

Avenues South East

# Avenues South East - 87 Westbrook Avenue

## Inspection report

87 Westbrook Avenue  
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11 May 2018

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 11 May 2018 and was unannounced.

87 Westbrook Avenue 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. The service provides accommodation and personal care to up to three people who may be living with a learning disability.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

Rating at the last inspection.

At the last inspection, the service was rated Good.

Rating at this inspection

At this inspection we found the service remained Good.

Why the service is rated Good

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People continued to lead the lives they wanted to, people were supported to follow their hobbies and interests.

People felt safe and had the support they needed to achieve their goals and hopes for the future. Risk taking was encouraged so that people were not restricted. There was a feeling of mutual respect and staff knew people very well. Everyone was involved in the cooking and cleaning and people were supported to eat well and lead healthy lives.

The service continued to be well managed by the registered manager and staff team. 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 and associated Regulations about how the service is run. Staff continued to be supported and had the training and support they needed to meet people's specific needs. There were enough staff on duty and they were recruited safely. The registered manager kept their learning up to date and met regularly with other registered managers to share knowledge and best practice ideas.

Staff were caring and kind and respectful. People had the privacy they needed. People were supported to be as independent as they wanted to be and were fully involved in making decisions about things that affected them. People felt safe, they were protected from abuse and harm. Medicines continued to be managed

safely.

The service was clean, hygienic and well maintained. People had access to the garden and had support to take part in gardening. Staff worked with other organisations including care managers, physiotherapists and health professionals to make sure people had the support they needed.

Incidents and complaints were reviewed so that lessons could be learned. The registered manager continued to learn from incidents and continued to have the oversight they needed to make sure staff continued to provide good support.

People's needs were thoroughly assessed and people and their relatives had a say about their care and support. Each person had an up to date support plan which included their wishes for care if they became unwell or at the end of their life.

Staff spoke passionately about wanting to provide the best support they could and were knowledgeable about people's needs. They were committed to providing good support. Regular checks and audits were carried out including regular observation of staff practice so they could have feedback. People and staff felt involved and engaged and felt like their opinions mattered.

The registered manager had notified the CQC of events that were reportable. Any complaints and concerns were acted on and everyone had a say about what might be improved. The rating of 'Good' was displayed at the service and on the provider's website.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Avenues South East - 87 Westbrook Avenue

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 11 May 2018 and was unannounced.

The inspection team consisted of two inspectors. Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

Before and after the inspection we asked for feedback on the service from community professionals and other visitors to the service who were involved with the service and staff. We received information from a visiting professional and a relative.

We looked at two people's care and support records, associated risk assessments and medicine records. We looked at management records including staff recruitment records, training and support records and staff meeting minutes. We observed staff supporting people. We spoke with the registered manager, four staff, and spent time with all three people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People continued to feel safe and were protected from harm and abuse. Staff knew about different types and signs of abuse and knew who they could report to. The registered manager understood safeguarding procedures and ensured that all staff were regularly updated with safeguarding training.

People's money was managed safely. A system of safe storage was in place that recorded any access to people's money. Receipts were kept and balances and receipts were checked each day.

Risks continued to be assessed and well managed without restricting people. People were free to try new things and any risk was identified and mitigated as much as possible. Risks to people's health including the risk of choking or falling has been assessed with action that staff needed to take to ensure that people's safety was clearly recorded. Risk assessments were reviewed regularly to make sure they were still relevant and up to date.

Staffing levels remained consistent with enough staff on duty each day and night to meet people's needs. Most staff had worked at the service for some time so they knew people well. New staff had been recruited safely with checks carried out including a police check and references. Employment checks were thorough and people met prospective staff during their interview, the registered manager said they observed how the prospective staff member engaged with people and sought people's views about who might support them. We saw that staff were there when people needed them.

Medicines were still managed safely, storage was organised and safe and records of medicines received into the service and administered were clear and accurate. Some people took medicines now and again including pain relief. Clear guidelines were in place about how often and in what circumstances these medicines should be given including how a person might let staff know that they were in pain. We observed staff taking people's medicines to them and supporting them in an individualised way. Staff were knowledgeable about people's medicines and any possible side effects.

There had not been many accidents or incidents since the last inspection. The registered manager talked through the process they followed when there was an incident. Any incidents and accidents were recorded and reported to senior managers so any patterns and trends could be identified and steps taken to prevent them happening again. The registered manager had acted to help ensure that incidents did not happen again.

The building and equipment continued to be serviced and reviewed regularly to protect people and staff. Fire checks were conducted weekly and fire equipment was serviced regularly. Each person had a personal emergency evacuation plan showing the support they needed to leave the building in an emergency.

The service was clean and smelled fresh, staff involved people as much as possible in keeping the home clean and tidy. People were supported to do their laundry and we observed people being supported to clear up after breakfast and lunch.

# Is the service effective?

## Our findings

People's needs were assessed before they moved into the service, although no new people had moved in since the last inspection. People's needs were assessed on an ongoing basis to identify any changes in people's needs. Staff responded quickly if there were any changes. Good practice assessment tools were used to assess people's needs relating to eating and drinking, and health needs as well as person centred planning assessment tools to identify people's goals and aspirations.

Staff continued to be trained and supervised to have the skills they needed to support people. New staff completed an induction and the Care Certificate (a recognised social care induction) so they had the underpinning knowledge to give good support. New staff met regularly with the registered manager throughout their induction to give mentoring and support and to track their progress.

Staff attended training in subjects related to people's needs including person centred active support which equips staff with the skills to give the right support to people living with learning disabilities. Staff still had the opportunity to meet with a line manager on a regular basis to talk about their training needs and to gain mentoring and coaching.

People were supported to remain healthy and well. Each person had a health action plan detailing their health needs and the action staff should take to meet those needs. People were supported to see their doctor and dentist when needed. Records were kept by staff following any appointments and any advice was recorded and passed on to the rest of the staff team and followed. People were supported to eat a healthy diet and were supported to take part in planning meals, food shopping and in preparing meals. We observed a person being supported to help prepare lunch, staff gave just the right amount of support to enable the person to take part in preparing lunch.

Staff worked closely with other professionals including physio therapists, speech and language therapists and families to make sure people continued to have the support they needed. Some people had special diets and this was catered for and clearly recorded. Staff supported people to eat and drink at their own pace so no one was rushed and the mealtime was a social experience. Risks relating to people's health including epilepsy and maintaining health skin were managed well.

A relative told us "If (person) has to go to see the doctor (staff member) will go with them straight away".

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can 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.

Staff had applied for DoLS authorisations when they needed to. Some people had a DoLS authorisation. The registered manager was unsure of whether conditions were placed on the authorisations, so we asked the registered manager to follow this up.

People were supported to make decisions about their support. Staff continued to understand the importance of supporting people to make decisions and had received mental capacity training. If a person lacked capacity to make a decision then staff consulted with relatives and professionals to make sure any decision made was in the person's best interest. The reason for making one decision was not recorded and the registered manager agreed to follow this up.

A relative told us "'It was lovely to see (staff) interacting well with (our loved one) and including them where possible. I was also impressed by the amount of choice (our loved one) is given in their day to day life.'

The service continued to be suitable for people's needs and people had been involved in choosing colours and decorations for their bedrooms. Rooms were spacious so that wheelchairs and other equipment could be manoeuvred easily. Ceiling hoists were used to maximise space and enabled people to be transferred safely. The provider had plans to modernise the kitchen making it more accessible to people and to refurbish a decommissioned en-suite shower room, giving people the option to either have a shower or a bath. The garden was accessible with patio area and seating and raised beds. People were supported to be involved in some gardening during the inspection.



# Is the service caring?

## Our findings

Staff were kind and caring and people looked happy and relaxed in the company of staff. Most of the staff team had worked at the service for some time and so knew people well. This was particularly important as people had quite complex needs and needed support to communicate. Staff picked up subtle clues and changes in people's behaviour and described to us in detail how they knew that people were happy or not happy about something.

A visiting external health professional stated "Staff are very welcoming and friendly. Residents interactions with staff were good, people are treated with dignity and respect." A relative told us that their loved one was "very happy" at the service and said that they liked the staff "very much", the relative went on to say that the service is "very good".

We observed lots of kind and compassionate support. For example, staff noticed when a person looked uncomfortable being outside so brought them in and offered them another activity. Another staff member spoke to a person about an appointment they had attended that day, the staff member crouched down to be at the person's eye level, the person held the staff member's hand and rubbed it on her hair. The person's care plan noted that this was something they did when they felt comfortable and reassured.

Staff spoke about people with high regard and respect and involved them in various activities during the day including gardening and preparing lunch. Staff spoke about what people could achieve rather than what they could not and did things with people rather than for them.

People were supported to do as much for themselves as they could with staff using person centred active support techniques to help this happen. Active support is a way of giving just the right amount of support in the right way to enable the person to take part.

Independence was encouraged as far as possible and people attended activities depending on their personal interests and cultural and social needs. One person regularly attended the local church and the staff were in the process of arranging a Roman Catholic priest to visit the service at the request of a person knowing that the person would prefer a home visit to a busy church environment.

People regularly accompanied staff to do the weekly food shop and staff showed and talked through products with them to enable people to make their own choices.

Staff used tools like pictures and objects to help people be involved in making choices and decisions. Each person had details in their care plan about how they communicated and we saw staff using this information and putting it onto practice. For example, picking up on the vocal tones used by people and their meaning. We discussed with the registered manager how the environment might better support communication and they agreed for example, how people might know who would be supporting them or the activities on offer that day. Information including the complaints procedure had been produced in a way that was more meaningful to people living with learning disabilities.

Information about people and staff was stored securely to protect their confidentiality.

## Is the service responsive?

### Our findings

People continued to receive the support they needed to lead healthy and fulfilled lives. Each person had a support plan that was individual to them. Pictures and photographs were used to make the plans more meaningful to people. People's full range of needs was assessed with them and detailed in support plans with action staff should take to give people a 'good day' every day. People had identified personal goals and hopes for the future and staff supported people to achieve their goals. Support plans were regularly reviewed so they were clear and up to date and gave staff the information they needed to give the right support.

Activities had been developed since the last inspection including the provision of sensory equipment. A visiting professional told us "(Person) is more settled now that staff have developed sensory engagement within the security of the home and garden and they are enjoying community access on a 1:1 basis now." The registered manager agreed that there was opportunity to develop the way activity choices were presented so that people knew what activities were on offer each day.

People's hobbies and interests were recorded and supported. Each person had an individual weekly activity plan that included their hobbies and activities including attending local clubs so people could meet new people and make friends. During our inspection people went out to take part in activities and appointments and had enjoyed some recent day trips and holidays.

People were supported to maintain relationships with their friends and loved ones and could have visitors when they wanted to. One person continued to meet their loved ones for a regular game of ten pin bowling.

The registered manager had spoken with people and their loved ones about their wishes should they become ill. People's wishes about their end of life care and support were recorded for staff to follow. These were kept under review in case people's wishes changed.

The provider had a complaints procedure that was displayed at the service and was written in a way that was meaningful to people. Any complaints and concerns continued to be logged and looked at each month as an opportunity to learn and improve. The registered manager sent a monthly report to the provider's head office and any complaints were reviewed to see if there was any learning or changes needed.

# Is the service well-led?

## Our findings

The service continued to be well managed. We received positive feedback about the management of the service. A relative staff us they thought staff were "brilliant" and described the service as "very good."

The provider's vision was that 'Everyone should have the opportunity to be an active citizen and engaged in the community where they live' with a mission statement 'To challenge and overcome the disadvantage people face through illness, injury and disability'.

Staff were clear about the provider's vision and continued to support people to achieve and to reach their full potential. People continued to be well supported and to have good meaningful days. The registered manager kept the staff culture under review by regularly working alongside staff and observing their practice and giving staff feedback.

The registered manager had several years' experience in working with people with learning disabilities. The registered manager had oversight of the service and carried out regular audits and checks to make sure practice continued to be safe. Senior managers carried out audits and checks and a continuous improvement plan was written. We noted that the actions from the most recent audit of March 2018 had been completed.

Accidents, incidents and complaints were reviewed by the registered manager and by staff at the provider's head office to check if any patterns were emerging. These were used for learning and improving the service. For example, additional staff training had been arranged following a review of an incident.

Staff had regular staff meetings to talk about any issues and to share ideas about how to improve the service. The registered manager attended managers meetings with other registered managers to share learning and network about good practice. Dashboards were used to track staff training, staff meetings and staff supervision to ensure that staff had the support they needed.

The registered manager gave people and stakeholders a survey to complete about the quality of the service provided. Staff completed an on-line survey. The results for this year had not yet been analysed and published so there was no action plan to improve based on the results. There were other opportunities to share views including at staff meetings, review meetings and monthly key worker meetings. Changes had been made based on people's views including the provision of a sun lamp as staff had suggested a person was less happy during the winter months. Sensory equipment had been purchased based on suggestions by staff which people appeared to be enjoying.

There were links with people in the local community, including neighbours and people in the local shops. The registered manager planned to expand on community links including developing links with the local church and an activity group to help build more friendships for people.

There continued to be a range of policies and procedures for staff to refer to for advice and support. The

policies were up to date and staff knew how to access them. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

The rating of 'Good' was displayed at the service and on the provider's website.