

Avenues South East

Avenues South East - 39 Beresford Gardens

Inspection report

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Date of inspection visit:
28 March 2019

Date of publication:
01 May 2019

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: 39 Beresford Gardens is a residential care home that was registered to provide personal care for up to four people living with a learning disability. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

People's experience of using this service:

- The home applied the principles and values of Registering the Right Support and other best practice guidance. These ensured people who live at the home can live as full a life as possible and achieve the best possible outcomes that include control, choice, inclusion and independence.
 - People with complex health needs received personalised care and support specific to their needs and preferences; were supported by caring staff who knew their needs well, and were encouraged to remain as independent as possible.
 - The environment had been tailored to meet people's needs and preferences and risks were mitigated to ensure people's safety.
 - The provider promoted a culture at the home of the least restrictive approach which had led to less behaviour that challenged and positive outcomes for people. For example, less use of 'as required' medicines and more engagement with staff.
 - People were supported with their communication needs to enable them to have as much choice and control of their lives as possible and staff worked in partnership with other agencies to achieve this.
 - The registered manager was proactive in making improvements to the home and people's quality of care.
- The home continued to meet the characteristics of Good in all areas.

Rating at last inspection: Good (Last report published 3 August 2016).

Why we inspected: This was a comprehensive planned inspection.

Follow up: We will continue to monitor this home and plan to inspect in line with our reinspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

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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 team consisted of one inspector.

Service and service type:

39 Beresford Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 39 Beresford Gardens accommodates up to four people in one adapted building. At the time of our inspection two people were living there.

The home has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieved the best possible outcomes. The principles reflect the need for people with learning disabilities and autism to live meaningful lives that include control, choice, and independence. The people living at the home received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

There had been a change of registered manager since the last inspection and the new registered manager had been in post since December 2018.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the home, including feedback from one health and social care professional and details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the home, what the home does well and improvements they plan to make. We used all this information to plan our inspection.

During inspection we looked at the following:

- The environment
- We met the people living at the home
- We spoke to three members of staff, the registered manager and the area manager.
- Care records
- Medicines records
- Records of accidents and incidents
- Audits and quality assurance reports
- Two staff recruitment files
- Staff training records
- Rotas
- Health and safety information

Following this inspection, the registered manager provided us with additional information we requested around action plans and surveys and we received feedback from one relative.



Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place to protect people from abuse and avoidable harm.
- One relative who visited regularly told us they felt their loved one was, 'Definitely kept very safe' and they had no concerns about their relative's safety. Survey results showed that all stakeholders who responded said the support felt safe.
- Staff had received training in this area and told us they were sure the registered manager would listen and act upon any concerns quickly.
- Staff understood their responsibilities to safeguard people, were aware of the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The provider had notified us of any concerns and worked in line with local safeguarding policies and procedures.

Assessing risk, safety monitoring and management

- Individual risks to people were identified, assessed and managed safely. Risk assessments were in place to provide guidance to staff how to mitigate the risks to people and staff could tell us how they kept people safe. For example, risk assessments considered people's risks around their mobility and falls.
- Where people were supported with behaviour that challenged there was detailed risk assessments for staff around positive approaches to take. This guided staff with the least restrictive approach to take and meant there was no use of restrictive physical interventions.
- Environmental risk assessments were in place to ensure the environment was safe, for example the use of portable heaters. Signs were used to remind staff and people of any risks such as hot water.
- All the necessary health and safety checks were completed around fire, window restrictors, water temperatures, fridge and freezer temperatures, legionella and equipment.
- Fire drills had been held and people had personalised emergency evacuation plans to provide guidance on the support people needed in these circumstances. Fire extinguishers were kept in accessible special casings to ensure they were not damaged or tampered with.

Staffing and recruitment

- Staff were recruited safely and all the appropriate pre-employment checks were completed by the provider to protect people from the employment of unsuitable staff.
- There were enough staff to keep people safe and meet their needs. The provider had assessed the required staffing levels and had ensured these continued to meet people's needs. For example, the registered manager had monitored people's needs at night and had increased staffing levels as one person was having falls at night.
- Rotas evidenced enough staff were deployed to meet people's needs. People were supported by a consistent staff team although regular agency staff were used due to staff shortages.
- Staff and one relative told us there were staff shortages but that agency was used to ensure people were kept safe. The registered manager told us there was an on-going recruitment programme in place.

Using medicines safely

- Medicines were managed safely. Staff received training to administer medicines and their competency was checked regularly.
- People received their medicines as prescribed and a relative confirmed this. There were appropriate systems in place to order, store, administer and dispose of medicines safely.
- Guidelines were in place for all 'as required' medicines which ensured staff knew when people needed these medicines and how to evaluate their effectiveness.
- Regular checks were done, for example that medicines were stored at the right temperatures and audits were completed by the registered manager to ensure people received their medicines safely.
- The provider promoted best practice with medicines support, for example they had signed up to the 'STOMP' pledge. STOMP is a health campaign about stopping the over medication of people with a learning disability.

Preventing and controlling infection

- The home was clean, checklists were used to ensure all cleaning tasks were completed and the registered manager completed infection control audits.
- We observed there was handwashing equipment and information in the kitchen and staff used gloves when needed.
- Staff had received training in infection control and could tell us what they do to prevent and control infection, such as wearing gloves and aprons.
- Information about how to prevent the spread of infection was present in the home and personal protective equipment was available for all staff to use.
- The home had a five-star food hygiene rating.

Learning lessons when things go wrong

- Accidents and incidents were recorded, monitored and action taken to prevent a reoccurrence. Most incidents were around behaviour that challenged and people's individual needs had been identified and acted on. For example, following an incident one person's risk assessment and support plan were updated to reduce the risks to them of using cleaning chemicals.
- The provider had analysed incidents for any trends to identify any learning. For example, behaviour charts were completed and reviewed by the providers behaviour support team. Lessons were clearly learnt as people's behaviour that challenged had reduced, however these lessons and positive outcomes were not always clearly evidenced by the provider. We spoke to the registered manager about this who agreed to feed this back to the provider.



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

Good: ☐ 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 comprehensively assessed and included positive outcomes for people from their planned care and support so staff could support them effectively. For example, one person was supported to use a comfortable reclining chair which had resulted in less behaviour that challenged and as a result better engagement with staff.
- One person had moved onto a supported living service as their independence had increased.
- The registered manager told us people were encouraged to meet potential new people before a new placement was agreed to ensure anyone moving in was compatible with the existing people living at the home.
- One relative described how their loved one makes their needs known, how they use signs to respond to staff when asked to make a choice and said, "Existing staff know (name) needs well."
- The provider supported staff to deliver care and support in line with best practice guidance. For example, around positive behaviour support. Information was available and included in people's care plans to enable staff to provide appropriate and person-centred support according to their individual needs.
- Positive behaviour support plans identified triggers and what action staff should take. This helped staff to identify the cause of the behaviour and to help the person effectively. For instance, that the person maybe communicating they are upset, they feel bored or they need to know something. The culture at the service promoted a least restrictive approach which had led to less behaviour that challenged and positive outcomes for people. For example, less use of 'as required' medicines to manage behaviour.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their culture, religion, and gender preferences for support with their personal care. Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's equality and diversity needs were met.

Staff support: induction, training, skills and experience

- Staff and agency staff had received appropriate training to support people and more service specific training to support people living at the home, such as 'active support' and 'de-escalation' training to enable positive behaviour support.

- Staff were competent, knowledgeable and skilled. Staff told us about training they had received which helped them to provide effective support. For example, using the 'hand to hand' support method they had learnt from 'active support' training when supporting someone to use a spoon to eat their breakfast. This means staff guide the persons hand with their hand to engage them in the activity more.
- Staff told us they were supported by the registered manager and received regular supervision, competencies and appraisals.
- New staff and agency staff were introduced to people prior to providing any support and were supported to learn about people's needs by familiar and experienced staff. This enabled people to experience a continuity of care and minimise the distress and disruption caused by changes in staff.

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

- Staff ensured people's dietary needs and preferences were met, for example, one person was supported to avoid certain foods and drinks which upset their stomach.
- People were involved in choosing their meals. Staff told us how they got to know people's likes and dislikes, how they took people to the kitchen to encourage them to choose their lunch from the fridge and used pictures to involve people in menu planning.
- Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to these. For example, one person needed their drinks thickened and staff followed guidance from speech and language therapy. Their relative also confirmed that staff followed this guidance.

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

- People had a Health Action Plan (HAP) which offered an overview of their healthcare needs. Hospital passports were also in place. These were documents to help provide important information when a person is admitted to hospital. For example, how the person wishes to communicate and any allergies they have.
- Healthcare records and plans were comprehensive and offered clear guidance for staff for all people's healthcare needs.
- Detailed records were maintained for all health appointments, for example with their GP.
- People were supported to maintain good health and were referred to appropriate health professionals as required. For example, OT's and speech and language therapists. One relative said, "If anything doesn't look right, they check it out."

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

- People's rooms were personalised. People had their own belongings and equipment such as televisions and music systems so they could spend time alone if they wanted to with their chosen activity. We saw that people's rooms reflected their preferences and met their needs. For example, one person had a lot of soft padding to prevent them injuring themselves.
- The environment was accessible, comfortable and met people's needs. For example, there were communal areas in the home where people could watch TV or listen to music, receive sensory stimulation and engage in activities.
- One health and social care professional told us, "Each of the service user's rooms are decorated and furnished in a manner of their choosing and in a way that meets their needs."

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. Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this and no conditions were made.
- People were assessed as not having the capacity to make decisions in many areas of their lives. However, they 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. Staff could understand people's vocalisations, body language, gestures and behaviours to establish whether consent to care was given and their day to day choices.
- Decision specific mental capacity assessments were completed and a best interest process followed in relation to decisions about people's care and treatment. For example, around their medication.



Our findings

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One relative told us, "Staff are very caring, they spend time with (name), keep an eye on them and address their needs."
- Staff were patient and caring with people and showed compassion. We viewed positive, calm and respectful interactions throughout the inspection. For example, we observed one person supported by staff to have their breakfast. The staff member checked the person was ready for their breakfast, asked their permission before doing anything, encouraged them to hold their own spoon and would tell the person what they were going to do before doing it.
- People's needs around equality and diversity were identified and met, for example, around their disabilities. For instance, staff had ensured people used services which were accessible for wheelchairs.

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

- People had communication passports and other tools to show how they communicated which enabled staff to support them to express themselves. For example, whether they can use signs or gestures to make a choice.
- Staff showed a good understanding of people's needs and preferences. They would ask the person's permission before doing something, such as sitting next to them. People were engaged in everything they did and staff supported people to express their views. One staff told us, "People are as involved as they want to be." Another staff member said, "(Name) will let you know when they want to move, for example to go to the toilet or out of their chair."
- People and relatives were asked about their views in care plan reviews.
- No-one was using advocacy services at the time of our inspection but the registered manager informed us they would support people to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain relationships that were important to them, for example friends or family and this contact was recorded.

- Staff respected people's privacy, listened to people, respected their choices and told us how they upheld their dignity when providing personal care, for example covering the person up and ensuring the door is shut.
- People's confidentiality was supported and information about people was held securely. An easy read document had been produced which informed people how information held about them was used which staff read to people.
- People were encouraged to maintain their independence where possible. For example, one staff told us how they kept encouraging a person to eat their meal independently. We observed staff encouraged people to do as much as possible for themselves, such as pushing them in their wheelchair to the kitchen to take their used crockery to the sink.



Our findings

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

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had a range of complex needs. However, they were supported to live their life how they wanted and their care and support was designed to support this. People's care records included information about their preferences and choices, what was important to them, how best to support them and what makes sense to them. For example, ensuring the person doesn't have to wait too long when they need something.
- People were enabled to participate in activities within and outside of the home to meet their individual needs. Staff were aware that some people could only engage with activities for a short time and therefore supported them to achieve the right balance of engagement and relaxation. People enjoyed various sensory activities within the home, such as listening to music or having a foot massage.
- In line with 'registering the right support' people were part of their communities, they used local facilities and accessed community health and leisure facilities. The home had their own vehicle which enabled this. People also enjoyed trips out and going for a walk.
- People's communication needs were known and understood by staff. People's care plans included details which helped new and unfamiliar staff learn about how people expressed their needs for example, using gestures, signs and verbalising. Information was shared with people and where relevant available to people in formats which met their communication needs.
- The provider had worked closely with speech and language therapists to ensure staff had the skills to support people effectively with their communication needs and used tools such as sensory references and objects of reference. For example, to determine one person's choice of whether they wanted to go out, staff would give the person their shoes and they would push them away if they didn't want to go out.
- Technology was used to support people's needs. A bed sensor was used to alert staff if one person moved to prevent them falling and keep them safe at night.
- People's care and support was regularly reviewed and updated to reflect their changing needs and staff could tell you how they were updated.
- People's relatives and other professionals were involved in person centred reviews and information was shared about people's care appropriately to support their best interests and promote positive outcomes for people.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place for relatives and visitors. There had not been any complaints since the new registered manager started in December 2018.
- One relative told us they have never had any complaints and would speak to the manager if they needed to.
- Any formal complaints went to the providers head office and none had been received.
- People would not be able to make a complaint following a process therefore staff were observant of people to identify if they were happy with their care and support. The registered manager told us that they would involve advocates if needed.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. Documents to record the arrangements, choices and wishes people may have for the end of their life where known were completed or in the process of being developed.



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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The governance framework had ensured the delivery of high quality and safe care. Risks had been identified and managed to mitigate the risks. Detailed action plans were in place which covered all areas of the service. The registered manager reported on any performance issues regularly to the provider to ensure they had good oversight of the quality of the home and monitored action plans to ensure any improvements needed were made.
- The area manager held quality visits at least three monthly and the providers quality team completed an annual quality audit. Any actions from these were added to the continuous improvement plan which was overseen by the provider.
- Quality assurance systems, such as audits, checks, managers observations and daily monitoring were used effectively. Audits were completed and actions were identified as a result and used to make improvements. For instance, a finance audit had identified the need to review one person's MCA around their finances, this had then been added to the continuous improvement plan and has been completed.
- The registered manager told us, "A lot of audits are completed and less actions are coming up now and there are continuous improvement plans in place." They described their biggest challenge as, "Getting a full staff team well versed in people's needs. We need quality, not quantity. We are exploring people's experience and values through recruitment."
- Staff were knowledgeable in their roles and had easy access to the providers policies at all times.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. At our last inspection in July 2016 this was noted as an area for improvement. At this inspection the registered manager had understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- 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. The provider had displayed a copy of their ratings and it was on

the provider's website.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was a caring culture in the home. A relative and staff were positive about the registered manager and said they were supportive and approachable. Staff described the values as, "Caring, supportive and safe" and "Values are all around respect and encouraging as much independence as you can."
- The registered manager demonstrated a strong commitment to ensuring they provided person centred and high-quality care and was responsive to feedback during our inspection. Their duty of candour was demonstrated in the way they kept relatives informed of any incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and those important to them were engaged with the service. Regular key worker meetings were held with people and relatives were invited to attend care reviews.
- One relative visited their loved one weekly, was made to feel welcome and was therefore very involved with the home.
- Service development plans considered what people and staff wanted to achieve.
- The registered manager told us they were supported by the provider, felt valued, listened to and they responded to the needs of the home. For example, there were plans to improve the environment by replacing carpets and changing the flooring in the lounge.
- Annual quality surveys were completed and reviewed by the provider with relatives and health and social care professionals to gain their feedback. These showed positive feedback for the provider.
- Staff told us they felt involved, worked as a team and had staff meetings where they felt listened to. Comments included, "Informal support is always there." And, "The manager is approachable, they would listen and have made a lot of changes since they have been here."
- The staff team worked in partnership with other agencies to ensure people's needs were met in a timely way. The registered manager told us about meetings held including all professionals involved with people's care. One health care professional told us, "The staff are now caring for my client according to agreed support plans and maintain good contact with me if there is a need to consider any changes or development to the care and support plan."
- The registered manager attended a managers networking forum to support them to remain up to date and share best practice.