, but always with a carer there."

People said they felt involved in making choices about how they wanted to live their lives and spend their time. For example, people told us staff involved them in decisions about how their personal care was given, how they wanted to spend their time, and they were able to choose when they got up and went to bed. We

saw people treated with dignity and respect at all times in a very natural and person centred way. We observed people were only ever supported with their full agreement. We observed staff always asking people questions such as "Is it ok if ...?" "Would you like me to ....?" "I wonder if we should get ready then? What do you think?" when they assisted people.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager said, where necessary, applications had been submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves. The staff we spoke with demonstrated a basic awareness of the legislation. We were told staff had received training about the Mental Capacity Act and Deprivation of Liberty Safeguards as part of their safeguarding training.

People were happy with their meals. We were told by one person "Food is nice – yes, good. I like cooking – I like lots of food." A staff member told us "We know what they like, and what they don't like – we change the menus, introduce new things – and there's always a choice if they are not in the mood for what's on the menu, " and a relative told us I think they encourage (my relative) to eat healthily – (they) looks well, and is fine weight-wise."

The daily menu was displayed in the kitchen, with pictorially and in writing. Each person had a separate area to store food, and there was a communal area for the storage of stock items.

We were told people were involved in the shopping and planning of the menus. People were observed as being free to come and go from the dining room to the kitchen. The cupboards and fridges were well stocked.

We saw one person supported to make choices about their lunch, and observed real efforts on behalf of staff to involve them. We witnessed skilful persuasive work by two staff members on separate occasions, encouraging a person to wait a while before having another drink. We were told that people ate together for the evening meal if possible, and at lunchtime as well if they are in the house.

One resident needing assistance in the kitchen. We saw that the staff member was quick to offer the right level of support, enabling him to remain as independent as possible, but also keeping them safe in the kitchen. This meant that there was a good balance between protecting the person and allowing them to take calculated risks to promote their independence. Staff told us they had purchased an adapted kettle, which was safer and easier for some of the people to use and we saw evidence of this during our visit.

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. Records about medical consultations showed that

people saw, where appropriate, GP's, opticians and district nurses regularly. Relatives said they felt people were prepared well for any medical appointments, and supported to attend these in the least stressful way. One relative told us "Our son had an urgent health problem – he was rushed up to St George's and the staff from Avenues were very, very good. They had two staff up there the whole time with him, night and day. Then when he was discharged, the same. I actually wrote a letter to say how impressed I'd been with their care." Staff told me they felt they had good relationships with local health professionals.

The assistant manager told us "The optician comes to the house, and checks all the residents' eyes – it's much less stressful for them, as they can find it difficult going to get this done." We were also told "We also have lots of input and help from Speech & Language, the physiotherapist, and occupational therapist. The physiotherapist arranged for X to have hydrotherapy after their fall. " We were also told by a member of staff: "When Y was having swallowing problems, he had a programme from Speech and Language to help with this. Their ideas are always good."

Detailed information about the person's health care needs were kept in individuals' 'Health Action Plan' files. Information kept included information about the person's medicines, eating and drinking needs, and appointments with health care professionals such as GP's, dentists, opticians, psychiatrists and chiropodists.

The home had appropriate aids and adaptations for people with physical disabilities such as a stair lift, a wet room and a hoist. One relative told us: "(My relative) is very well looked after…"In fact they put a stair lift in for (them… which meant there isn't the worry about the stairs, and (they) could have (their) old room back."

Areas of the home were well decorated and were currently being upgraded. There were clean and comfortable furnishings and fittings. The home was clean and tidy, and there were no offensive odours. People told us they liked their bedrooms and these were always warm and comfortable.

Good

Is the service caring?

Our findings

The manager and staff that we spoke with knew the people living at the service well. On the day of our visit, the atmosphere was friendly and easy going, with meaningful interactions observed between staff and people. It was clear to us staff cared about people, and were doing whatever they could to help them have a good day. We observed staff as kind and caring, and all the relatives we spoke with said that the staff were extremely kind, patient and caring. Comments received included: "I can talk to the staff if I am worried. I'm happy here, and I like it," and "It's good here." One person, who was unable to communicate verbally, smiled warmly, gave us the thumbs up and nodded in response to the question as to how he felt about living there. Relatives said: " I think they're wonderful – (my relative) is so happy there – they are kind and caring," "Staff know him really well and he seems to like them –so sensitive to his needs and his change of moods, and he giggles and laughs which is lovely," and "We're very pleased with the quality of the care, and the staff are always welcoming."

The people we observed were given the opportunity to express their opinions in a variety of different ways, and to make choices about things. We were told that the service had adopted the "Active Support" way of working, and that this had helped people to keep busy, and less likely to exhibit behaviours that challenged. We saw evidence of real person centred planning. People had schedules suited to the pace of life they had chosen to adopt, sometimes doing things with key workers on a one to one basis, sometimes independently if this was possible, and then coming together as house-mates for events they all enjoyed. Sometimes people just chose to be on their own and take it easy. We saw staff treat residents with dignity and respect at all times. A relative said: "They really think about (person's) communication needs – I'm really impressed – they worked with the speech therapist to help them."

Care plans we inspected contained enough detailed information so staff were able to understand people's needs, likes and dislikes. There was information about people's background, and life before moving into the service. This information is useful to staff to help to get to know the person when they move into the home. The registered manager said where possible care plans were completed and explained to, people and their representatives. For example people had regular meetings with their key worker, and a record was kept of these meetings.

We observed staff working in ways which ensured people's privacy was respected. For example, we were told staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. The people we were able to speak with all said they found their bedrooms warm and comfortable.

Families told us they could visit at any time, and were free to go to their relative's room if they wished. Equally, there was enough space and free communal rooms, so that they could visit in private.

Good

Is the service responsive?

Our findings

Before moving into the home the registered manager told us she went out to assess people to check the service could meet the person's needs. People, and/or their relatives, were also able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person. Although it was many years ago, families said they remembered being involved in the planning of their relative's care and support and the transitions into the home. They told us these moves had been thorough and well thought out. Everyone felt their son or daughter was treated with respect. For example, we were told: "The move out of the hospital is so long ago now, and it was always going to be a tricky time but they really worked in partnership with us to get it right for him. We do feel listened to, yes."

Each person had a care plan. All records were stored electronically. Care plans contained appropriate information to help staff provide the person with individual care. Care plans contained detailed information about the person's communication skills; their likes and dislikes; personal care needs; behaviour; the person's routine, and spiritual and cultural needs. Risk assessments were also completed. Care plans were regularly reviewed, and updated to show any changes in the person's needs. Care plans also included goal setting to assist people to improve their skills and also meet any aspirations such as starting a new activity or going on a trip / holiday to a place of interest. All staff we spoke with were aware of each individual's care plan, and told us they could read records at any time.

There was information about activities on display in the office, and in some of people's rooms. The variety of person centred daily programmes that each person was following, showed us that their individual needs and choices were uppermost in the staff team's minds. People had a wide choice of activities, and the majority of people were busily involved in some of these on the day we visited. Activities included: bowling, attending college, horse and carriage riding, hydrotherapy, reflexology and pottery. Many people also went on holiday to Butlins in Margate earlier in 2016. We were told: "I like the cookery – that's my best. I like the cycling too. And I like the jigsaws – like doing the jigsaws with X (staff member)." Another person said about a holiday they attended this year: "Butlins good – we do dancing – like music. Like Abba." Relatives told us: "He loves the cycling – and he goes out for runs, and to the horse riding in Horley – he can sit in the carriage." "If he's in the house, he loves looking out of the window and waving at the bus drivers – they wave back now!" Another relative told us: "Without doubt, they have a great time, and there are a whole range of activities. They do pottery, go to the park, they've been to Margate as well," and another parent commented: "They have lots of activities – a great busy life really. There is lots on, and in the evenings they sometimes have music I think. Or they will get together maybe with the other house too." We were also told: "If they don't want to do what's on the plan, they're not made to. So, then they might go for a walk, or a bus ride, so they get out a lot." People's wish to attend church was respected for example we were told: "I'm pleased she can go to church every week – it's important to her, and she's used to it."

People were encouraged to be involved in household activities such as cleaning, doing the laundry, cooking and doing the food shopping.

People said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. Relatives said they would be comfortable discussing any concerns. For example we were told: "I am sure they would listen – I have no reason to think otherwise, but have had no cause to complain at all," "I've never had to go further than the home - so really nothing's got as far as that, I mean as far as a formal complain," and: "I haven't had to complain, and in my job I'm used to having to do that, so would be fine with raising things if necessary." People said they felt confident appropriate action would be taken if they raised a concern.

Good

Is the service well-led?

Our findings

People and staff had confidence in the registered persons (owners and manager of the service.) For example, people told us the registered manager was approachable, and helpful. We were told and observed that the manager and assistant manager were approachable and friendly, and appeared to be "hands on", with the result that they were aware of how things were going with people and the staff who worked with them. We were told: "I really appreciate everything they do – they are a very supportive organisation," "They are a well led set-up – and professional – they really want the best for the people we support, and they are prepared to listen," and "I feel well supported and that I've had opportunities to get on – I started as a support worker, then was made a senior, then assistant manager."

Staff were positive about the culture of the team. None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be: "Dealt with immediately," by management and any subsequent investigation would: "Always be thorough." Staff members said morale was good within the staff team. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They said major concerns were addressed appropriately by the registered manager. Staff also said communication was good within the team. We were told there were formal handovers each day to help ensure people received consistent care. Staff told us: " We work well as a team…everybody works together as one," "

The registered manager was responsible for this, and another service. The assistant manager was based full time at the service, and worked alongside staff. One relative told us: "The team seem well managed now – yes, I think they are – it's not an easy job, the residents are quite a complex group of people with individual needs."

Relatives said communication between staff and families was good, and they were informed of any concerns staff had about people's health and welfare. For example a relative told us: "Things are even better now. They are pretty good at communicating – they say it as it is, which I like," although we were told: "The only thing I would say, is that we don't always get information about staff changes, and I think it would be good if we did."

The registered manager monitored the quality of the service by completing regular audits of care records, medicines, finances, health and safety, training provision, accidents and incidents. An annual survey of relatives, staff and professionals was completed to find out their views of the service. Results of previous surveys were all positive. We were told: "We have a survey at least once a year, maybe twice this year actually. I give feedback all the time anyway." "Yes, I do get questionnaires / surveys to fill in, and I reply," and: "They don't have relatives meetings, no, but they have events like the BBQ and we're always asked for any feedback and ideas about improving things." Other managers also visited the service for example to complete a monthly quality visit. Copies of reports of these visits were available to us.

The registered manager said she would be present at the service usually at least part of each day. There were records that staff meetings occurred usually on a monthly basis.

The registered manager was registered with the CQC in September 2012. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with.