

# Avenues London

## 6 Peel Way

### Inspection report

6 Peel Way  
Romford  
Essex  
RM3 0PD

Tel: 01708386478  
Website: [www.avenuesgroup.org.uk](http://www.avenuesgroup.org.uk)

Date of inspection visit:  
27 November 2019

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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

### About the service

6 Peel way is a residential service providing care and accommodation to people with learning disabilities and or autism. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. 6 Peel way accommodates up to six people in one adapted building. At the time of our inspection six people were living there.

### People's experience of using this service and what we found

There were safeguarding procedures to keep people safe from abuse. Risk assessments were used to monitor risks to people and keep them safe from harm. There were enough staff at the service to meet people's needs. Suitable staff were recruited to work with people. Medicines were managed safely. Staff understood how to prevent infection. The service and provider learned lessons when things went wrong.

People's needs were assessed before moving into the service, so the service knew whether they could meet people's needs. Staff received inductions upon starting employment, were trained how to do their jobs and were supervised in their roles. People were supported to eat and drink healthily. People were supported to access health and social care professionals as and when necessary. 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.

Relatives told us, and our observations confirmed, staff were caring. People and their relatives were involved with their care and could express their views. People's privacy and dignity was respected, and their independence promoted.

People's care plans recorded their needs and preferences, so staff knew how to best work with them. Staff understood people's communication needs and sought to ensure their voice was heard. People were supported to do activities they liked to do, ensuring people were not socially isolated. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Relatives told us they knew how to make complaints. People's end of life wishes were recorded if people wanted them to be.

The service promoted person centred care. People and relatives were happy with the management of the service. The provider used quality assurance measures to ensure high quality care was provided. Staff understood their roles and responsibilities. People, relatives and staff were involved with the service through meetings and feedback provision. The service had links with other agencies to the benefit of people using

the service.

For more details, please see full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 23 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# 6 Peel Way

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

Inspection site visit activity started on 27 November 2019 and ended on the same day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During our inspection

We spoke with one person about their experience of care provided. We also spoke with five members of staff; three care staff, the deputy manager and the registered manager.

We reviewed a range of records. This included two people's care records and two medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback from four relatives of people living at the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were safe at the service. One relative said, "Yes absolutely 100% [people at the service are safe]."
- There were systems in place to safeguard people from abuse. Where an incident was deemed to be potential abuse, safeguarding alerts were sent to the local authority and the Care Quality Commission (CQC) was notified. We saw one recent alert and noted the service had responded appropriately.
- Staff members knew what to do if they suspected abuse. One staff member said, "I would bring them to office and ask is everything all right. I would report to [registered manager] straight away." Staff received training in safeguarding that was refreshed regularly. This meant that people were kept safe from risk of abuse.

Assessing risk, safety monitoring and management

- The service completed risk assessments for people to monitor risks to them and keep them safe from harm. Risk assessments focused on different aspects of people's lives, often looking at activities people took part in.
- Risk assessments highlighted both the positive and negative aspects of completing activities. For example, we saw one risks assessment where the risks and benefits of someone using the kitchen were outlined. Other risks assessments we saw included domestic chores, smoking and health conditions people had. Risk assessments contained actions for people and staff to follow to minimise risk. They were signed by staff to demonstrate they knew the risks to people.

Staffing and recruitment

- Relatives told us there were enough staff. One person said, "There is always staff there. I go there quite a lot. Always three to four staff on." The service rota showed there were enough staff working at all times to meet people's needs.
- The service had robust recruitment practices. All staff had completed pre-employment checks to ensure their suitability for the roles. This meant people were kept safe as the provider employed suitable staff.

Using medicines safely

- Relatives told us people's medicines were managed safely. One relative said, "We have had issues in the past, but that goes back 20 years before the [registered manager] was in place. No issues at present. Meds have improved over the years."
- Staff completed Medicines Administration Record (MAR) charts to record medicines administered. These charts were audited regularly by the management, and by their supporting pharmacy. We counted two people's medicines and found everything in order.

- Staff were trained how to administer medicines and their competency was checked regularly. They worked in line with the service's medicine administration policy. This meant that people's medicines were managed safely.

#### Preventing and controlling infection

- Staff told us they knew how to prevent infection. One staff member said, "We wear gloves and aprons and have plastic footwear if necessary, spill kits to quarantine stuff if necessary."
- There was an infection control policy in place that staff followed. Staff were trained on infection control and we saw that staff were provided with this equipment to do their job.

#### Learning lessons when things go wrong

- Lessons were learned where things went wrong. Incidents and accidents were recorded and analysed and shared with the provider for wider learning through analysis amongst the organisation. Appropriate actions were taken at a local level and learning was shared in team meetings and supervisions. There was an incident and accident policy in place that guided staff on what to do when things went wrong.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began using the service. Assessments followed best practice guidance, were comprehensive and covered different areas of people's lives where they may need support.
- Assessments covered people's support needs, their safety, what was important to them and other topics that provided insight into their needs and preferences. In completing assessments, the service was able to ensure they could meet people's needs.

Staff support: induction, training, skills and experience

- Relatives told us staff knew how to care for people. One relative said, "There's always someone there who has the skills and knowledge to do what is necessary."
- Staff received inductions when they started work so that they knew how the service worked and what they were supposed to be doing when they began working with people.
- Staff received training in how to do their jobs. Staff completed face to face and online training beneficial to working in health and social care as well as specific training about people with learning disabilities.
- All staff received supervision and appraisals, where they provided support and guidance how to fulfil their roles and offered the opportunity to develop their skills.

Supporting people to eat and drink enough to maintain a balanced diet

- Relatives thought people were well fed at the service. One relative said, "Oh yes 100% [person] would soon tell me if they weren't feeding them properly."
- People's care plans recorded their dietary needs and staff knew what people could and couldn't eat. There were records to monitor people's weight as well as records of interaction and instruction from health care professionals to support people with their nutrition and hydration.
- People were able to choose their meals. People collaborated with staff to complete a weekly menu with a variety of meal options. Whilst on inspection we noted people going out to eat, opting for a person's favourite, pie and mash. One staff member said, "I am responsible for doing the dinner menu each week, so I will sit down with people and ask what they want on the menu. We like to have fish twice a week, red meat etc. We make sure people have a balanced healthy diet." This meant people were supported to eat and drink what they wanted as well as to maintain healthier diets.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies, including health and social care professionals, to ensure people received effective care. Records demonstrated that staff worked with other health and social care

professionals and shared relevant information with them. In doing so they ensured people got the right care at the right time. One relative told us, "We would have lost [person] had they not got them to hospital on time. Had [person] not had staff who knew them well, we would have lost them."

- Staff held handovers between each shift and recorded relevant information, so that anything important to people was shared between staff. We observed a handover and noted staff shared pertinent and appropriate information about people so that staff beginning work knew what was happening with people and what they might need to do.

Adapting service, design, decoration to meet people's needs

- People lived in a home that was suitable to meeting their needs and preferences. Each person had their own room which they were able to decorate. Some rooms had murals on walls of things people liked. For example, one person's room was themed around Winnie the Pooh and another room around elephants.

Ensuring consent to care and treatment in line with law 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 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the service to be working within the principles of the MCA. Staff told us they seek people's consent and aim to provide choices to them. One staff member said, "- [MCA] is for protecting people and their deciding for themselves and their choices." Staff received training in the MCA and DoLS and sought people's consent to care. We observed staff seeking people's consent when working with them. Care plans contained mental capacity assessments, best interest decisions and also DoLS authorisations.
- We spoke with the registered manager at the time of inspection about best interest decisions and their desire to improve their practice. Following the inspection, they sent us further evidence of how they were working with people and involving them in best interest meetings.

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# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us they were happy with the care people received. One relative said, "[Staff are] very good." Another relative told us, "They bend over backwards and do things for people. The best I've ever seen for my [family member]."
- The service sought to treat people equally. People's care plans were personalised and informative about how people wanted to be treated and identified their cultural needs around faith, sexuality, diversity and choice.
- Staff understood and promoted equality. One staff member said, "We have a diverse team at the moment and all staff do equality and diversity training, they do it in induction. Everyone has their own rights, you treat everyone as an individual." Staff were trained in equality, diversity and human rights and policies sought to protect people's human rights and promote inclusion.

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us they had input into people's care and staff listened to people. One relative said, "I will get invited to meetings I have to read and sign [person's] care plan." Another relative talking about whether staff listened to their family member said, "Yes they do." People and relatives were able to provide input into people's care during regular key work meetings and or at care plan reviews. This meant people and relatives had the opportunity to express their views and were involved in decisions about people's care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative said, "I go in there a lot and see that if someone is in their room staff will close the door, that is dignity." We observed staff talking to people respectfully and knocking on people's doors before entering.
- Staff understood the need to maintain people's privacy. One staff member said, "With everything we keep it locked away, diaries, comms books etc you lock it away." People's personal information was kept on password protected computers or in lockable filing cabinets in locked offices.
- Staff promoted people's independence. We observed staff encouraging people to take part in activities. This was done in a respectful and caring manner. Documentation indicated people were supported to attend social events and activities and be as independent as possible. A staff member told us, "You encourage people to do what they can."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew what people liked. One staff member said, "[Person] is non-verbal, I know that from their movement whether they will want to go out or not." People's care plans were personalised, and recorded people's needs and preferences. They contained information about what was important and what mattered to people.
- Care plans focused on how people liked things done and the best way to provide care. For example, one care plan provided guidance how staff should support one person attend drama club each week and what to do when there is a break. This showed that the service was keen for staff to know the people they supported and what their interests and preferences were.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service supported people with various communication needs. Communication needs were recorded in people's care plans and often there were clear guidance for staff to understand what people might mean. For example, one care plan saw highlighted how a person will understand basic questions and repeat the last word said to them. The care plan gave examples of the question the person would likely understand.
- Relatives told us staff knew how to understand and communicate with people. One relative said, "Person has their own way of communicating and staff understand that. Even the new staff have picked it up and they have a good handle what he needs and what he gets."

Supporting people to develop and maintain relationships to avoid social isolation

- The service ensured people could develop relationships and avoid social restriction. We saw evidence of how the service supported people to attend activities or social events in the community, such as drama club and trips out, with the aim of enhancing their social outlook and relationships.
- People were supported to do activities they liked to do. One staff member said, "We have an activity chart for each person, bowling, cinema, out for lunch, choice of films and choice of artwork etc. Walks. Some go to different clubs that they enjoy, some don't want to go so that's their choice."

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to complain and would feel comfortable do so. One relative said, "Oh yes

Honestly I would [complain if necessary] Take my word, if I see anything I would voice my opinion." There was a complaints procedure visible for relatives and people to read and as well as a book available for them put their concerns in should they wish to. There had been no complaints since our previous inspection.

#### End of life care and support

- Staff had received training in end of life and understood what good end life care was. One staff member said, "We have had training yes as we had support from hospice and did some end of life care with them."
- The service supported people to record end of life wishes appropriately. Where people had chosen to record their end of life wishes the service had worked with the person and their relatives to document the person's wishes with regard to their cultural and religious needs, their wishes for burial or cremation, how they want their resting place noted and what to do with their possessions.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; continuous learning and improving care

- Relatives thought highly of the registered manager and staff. One relative said, "I think highly of [registered manager], they are an excellent manager." Another relative told us, "I would really recommend this home and the way staff deal with things. This home, I can't fault them."
- The service promoted person-centred care. People were at the heart of their care and staff worked to ensure people's lives were fulfilled. Documentation supporting people was personalised, focused on their needs and preferences and sought to ensure their rights were upheld, voices heard, and choices respected.
- Quality assurance systems ensured care provided was high quality and the service sought to continuously improve. These systems included audits, competency checks, supervision and feedback surveys.
- The service completed regular audits and monitoring reports. The service was also monitored for quality by the local authority. We had spoken with the local authority before visiting the service and read their most recent report noting there were no outstanding issues. We also noted a pharmacy completed annual audits to ensure that medicines were managed safely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were engaged in the service. This engagement usually occurred in meetings and key work sessions. One relative said, "We have review meetings." Minutes demonstrated that people and relatives were able to engage with the service and direct the care people received.
- Staff attended regular team meetings. One staff member told us, "Yes, they're good. We talk about the residents and their needs and whether there are any problems with them, their meds. We also talk about staff and how we feel." Records of staff meetings confirmed topics discussed included people's wellbeing and behaviour, safeguarding and record keeping as well as numerous other topics.
- The service sought and listened to feedback. One relative said, "Yes I have [received feedback surveys], they are constantly asking me if I have any concerns." Feedback surveys highlighted people and relative's satisfaction with the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff understood their roles and acted responsibly and responsively. We looked at incidents and accidents and saw that the service dealt with these in a professional manner and

took responsibility for the care they provided. They informed relatives when things went wrong, and where required as per regulation, notified the local authority and Care Quality Commission.

#### Working in partnership with others

- The service had professional relationships with a local authority and other health and social care providers. There were also friendly relationships with other services in the local community. These relationships were maintained to the benefit of people using the service. We saw various examples of interactions recorded and saw they ensured people were cared for effectively.