

Avenues South East

Avenues South East - 25

Beacon Close

Inspection report

25 Beacon Close
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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

The inspection took place on the 12 January 2017 and was unannounced.

This service is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 25 Beacon Close provides care and support for up to three people with learning disabilities. The service is part of a group of services managed by the Avenues Trust. The people who lived at Beacon Close had diverse and complex needs such as learning disabilities, autism and limited verbal communication abilities. There were two people living at the service at the time of the inspection.

At the last Care Quality Commission (CQC) inspection on 19 February 2016, the service was rated as Good in all of the domains and had an overall Good rating.

At this inspection we found the registered manager and provider had consistently monitored the quality of their service to maintain a rating of Good.

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. Like registered providers, they are 'registered persons'. 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.

People continued to be protected against the risk of abuse. We observed that people were safe in their environment. Staff had received training about recognising the signs of abuse or neglect and knew what to look out for. Both the registered manager and staff understood their role and responsibilities to report any concerns and were confident in doing so.

The service had maintained risk assessments to identify and reduce risks that may be involved when meeting people's needs such as inability to verbally communicate, which could lead to behaviour that challenges and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were still sufficient numbers of staff to meet people's needs. Staff were recruited using procedures designed to protect people from unsuitable staff. Staff were trained to meet people's needs and they discussed their performance during one to one meetings and annual appraisal so they were supported to carry out their roles.

Staff were consistently supported by the registered manager and deputy manager and felt able to raise any concerns they had or suggestions to improve the service to people. Staff had the knowledge and skills to meet people's needs, and attended regular training courses. The staff followed policies about Equality,

Diversity and Human Rights and continued to receive training about this.

The systems for the management of medicines were followed by staff and we found that people received their medicines safely. People had good access to health and social care professionals when required.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards and the home complied with these requirements.

People's care plans contained information about their personal preferences and focussed on individual needs. People and those closest to them were involved in regular reviews to ensure the support provided continued to meet their needs.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

People were always motivated, encouraged and supported to be actively engaged in activities inside and outside of the home. People went out to their local community for activities and travel on holidays. Staff encouraged people to undertake activities and supported them to become more independent. Staff spent time engaging people in conversations, and spoke to them politely and respectfully.

Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded and acted on. People's feedback was sought and used to improve the care.

People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The registered manager continued to measure the quality of people's experiences when they lacked developed communication skills and continued to work at putting people at the heart of the service. They asked relatives, staff and external health and social care professionals for their views about the service.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with the Commission.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. We re-inspect services that have been rated as Good within 24 months of the last report publication date.

The inspection took place on 12 January 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place in the home, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

People were unable to verbally tell us about their experiences. We spoke with the area manager, the deputy manager and two support workers. Following the inspection we spoke with one relative on the telephone to gain their views about the support their son received.

We observed people's care and support in communal areas throughout our visit, to help us to understand the experiences people had. We looked at the provider's records. These included two people's records, care plans, health care, risk assessments and daily care records. We looked at a sample of audits, staff rotas, staff records and policies and procedures.

Is the service safe?

Our findings

People were unable to verbally tell us about their experiences. However, we observed that people felt safe in the service and were at ease with staff. People interacted cordially with staff and the area manager who visited the service.

Relatives said, "Yes, he is safe, we have no worries".

Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they had received safeguarding training at induction and we saw from the training records that all staff had completed safeguarding training. The staff we spoke with were aware of the different types of abuse that may occur, what would constitute poor practice and what actions needed to be taken to report any suspected or actual abuse. Staff told us the registered manager would respond appropriately to any concerns. Staff knew who to report to outside of the organisation and gave the example of Social Services. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The service had up to date safeguarding and whistleblowing policies in place that were reviewed regularly. This meant that effective procedures were in place to keep people safe from abuse and mistreatment.

People continued to be protected from avoidable harm. Staff had a good understanding of how to safely manage people's individual behaviour patterns. Care plans provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, as most staff had worked at the service for some years. They knew how to deal with any difficult situations such as behaviours that challenge staff. Behaviours that challenge are typical behaviours displayed, which may put people or others at risk, or which may prevent the use of ordinary community facilities or a normal home life. This behaviour may include aggression, self-injury, or disruptive and destructive behaviour. People were supported in accordance with their risk management plans. Staff demonstrated that they knew the support needs of the people at the service, and we observed support being delivered as planned.

Risk assessments remained specific to each person. Staff told us they were aware of people's risk assessments and guidelines in place to support people with identified needs that could put them at risk, such as choking. People had individual care plans that contained risk assessments which identified risk to people's health, well-being and safety. Risk assessments were regularly reviewed and updated in line with people's changing circumstances. Guidance was provided to staff on how to manage identified risks. This ensured staff had all the guidance they needed to help people to remain safe.

Records showed that incidents and accidents continued to be recorded and monitored on the electronic system in order to ensure that preventative measures were put in place if required. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. The records are then reviewed by the area manager, and reported to higher management if they need to. Records showed these incidents were clearly audited

and any actions were followed up and support plans adjusted accordingly.

We observed that there continued to be adequate numbers of staff to meet people's needs. Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we looked at such as the rotas and training records confirmed this. Two members of staff were on duty on the day of our inspection, a deputy manager from another service owned by the company came to assist with the inspection process and the deputy manager came on duty at 1pm. The service had a sleep-in staff overnight.

The provider continued to have an up to date recruitment policy in place, which enabled safe recruitment procedures to be followed. Recruitment files were kept centrally at the head office. Staff files were seen at the last inspection and contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them. We were told that no new staff had been employed since the last inspection visit.

People continued to be protected from the risks associated with the management of medicines. People were given their medicines in private to ensure confidentiality and appropriate administration. The medicines were given at the appropriate times and people were fully aware of what they were taking as staff explained to them. The medication administration record (MAR) were seen to be up to date and appropriately signed. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. People were encouraged to be as independent as possible with their medicines. Medicines were given safely. Staff discreetly observed people taking their medicines to ensure that they had taken them.

Medicines were kept safe and secure at all times. They were disposed of in a timely and safe manner. A lockable cupboard was used to store medicines that were no longer required. Accurate records were kept of their disposal with a local pharmacist and signatures obtained when they were removed. We saw records of medicines disposed of and this included individual doses wasted, as they were refused by the person they were prescribed for. This demonstrated that the provider ensured medicines were kept safe. There was a system of regular audit checks of medication administration records and regular checks of stock. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

Each care plan folder contained an individual Personal Emergency Evacuation Plan (PEEP) reviewed in December 2017. The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment was reviewed in November 2017. Fire equipment was checked weekly and emergency lighting monthly. Fire drills took place monthly and those present people staff recorded. Staff had completed a fire competency assessment.

There was a plan staff would use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with

emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

People continued to be protected from potential cross infection. There was a cleaning system in place that allowed for daily, weekly and deep cleaning to take place. Records of cleaning were kept. Staff confirmed they understood their responsibility to assist people to maintain the cleanliness in the service. Staff received food hygiene and infection control training.

Is the service effective?

Our findings

People were unable to verbally describe their experiences. We observed that people had the freedom to move around and spend time alone in their rooms as well as in communal areas. We observed staff members responding to people's specific needs in a timely and responsive manner, and that people were relaxed.

Staff had received induction training, which provided them with essential information about their duties and job roles. The registered manager had previously told us that any new staff would normally shadow experienced staff, and not work on their own until assessed as competent to do so. There had been no new staff employed since the last inspection of the service.

Staff provided support and met the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people with learning disabilities. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics, which included health and safety, fire safety, safeguarding and food hygiene.

Staff continued to be supported through individual one to one supervision meetings and appraisals. This was to provide opportunities for staff to discuss their performance, development and training needs, which the registered manager was monitoring. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. Staff confirmed that supervision and annual appraisals had taken place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 what any conditions on authorisations to deprive a person of their liberty were.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The purpose of DoLS is to ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way. Some of the people were currently subject to a DoLS.

There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

There was evidence that people's needs were assessed prior to admission and continually throughout their stay at the service. The registered manager undertook thorough assessments of people's needs before accepting them and a structured introduction took place. Each person had an initial referral which included a full case history, as well as a pre-admission assessment. The assessment covered all medical, history, any behaviours that challenge, and care needed to manage and safely support the person's needs. The assessment was used to determine whether or not the service could meet the person's needs, and if any specialised tools or professional's assistance would be required. This meant that people's needs were assessed in detail to ensure they could be safely supported at the service.

People had access to nutritious food that met their needs. Dietary requirements for health or culture were provided for and people always had a choice at meal times. People were supported to make cold and hot drinks when they wanted them. The kitchen of the home was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices. People's weights were regularly monitored to identify any weight gain or loss that could have indicated a health concern.

People continued to receive medical assistance from health and social care professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff showed evidence of the times last year that they pursued health care treatment for one of the people that used the service. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be managed. People received effective, timely and responsive medical treatment when their health needs changed.

Records confirmed that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. People were regularly seen by their treating team. Health appointments were documented in people's care plans and there was evidence that the home worked closely with health and social care professionals to maintain and improve people's health and well-being.

The provider contacted other services that might be able to support them with meeting people's health needs. This included the local authority's community learning disabilities team. Details of Speech And Language Therapist (SALT) referral and guidance was in place demonstrating the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months. This showed that each person had a professional's input into their care on a regular basis.

Is the service caring?

Our findings

People were unable to verbally tell us about their experiences. We observed that staff were kind, considerate and aware of people's individual communication needs. There was a calm and friendly atmosphere.

Relatives told us that both staff and management were caring and supported people well. One relative said, "Staff keep in touch with me and let me know how things are going".

An excellent example of the care and support by management and staff to one of the people during a time of ill health included persistent contact by staff with health care professionals to get the right diagnosis. The person spent time in hospital undergoing treatment and staff provided not only emotional but practical support to the person and their relatives during this time. Staff visited the person daily in hospital and also enabled the person's mum to visit the hospital as much as possible as staff collected her and took her home after visits. On return to the service, staff supported the person in conjunction with the speech and language therapy team to manage their altered diet. We were told the person really struggled with coming to terms with the strict diet and staff gave a lot of extra care and support to help them through this period. Staff made sure the person did not eat or drink anything during this time that would have hampered their recovery, and we saw that the person was now once again able to eat the food and drinks they liked. One relative told us, "The staff have provided excellent care and been a great support during my son's illness".

The provider had a range of policies setting out their approach to dignity, equality, diversity and human rights (EDHR). These were accessible to staff at any time and included in people's initial assessments. Staff received training about the culture of the organisation in promoting dignity and human rights. Staff knowledge of EDHR was discussed at recorded supervisions meetings with the registered manager. Staff were respectful of people's cultural and spiritual needs. We observed staff respecting people's privacy and they did not disturb people if they didn't want to be disturbed. All bedrooms doors were closed. Staff knocked on doors before they entered.

We observed staff treating people with dignity and respect. Staff were attentive, showed compassion and interacted well with people. The environment was well-designed and supported people's privacy and dignity. Staff told us that people were able to personalise their bedrooms. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people.

Information was provided in accessible formats, to help people understand the care available to them. We saw that people's information was treated confidentially. People's individual care records were stored securely in lockable filing cabinets in the office, but were available to people and staff. We saw evidence that people were asked before information was shared with people. For example, staff informed people about our inspection and asked if we could go through their care records, which they agreed to.

Our observation showed that staff knew the people they were supporting well. It was evident from

discussion that all staff knew people well, including their personal history, preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. They had good insight into people's interests and preferences and supported them to pursue these. The deputy manager and staff that we spoke with showed genuine concern for people's wellbeing.

People continued to be involved in regular review of their needs and decisions about their care and support. This was clearly demonstrated within people's care records and support planning documents that were signed by people. Support plans were personalised and showed people's preferences had been taken into account. We reviewed daily records of support which demonstrated that staff provided support as recommended in people's support plans during the day. The deputy manager told us that if people's needs required more support during the night, then this was provided as well.

The deputy manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

We observed that people were supported to do activities of their choosing. They were not rushed to carry out tasks.

One relative told us, "Staff keep me informed and let me know of any appointments that my sons attends".

People's care records were updated to reflect any changes in their needs. For example, people were discharged from regular visits by the Speech and Language Therapist. This was changed in their care plan to 'as and when necessary' referral. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings.

Each person's detailed assessment, which highlighted their needs, could be seen to have led to a range of care plans being developed tailored to meet individual needs. We found from our discussions with staff that the plans met people's needs. We saw evidence that people and their relatives had been involved in making decisions about their care and support and developing their support plans. We reviewed support plans which contained detailed assessments that provided information on how staff should support each person. We noted that changes to the support plans were made whenever people had been seen or assessed by external health professionals. For example, changes to medication in order to manage one person recent ill health. This indicated that people received care which was appropriate and met their needs.

People continued to have regular one to one sessions with their key worker to discuss their care and how the person feels about the service. A keyworker is someone who co-ordinates all aspects of a person's care at the home. These sessions were documented in the person's support plan and agreed by them. Therefore, people were given appropriate information about their support at the service, and were given an opportunity to discuss and make changes to their support plans.

There was a weekly activities timetable displayed in people's care files and people confirmed that activities were promoted regularly based on individual's wishes. The provider used a resource pack called 'The Inclusion Web' to measure activities outcomes for people. The Inclusion Web is an easy way to help people, and the organisations who support them, to look at the people and places in their life and how things may be changing over time. This clearly showed activities people were interested in such as cookery, education, sports and hydro pool. Staff provided a flexible approach to activities to meet people's needs. We observed that people were encouraged to pursue their interests and participate in activities that were important to them. Daily records confirmed that activities had taken place. People were supported to access leisure activities in the local community and to go on holidays.

The provider continued to have a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display within the foyer of the home and this was also available in an easy read format to support the communication needs of people. The policy included information about other organisations

that could be approached if someone wished to raise a concern outside of the service such as the local government ombudsman. There had not been any formal complaints about the home since our last inspection.

The provider, registered manager, deputy manager and staff worked well with other agencies and services to make sure people received their care in a joined up way. We found that the provider was a certificated gold member of the British Institute of Learning Disabilities (BILD). This organisation stands up for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and respect. The registered 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 service.

Is the service well-led?

Our findings

One relative told us that both members of staff and management met their people's needs. Comments included, "It is well run".

People knew who the registered manager and deputy manager were, they felt confident and comfortable to approach them and we observed people pointing and making hand gestures towards the deputy manager in a relaxed and comfortable manner.

Staff told us that they felt comfortable and confident in raising concerns with the registered manager. They said the manager is approachable, and always provides support to staff. The management team continued to encourage a culture of openness and transparency. Their values included 'Pride in what we do; Respect (treating people properly); Integrity (doing the right thing) and Excellence'. Staff demonstrated these values and were complimentary about the management team. Staff told us that an honest culture existed and they were free to make suggestions, raise concerns, drive improvement and that the registered manager was supportive to them. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so. We observed this practice during our inspection.

Staff told us the morale was excellent and that they were kept informed about matters that affected the service they told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them constantly review and improve the home. Staff meeting records confirmed that staff views were sought.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

We found that the registered manager understood the principles of good quality assurance and used these principles to critically review the service. The registered manager told us they were well supported by the provider representative who provided all the resources necessary to ensure the effective operation of the service.

The provider continued to have effective systems in place for monitoring the service, which the registered manager fully implemented. They completed monthly audits of all aspects of the home, such as medicines, care plans, nutrition and learning and development for staff. They used these audits to review the home. Audits routinely identified areas they could be improved upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken.

There continued to be systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to people who used the service, staff, professionals and relatives to gain feedback on the quality of the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a

whole.

The provider told us that they had accreditation schemes with Skills for Care's National Minimum Data Set for Social Care (NMDS-SC), which is an online database which holds data on the adult social care workforce. The provider used this system to update information on staff training regularly. This helps authorities to plan resources for the local workforce and commissioning services. This also enabled the provider to refer to the data and employ trained, knowledgeable and skilled staff in order to meet people's needs. Staff had undergone annual training in topics such as first aid, health and safety, medication administration, supporting people with epilepsy and safeguarding amongst others.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team and cross referenced to new regulations.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance to the service and on their website.