

Avenues London

Avenues London (South)

Inspection report

1 River House
Maidstone Road
Sidcup
Kent
DA14 5TA

Website: www.avenuesgroup.org.uk

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Avenues London (south) provides personal care to 62 people with learning disabilities living in 22 different supported living schemes across South London and Kent. The schemes varied and included shared houses and individual flats. Some of the schemes had staff offices and were staffed 24 hours a day. Other schemes had different staffing arrangements depending on the needs of people living there.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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.

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

People told us they felt safe and staff knew how to protect people from avoidable harm and abuse. People were supported to take medicines safely by trained staff. People told us they liked the staff who worked with them. There were enough staff, who were recruited safely, to meet people's needs. People were supported to take risks, and there were robust risk assessments in place. We noted risk assessments were not always updated in a timely way when risks reduced. The provider had robust systems in place to respond to incidents and ensured lessons were learnt and shared.

People told us they were offered choices and their voice was clear in their care plans. Staff supported people to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not support this practice as they included unclear and unnecessary capacity assessments and described people as lacking capacity when all the evidence suggested they had capacity in that area. We have made a recommendation about applying the Mental Capacity Act 2005.

People were supported to access healthcare services, although records were not always easy to find. Staff worked well with different organisations involved in providing care to people. People were supported to prepare their meals and eat and drink a balanced diet. Staff received the support and training they needed to perform their role.

People, their families and other professionals were involved in assessing needs, writing and reviewing care

plans. People's views about their care were clearly captured and they had regular opportunities to provide feedback with their keyworkers. Plans were not always updated when people's preferences changed, but their support was adapted in response to their feedback. People and relatives knew how to make complaints and were confident their concerns would be investigated. Staff had provided compassionate care to people at the end of their lives and the provider was developing training to increase confidence in supporting people to plan for the end of their lives.

People told us their staff were kind. We saw staff delivering compassionate and caring support. Staff treated people with respect and ensured their religious beliefs and cultural backgrounds were respected. People were supported to develop their skills and increase their independence.

The provider had taken on board our feedback from the last inspection. However, further improvement was needed to ensure consistency across all the schemes. The systems in place had not always identified the issues we found with the MCA and updates to care plans. The provider was developing their approach to engagement with families and worked closely with other organisations to inform their development. There was a clear plan in place to develop the services that ensured high quality support was central to the process.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 02 January 2018)

At this inspection we found improvements had been made.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

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?

Requires Improvement ●

The service was not consistently well-led.

Details are in our well-led findings below.

Avenues London (South)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and four assistant inspectors.

Service and service type

This service provides care and support to people living in 22 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

We gave a short period notice of the inspection so people could be asked if they consented to home visits from members of the inspection team.

Inspection activity started on 5 June 2019 and ended on 6 June 2019. We visited the office location on 5 June 2019.

What we did before the inspection

Before the inspection we reviewed information we already held about the service. This included information received in notifications from the provider. Providers are required by law to notify us of certain types of incident and event. We sought feedback from local authorities who commissioned care from the provider.

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 the inspection

During the inspection we spoke with six people who received a service and one relative. We spoke with 15 members of staff. This included the registered manager, three service managers, three assistant service manager and eight support workers. We reviewed eight care files including assessments, care plans, reviews and medicines records. We made observations in the schemes we visited. We reviewed 12 staff files including recruitment, supervision and training records. We reviewed records of complaints, incidents and safeguarding. We reviewed various meeting records, audit and quality assurance reports and other information and records relevant to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 Requires Improvement. At this inspection this key question has now improved to Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. They also told us they would tell their staff if they did not feel safe for any reason. One person said, "The staff make me feel safe."
- Staff were knowledgeable about local safeguarding adults procedures and were confident in describing how they reported and escalated any concerns. Staff knew how to whistleblow if they were not satisfied their concerns were being taken seriously.
- Information about how to raise concerns was easily available to staff and people living in the supported living schemes.
- Staff had recorded and reported allegations of abuse appropriately. Records showed the provider had worked with safeguarding authorities to complete investigations and take actions to make sure people were protected from avoidable harm and abuse.

Assessing risk, safety monitoring and management

- The provider had made improvements to their risk assessments since our last inspection. Risk assessments were in place to address identified risks, with clear guidance in place to inform staff about the steps they needed to take. The risk assessments continued to emphasise positive risk taking and independence.
- Risk assessments were reviewed and updated when people presented with new risks. However, measures were not always reduced or withdrawn when circumstances changed and the risk had reduced. The registered manager told us they would review the risk assessment where we had identified this issue.
- Some people who received support could behave in ways that put themselves or others at risk of harm. The provider worked with community healthcare teams and behaviour specialists to develop detailed behaviour support plans. This included clear guidance about how to identify and mitigate triggers for these behaviours as well as how to respond if people's behaviour escalated. Where behaviour plans included physical interventions the approaches used aligned with best practice, emphasising de-escalation and minimal use of physical restrictions for the shortest period of time.

Staffing and recruitment

- Staffing levels within the schemes were determined by individual funding agreements with local authorities. Records showed the provider ensured the staffing levels were met. Some people told us they would like there to be more staff, and we saw the provider raised this feedback with funders.
- The provider had robust recruitment systems in place. There was a consistent approach that ensured applicants were treated fairly and assessed against set criteria for specific roles. The provider carried out

appropriate checks to ensure staff were suitable to work in a care setting including checks of criminal records. If appropriate and necessary the provider carried out risk assessments regarding applicants who had criminal records. Records confirmed these risk assessments were followed.

Using medicines safely

- People told us staff supported them to take their medicines. One person said, "Staff help me take my medicines. I can ask for Paracetamol if I need it." Staff described how they supported people in line with best practice guidance and we saw medicines being administered in a kind and patient manner.
- People were supported by trained staff to take medicines as prescribed. There was clear information about people's medicines to inform staff of the nature of support and purpose of medicines.
- Some medicines have additional rules in place for their storage and administration. These are called controlled drugs. Where schemes supported people to take controlled drugs they followed appropriate storage and record keeping practices.
- Where people were prescribed medicines on a take as needed basis there was guidance in place to inform staff when to offer and administer these medicines. The provider responded to our feedback about ensuring the records indicated any behavioural triggers to the administration of these medicines.

Preventing and controlling infection

- Staff told us they had access to appropriate personal protective equipment so they could support people in a way that prevented and controlled the risks of infection.
- The schemes we visited were clean and had effective systems in place to ensure people were supported to keep their homes clean and well maintained. The provider showed us an example where they had worked with a person and their family to complete a deep clean and refurbishment due to concerns about the risks of infection.

Learning lessons when things go wrong

- The provider had developed their incident reporting and recording systems since our last inspection and now used an electronic reporting system. This gave scheme managers and the registered manager clear oversight of all incidents that took place within the schemes. Records showed the provider took appropriate and proportionate action in response to incidents. Investigations were completed in a timely manner and information shared with other authorities where this was appropriate.
- Meeting records showed incidents and any learning to reduce the risk of future incidents were discussed by staff at a senior level. People's care files and risk assessments were updated to reduce the risk of incidents recurring.

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 Good.

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, their families where appropriate, and other relevant professionals were involved in completing needs assessments before people started to receive support. The provider's process led to care plans that focussed on eight areas of life. These were broad areas which included time at home, finances, restrictions, health and well-being, family, community, personal care and cultural circumstances.
- Care plans included clear information about people's views and preferences for each aspect of their care plans. People had goals and preferred outcomes for each area of care. One person said, "I choose what I want to do."

Staff support: induction, training, skills and experience

- Staff told us they received regular support and supervision from their managers. Records showed supervisions were taking place regularly and included discussions of workload, training and the wellbeing of staff. We saw issues with staff performance were sensitively managed by supervising staff.
- New staff confirmed to us they completed a thorough induction which included introduction to the specific scheme they worked at, with time to get to know the people they were supporting. The induction included classroom and online training.
- Records for staff training showed staff had completed training required to perform their roles. This included training in specialist areas where people's needs meant staff required training in a particular area. For example, staff received training in supporting people with epilepsy, and supporting people with behaviours that could challenge where this was necessary. Although most of the training records were complete and showed staff had received the training they needed, one scheme's records did not demonstrate this. We asked the provider to follow up on this matter and will monitor training on future inspections.
- The provider had identified the need for staff training on relationships, sex and sexuality. They had worked with other organisations and family carers to develop a bespoke training package for staff. This focussed on developing staff understanding of people's right to have relationships and express their sexual and gender identity. The provider had started to roll out this training but had not delivered it to all staff as there was a three year plan in place. The training pack emphasised the importance of ensuring people were asked about relationships and sexual and gender identity. However, the assessments did not ask about this, and several scheme managers told us they would only consider these aspects where the person, or someone in their circle of support raised them.

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

- People told us staff supported them to prepare their meals. We saw people were encouraged to prepare meals that were healthy and balanced.
- Care plans contained details about people's dietary needs and preferences, including the support they needed to prepare meals.
- Some people required specialist support to eat and drink, there were detailed plans in place to ensure this support was provided by staff.
- Where people were at risk of not eating or drinking enough there was appropriate monitoring of their nutritional intake and weight. If people's weight changed, or their eating habits caused staff concern they made appropriate referrals to healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care

- People living in the schemes had active lives that involved receiving support from other organisations and agencies. Details of other organisations involved in providing support and care were easily available to staff to facilitate communication between agencies.
- Staff told us they used communication books as well as emails and telephone calls to ensure important information was shared across services.

Supporting people to live healthier lives, access healthcare services and support

- People told us staff supported them to go to the doctor if they felt unwell.
- Care files contained hospital passports to ensure clear information about people's health needs was easily available to staff in emergency situations. Staff we spoke with were knowledgeable about people's healthcare needs and the support they needed to maintain their health.
- The provider was working with the local healthcare services to use a format of health action plan that was shared across health services. The use of the new format had not been fully adopted and this meant in some schemes two systems were in place for recording information about people's healthcare needs and appointments. This meant it was not always possible to easily find the most recent or complete information about people's healthcare needs. The provider assured us they would ensure records were appropriately maintained and we will follow up on this on our next inspection.

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.

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.

- People told us they were offered choices and able to make their own decisions about their care.
- Staff described ensuring people's choices were respected and ensuring information was made available in formats that supported people to make their own decisions.
- Care plans contained details about how people made decisions and any adjustments they needed to be able to make their own choices. Staff were able to tell us what the principles of the MCA were, and we saw

staff respecting people's decision making.

- Although staff demonstrated they were following the principles of the MCA, the paperwork in people's files did not reflect best practice. Each care file contained a range of generic capacity assessments relating to each care plan area. These were not decision specific, and in some cases, contradicted other information in the files. For example, one person's file contained eight capacity assessments which stated the person lacked capacity for each area of care. However, the details of their care plans, and feedback from staff, demonstrated they had capacity to make a wide range of decisions relating to the care plan area. The registered manager told us the assessments had been put in place in response to a request from their compliance team but they would review them in response to our feedback.

We recommend the provider seeks and follows best practice guidance from a reputable source about ensuring the principles of the Mental Capacity Act 2005 are fully implemented.

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 Good.

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

- People told us their staff were kind and treated them well. One person said, "I like them [staff]." Where one person gave less positive feedback scheme managers showed us how they had taken action to address these concerns with the people and staff members concerned.
- We saw staff spoke with people kindly and with respect.
- Staff described supporting people sensitively and were mindful that people may not always feel comfortable about needing support with all aspects of their care.
- Each care file contained a care plan relating to cultural needs. The quality of the information in these plans varied. However, where people expressed they wished to be supported to express their religious beliefs or attend their place of worship this was included. A staff member described how attending their place of worship was very important to the people they supported as it also gave them a sense of community and friendship.

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

- People's views about their care and support were captured within their care plans and reflected throughout. Records showed staff had involved people and made adjustments to communication to ensure people were involved in making choices about their care.
- The provider operated a keyworker system. This meant each person had a named member of staff who was their main point of contact and had responsibility for ensuring records were up to date. Monthly keyworking reviews were recorded which showed staff checked whether people were happy with their care and receiving support as planned. This system gave people an additional way of giving feedback and being involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt staff supported them in a way that promoted their dignity. Where one person raised issues with how they had been supported the scheme manager was able to show these issues had been investigated and responded to.
- Throughout the inspection we saw staff respected people's homes, knocking on people's doors and respecting their right to privacy. Staff demonstrated they understood people's right to have time alone, or in private with their friends and family.
- People's independence was promoted throughout the care files reviewed. People's goals were focussed on developing their skills so they could be as independent as possible. Where people had gained skills this

was celebrated and people were supported to move to settings with reduced levels of support and more independence.

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 Good.

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 told us they were supported to do things they wanted and enjoyed. Across the schemes we visited we saw people had busy activity schedules which included attending different groups and community venues. One person told us they were going to the pub later. Another person said, "I do karaoke and bingo." We noted that in some schemes the activity timetables and care plans did not match, and records did not always show activities had been attended as planned.

- This was discussed with staff at the schemes who told us people's preferences for activities had changed and they now attended different groups and activities. We checked the monthly keyworker reports which confirmed these changes were in line with people's preferences.

- Staff maintained details records of care which captured what support people had received and the activities they had completed. These were reviewed by keyworkers each month. People had annual reviews of their care and records showed people, their families where appropriate and other professionals were involved in supporting people to think about their future goals.

- In some of the schemes we visited care files contained pictorial information to make timetables and care plans accessible to people. However, in other schemes care plans were not accessible to the people they related to.

We recommend the service seeks and follows best practice guidance from a reputable source about ensuring information about people's support is in a format that is accessible to them.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy which included details of the expected timescale for responding and how to escalate concerns if people were not happy with the response to their complaint. We saw easy read versions of the policy were available to people and on display in the schemes we visited.

- People and relatives told us they would raise any concerns they had with local managers and were confident they would be responded to appropriately.

- Records confirmed that complaints had been investigated and responded to in line with the provider's policy.

End of life care and support

- Staff told us they had recently supported people at the end of their lives. They described in detail how they had worked with healthcare services and family members to give people a dignified and pain free death. We saw photographs of funerals and memorial services which reflected the preferences and lives of the people

who had died.

- Some of the care files reviewed contained a high level of detail about people's end of life wishes, with personalised plans and funeral arrangements in place. However, other files contained little or no information about people's end of life wishes.
- This was discussed with the registered manager who told us they recognised this area of work could be very difficult both for the people they supported and their staff teams. They told us they had set up a focus group who were working on developing training around loss and grief to roll out to staff and people who received support. We will review the progress with this piece of work on our next inspection.

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 Requires Improvement. At this inspection this key question has remained requires improvement.

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a range of quality assurance systems in place. These included checks of care plans, risk assessments, medicines records and finances within each scheme by the scheme managers with additional checks by the registered manager.
- Although some of the issues with the consistency of care plans had been identified through the quality assurance systems in place, other issues had not been identified. For example, the lack of accessible versions of care plans, the failure to ensure care plans were updated in a timely manner and the inappropriate capacity assessments had not been identified by the provider's systems. The provider responded positively to feedback regarding these matters and took action to ensure care plans and risk assessments were updated.
- A range of different management meetings took place. These included scheme managers meetings and senior management team meetings of the provider. Records showed these meetings considered information about risks and incidents within the schemes and meant senior managers had detailed information about what was happening within the schemes across the provider's portfolio.
- The structure of the service was complex with clear management structures in place. The supported living schemes were grouped together and had their own dedicated assistant and team managers who were supported by the registered manager. However, the registered manager was responsible for 22 different schemes and they acknowledged their level of knowledge of the day to day issues within each of these schemes varied. The provider had taken action to change their registration to reduce the number of schemes under the current registration. However, while there had been improvements in the information shared about staff working across the service, inconsistencies in the quality and risk levels across the schemes remained.

We recommend the service seeks and follows best practice guidance from a reputable source about ensuring quality assurance systems operate effectively across multiple sites.

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

- The provider's values were well established and clearly embedded across the organisation. They formed

the basis of the induction training and were the basis for staff appraisal systems.

- Staff described person centred care in detail when they spoke about how they got to know people and how they delivered care and support. Staff emphasised the importance of providing the support people wanted, rather than the support other people said they should have.
- The provider had clear policies regarding incidents and complaints which included a focus on ensuring lessons were learned and responses were open and transparent. When things went wrong the provider communicated clearly and openly about the issues involved.
- Staff of all levels told us they felt supported by their managers. Scheme managers told us they were supported by the registered manager if they needed additional support to manage issues that arose within the schemes.

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

- Each scheme held regular meetings for people who received support and staff. These were used to talk about support issues that affected the whole scheme. Staff meetings were used to plan activities and to ensure staff were working together to support people to achieve their goals. Some of the schemes had faced significant difficulties with the conditions of the buildings and we saw staff had worked on behalf of people to escalate concerns and get repairs completed.
- In addition to meetings, the provider's quality team conducted an annual survey of people and their relatives to seek their feedback on services received. Any comments that were negative were investigated and addressed by scheme managers. The provider recognised there were limitations to the use of a paper based survey as a way to seek feedback from people with learning disabilities.
- The provider had developed a "Working with families" training day in response to a request by Skills for Care. This was scheduled to be delivered to staff to help them to engage with family members in a positive and constructive way.
- The provider was also part of a co-production group with three other providers and families of people currently placed in assessment and treatment units. The provider told us this work was aimed at developing ways of supporting people and improving how services work with families. They were also working on projects relating to supporting people as they moved from school and children's services into the adult world.

Continuous learning and improving care

- The provider had responded positively to the findings of our last inspection report. The registered manager recognised the challenges of achieving consistent levels of quality and safety across the wide range of services they were responsible for. There had been significant progress in ensuring information was shared across schemes. The provider was attempting to ensure consistent systems were in place although more work was required to ensure this was achieved.
- The provider's senior management team meetings included a focus on developing training both for staff and giving opportunities for people who received support. Records showed they were developing the tools they used to monitor the quality of services to ensure they took a balanced approach that effectively identified risk.
- The provider's strategic plan included monitoring against their previous goals as well as clear plans for the future of the service. The strategic direction of the organisation focussed on developing high quality services that met the needs of marginalised groups.