

Avenues South East

Avenues South East - 492 Maidstone Road

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was carried out on 15 August 2017, and was an unannounced inspection.

Avenues South East - 492 Maidstone Road is a residential home providing care and support for four people with severe learning disabilities. People who lived in the home had autism, cerebral palsy, communication difficulties, visual impairment, challenging behaviour and PICA, which is the persistent eating of substances such as dirt or paint that have no nutritional value. The service is part of a group of homes managed by the Avenues Trust. At the time of our visit, there were four men living in the home.

At the last Care Quality Commission (CQC) inspection on 01 July 2015, the service was rated Good in all domains and overall.

At this inspection we found the service remained good.

People continued to be safe at 492 Maidstone Road. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Staff recognised the signs of abuse and what to look out for. There were systems in place to support staff and people to stay safe. Medicines were managed safely and people received them as prescribed.

There were enough staff to keep people safe. The registered manager had appropriate arrangements in place to check the suitability and fitness of new staff.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. Staff received regular training and supervision to help them to meet people's needs effectively.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services. Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff were caring and treated people with dignity and respect. People's privacy was maintained particularly when being supported with their personal care needs. 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.

The registered manager made it certain that the complaints procedure was made available in an accessible format if people wished to make a complaint. Regular checks and reviews of the service continued to be

made to ensure people experienced good quality safe care and support.

The registered manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support. People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

Further information is in the detailed findings below.

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 - 492 Maidstone Road

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, which took place on 15 August 2017 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. The expert by experience had personal experience of using similar services. They had worked with people who have a dual diagnosis of learning disability and mental health and people with autism.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

People were not always able to verbally express their experiences of living in the home. 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. We observed staff interactions with people and observed care and support in communal areas.

People's ability to communicate was limited, so we were unable to talk with everyone. We spoke with one person with limited communication skills. Everyone in the home required one to one staff support at certain periods of the day because of their complex needs.

We spoke with two support workers, the deputy manager and the registered manager. We also requested information via email from healthcare professionals involved in the service. These included professionals from the community mental health team, local authority care managers, continuing healthcare professionals, NHS and the GP.

We looked at the provider's records. These included two people's care records, which included care plans, health records, risk assessments and daily care records. We looked at four staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training records, the annual survey report and minutes of operational meeting. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

One person said, "Yes, I feel safe here." We observed that people felt safe in the service and were at ease with staff.

The risk of abuse continued to be minimised because staff were aware of safeguarding policies and procedures. Since our last inspection, all staff had received refresher training in safeguarding adults. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff also had access to the updated local authority safeguarding policy, protocol and procedure dated April 2016. 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. All staff said they would report any suspicion of abuse immediately. A member of staff said, "I have done safeguarding training. It is to make sure people are safe, protect people from potential abuse such as financial, physical etc. If I see this, I will report it to my line manager". Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "This is to contact the head office confidentially, if I observe a bad practice. I can also go to CQC or healthcare commissioners". The provider also had information about whistleblowing in a user friendly format on a notice board for people who used the service, and staff.

People continued to be protected from avoidable harm. Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff and observation, we found they knew people well, and had a good understanding of people's different behaviours. For example, one person who likes to clear up used items in the kitchen was seen supported by staff throughout the day to move items into the dishwasher safely. Staff had also identified other risks relating to people's care needs. People were supported in accordance with their risk management plans. We observed support being delivered as planned in people's support plans. Risk assessments were specific to each person and had been reviewed in May 2017.

The risk assessments promoted and protected people's safety in a positive way. These included accessing the community, finances and daily routines. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us these were to support people with identified needs that could put them at risk, such as when they become agitated. Guidance was provided to staff on how to manage identified risks, and this made it certain that staff had all the guidance they needed to help people to remain safe.

Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and behaviour could be recognised and addressed. One member of staff we spoke with told us that they monitored people and checked their support plans regularly, to ensure that the support provided was relevant to the person's needs. The staff member was able to describe the needs of people at the service in detail, and we found evidence in the people's support plans to confirm this. This meant that people could be confident of receiving care and support from staff who knew their needs.

There were enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community, to plan the numbers of staff needed to support them safely. Both the registered manager and the deputy manager carried out direct support of people whenever necessary to support frontline staff. We observed when people were at service, staff were visibly present and providing appropriate support and assistance when this was needed.

The registered manager and provider continued to maintain safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. We spoke with a new member of staff who had been recently appointed. They confirmed to us that they did not start work until all necessary checks had been completed. These checks included references, proof of identification and Disclosure and Barring record checks. Disclosure and Barring checks are carried out to help employers to recruit only safe and suitable staff to work with people who may be vulnerable.

Suitably trained staff continued to follow the arrangements in place for people received their prescribed medicines. These were stored safely in medicine cabinets in people's rooms. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. We observed medicine administration at lunch time. We saw that trained staff continued to give people their medicines in a safe and inclusive manner. They explained the medicine to people and observed them while taking their medicines. When PRN (as required) medicines were administered, the reason for administering them was recorded within the MAR chart. This indicated that the registered manager continued to have an effective system in place for the administration of medicines safely.

The registered manager continued to have in place a plan for staff to 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.

A business continuity plan continued to be in place. A business continuity plan is an essential part of any organisation's response planning. It sets out how the business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards with the least amount of disruption to people living in the home.

Is the service effective?

Our findings

Our observation showed that people were happy with the staff that provided their care and support. There were positive interaction between people and staff.

Since our last inspection, records showed staff had undertaken training in all areas considered essential for meeting the needs of people in a care environment safely and effectively. This helped staff keep their knowledge and skills up to date. All staff had been set objectives which were focussed on people experiencing good quality care and support which met their needs. The registered manager checked how these were being met through an established programme of regular supervision (one to one meetings) and an annual appraisal of staff's work performance. 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. For example, as some people could display behaviours that could be challenging, staff had received training in managing behaviours, de-escalation, diffusion & breakaway techniques every year. Following this training, the registered manager and the deputy manager had developed individual behavioural plans with external professionals for each person who lived in the home. These plans included specific strategies that worked effectively for each person so the use of physical restraint was minimal. Staff told us they felt well supported by the registered manager.

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 whether any conditions on authorisations to deprive a person of their liberty were.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisation. The registered manager told us that people's DoLS were regularly reviewed with the local authority.

People were supported to have enough to eat and drink and given choices. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and there were helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to. There was a

picture based food menu available to people. During our visit, we saw people had breakfast prepared with their involvement and sandwiches at lunchtime. Both cold and hot drinks were available throughout the day and upon request. Staff gave people suitable support with their nutritional needs. The registered manager told us that dietician and other healthcare professionals gave guidance to ensure that they met people's nutritional needs.

People continued to be supported to maintain good health. Staff made it certain that people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. For example, one person was supported by staff to attend a scheduled blood test appointment during our inspection. People's individual health action plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. This showed that the registered manager continued to people's health needs effectively.

Is the service caring?

Our findings

We observed that people continued to be supported by caring staff that were sensitive in manner and approach to their complex needs. We saw that people looked relaxed, comfortable and at ease in the company of staff.

Since our last inspection on 01 July 2015, the registered manager continued to maintain people's individual records to provide up to date information for staff on how to meet people's needs. This helped staff understand what people wanted or needed in terms of their care and support.

We observed positive interactions between people and staff. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible, such as using pictures, and Makaton sign language. They gave people the time they needed to communicate their needs and wishes and then acted on this. Staff communicated with people in an engaging way.

The staff on duty knew and understood each person's needs very well. They understood the importance of respecting people's individual rights and choices. People's right to privacy and to be treated with dignity was respected. We saw staff communicated with people individually in a manner that showed respect. We saw staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care and medication administration as we observed to maintain their privacy and dignity.

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. People had their own bedrooms where they could have privacy and each bedroom door had a lock and key which people used. Records were kept securely so that personal information about people was protected.

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, we saw staff encouraging people to clean and tidy their rooms and arranging their laundry. People were also supported to participate in the preparation of meals and drinks. Staff only stepped in when people could not manage tasks safely and without their support. People had time built into their weekly activities for laundry, cleaning, personal shopping tasks and travel in the community, aimed at promoting their independence.

Advocacy information was on the notice board and 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 service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

Since our last inspection on 01 July 2015, people continued to receive personalised support which met their specific needs. Each person had an up to date support plan which set out for staff how their needs should be met. Support plans were personalised and contained information about people's likes, dislikes and their preferences for how care and support was provided.

Support plans were reviewed annually with people, or sooner if there had been changes to people's needs. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff.

Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. The staff were able to tell us how they provided people with care that was flexible and met their needs. For example, they told us how they assisted people with physical care needs, emotional needs and their nutritional needs. They said they also supported people to be able to take part in activities in the community. The staff showed in discussion with us they understood people's complex learning disabilities and how they impacted on their life.

People remained active and participated in a variety of activities and events that met their social and physical needs. People were supported to go on holidays and visited relatives. People were also supported to pursue personal interests such as art and craft, swimming or shopping. During our inspection, one person went shopping with staff as stated in their activities plan. Staff continued to help people to stay in touch with their family and friends. They maintained an open and welcoming environment and family and friends were encouraged to visit the service.

Where people had displayed behaviour that may cause distress to others, there was detail on what triggers may impact on the person and their mood. For example, one person could become distressed or agitated by noise from other people at the home and by too many people or unknown people. Positive behaviour support plans were in place which gave details of activities staff could do with the person including reading the newspaper, going for a walk or going out for coffee. The care records also contained detailed guidance to enable staff to support people according to their needs and wishes. The records included pictures to make the records more accessible to the people who they were written about. The care plans showed people and their families or friends were involved in deciding what care and support they wanted to be provided with at the home. The care plans were written in an easy to understand format and had been regularly reviewed and updated to make sure they were still accurate.

The provider continued to have systems in place to receive people's feedback about the service. The provider sought people's and others' views by using annual questionnaires to gain feedback on the quality of the service from the people who used 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 summary of feedback received showed that people were happy with the service provided. For example, one relative commented, 'We have no suggestions but to continue to improve'. The completed questionnaires

demonstrated that all people who used the service, families and those who worked with people were satisfied with the care and support provided.

The staff told us they also advocated for people to ensure their views were known. They gave us examples of how they acted for people. This included supporting people to have the meals they had chosen. Another example was ensuring that one person who did not like to be in a noisy environment was able to sit somewhere quiet. The staff further explained that each person's care plans contained detailed information about how they liked to spend their day. They said this was very important information because people could not easily directly express their views verbally if they were not happy about the care and services.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in the service and used pictures and simple language to help people state who and/or what had made them unhappy and why. There had been one complaint made in the last twelve months. The registered manager had responded to the person's complaint. It related to the actions of staff not informing a relative of particular information as planned. The registered manager wrote to the person and investigated their complaint fully to their satisfaction.

Is the service well-led?

Our findings

Our observation showed that people knew who the registered manager was. For example, people frequently walked into the registered manager's office. We observed the registered manager directly assisting people with their needs. People interacted positively with the registered manager. This demonstrated that people felt confident and comfortable to approach the registered manager in their office. We observed people engaging with the registered manager in a relaxed and comfortable manner.

There continued to be an experienced management team at 492 Maidstone Road. This included the registered manager and locality manager. 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. Support was provided to the registered manager by the locality manager in order to support the service and the staff. The locality manager visited the service monthly or as and when necessary to support the registered manager.

Staff told us that the management team continued to encourage a culture of openness and transparency. 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 and worked as part of the team. A members of staff said, "The manager supports me 120%. If they are not around, I can go to their line manager. The manager is very supportive". Another said, "The manager is always professional. If I have any problem, I can approach the manager and they listen". We observed this practice during our inspection.

We found that the registered manager continued to understand the principles of good quality assurance and used these principles to critically review the service. They completed monthly audits of all aspects of the service, such as medication, kitchen, infection control, personnel, learning and development for staff. The provider also carried out series of audits either monthly, quarterly or as and when required to ensure that the service runs smoothly. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. For example, it was identified in the care plan audit that some documents required review. These were promptly reviewed by the registered manager, signed and dated.

Communication within the staff team continued to be facilitated through monthly team meetings. We looked at minutes of the July 2017 meeting and saw that this provided a forum where areas such as risk assessments, staff handover, activities and people's needs updates amongst other areas were discussed. Staff told us there was good communication between staff and the management team.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This meant that people could raise issues about their safety and the right actions would be taken.

The service worked well with other agencies and services to make sure people received their care in a cohesive way. Health and social care professionals reported that staff within the service were responsive to people's needs and they made appropriate referrals to outside agencies. The registered manager told us that they worked in a joined up way with external agencies in order to ensure that people's needs were met.