

# Avenues South East Kenilworth

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Kenilworth provides accommodation, care and support for a maximum of six adults with learning disabilities such as autism. At the time of our inspection there were six people living at Kenilworth.

This inspection took place on 4 May 2016 and was unannounced.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager helped us with the inspection.

Although the registered manager was able to describe to us the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) some decisions had been made for people without following the legal requirements. DoLS authorisations had been submitted where restrictions were imposed to keep people safe. For example, in relation to the locked front door.

The registered manager was not aware of their statutory requirements in relation to notifying CQC of important events. People were not always supported to be involved in the running of the home as regular house meetings did not take place and although the registered manager told us there was a meeting in December 2015 they were unable to locate the minutes. The registered manager provided us with evidence following our inspection that a meeting had taken place. There was a complaints procedure in place for people.

Although people had their own individual activities planner, we found that they did not always attend the activities they should do. More individualised activities were needed to help ensure people spent their leisure time in a meaningful way.

People were kept safe because staff understood their responsibilities should they suspect abuse was taking place. Risks to people's safety had been assessed and measures had been put in place to mitigate these risks. People received the medicines they had been prescribed and medicines administration and management was carried out in a safe way. There were enough staff on duty to meet people's needs. The provider's recruitment procedures helped ensure that only suitable staff were employed.

People received their care from staff who were supported through supervision and had access to relevant, on-going training. Staff felt the home was well-managed and said the registered manager was approachable and listened to them.

People's nutritional needs were assessed and any dietary needs were identified and people provided with appropriate foods. Staff enabled people to make choices about what they ate and people were encouraged

to get involved in making their own meals. People were supported to maintain good health and to access healthcare professionals when they needed to.

Staff were kind and caring. They treated people with respect and supported them in a way that maintained their privacy and dignity. People were supported to maintain relationships with their friends and families.

People's needs were assessed before they moved into the home and their care plans reflected their individual needs, preferences, likes and dislikes. People received care from staff who had access to guidance and person-centred information about the person.

The provider had a system of quality monitoring, which helped ensure that all areas of the service were working well. Relatives were invited to give their feedback on the care their family members received and staff had regular staff meetings so they could participate in the running of the home.

During the inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. We also made a recommendation to the provider. You can see what action we told the provider to take at the back of the full version of the 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.

People's risks were assessed and recorded

The provider ensured there were enough staff on duty to meet the people's needs. The provider carried out appropriate checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns. There was a contingency plan in place in case of an emergency.

People received the medicines they required and medicines were stored correctly and safely.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Although the registered manager had a good understanding of the Deprivation of Liberty Safeguards they did not always follow the legal requirements in relation to the Mental Capacity Act.

People were provided with food and drink which supported them to maintain a healthy diet. People's dietary requirements were recognised.

Staff were trained to ensure they could deliver care based on best practices.

People received effective care and staff ensured people had access to external healthcare professionals when they needed it.

### Is the service caring?

Good ●

The service was caring

People were treated with kindness and care, respect and dignity.

Staff encouraged people to make their own decisions about their care and were supported to be independent.

Relatives were made to feel welcome in the home.

### **Is the service responsive?**

The service was not always responsive.

People were supported to take part in activities, however we have made a recommendation to the provider to introduce more purposeful activities.

People were given information in how to raise their concerns or make a complaint.

Care plans were comprehensive and regularly reviewed.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

The registered manager was not fulfilling their statutory requirements in relation to notifying CQC of important events.

People were involved in the running of the home.

Quality assurance audits were carried out to ensure the quality and safe running of the home.

Staff felt supported by the registered manager and relatives thought the registered manager was good. Staff were involved in the running of the home and relatives encouraged to give their feedback.

**Requires Improvement** ●

# Kenilworth

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The inspection took place on 4 May 2016 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We had asked the provider to complete a Provider Information Return (PIR) prior to our inspection which they returned and we reviewed. The PIR 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.

During the inspection we met all the people who lived at the home and spoke with the registered manager, two care staff and one relative. As some people were not able to tell us directly about the care they received we observed the care, support and the interactions they had with staff. We looked at two people's care records, including their assessments, support plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at records of staff support and training and quality monitoring checks and audits.

Following the inspection we received feedback from two relatives and one healthcare professional to hear their views about the care and support their family members received.

The last full inspection of Kenilworth took place on 5 December 2013 where we had no concerns.

## Is the service safe?

### Our findings

Relatives told us they were confident their family members were kept safe. One relative told us, "She is very safe. I do not have any concerns about the care she is receiving."

People were helped to remain safe as staff had received safeguarding training and were clear about their responsibilities if they suspected abuse was taking place. Staff were able to tell us about the signs of abuse and how they could report any concerns they had about people's safety. One member of staff told us there was a policy and if anything happened they would report it straight away. Staff knew that the local authority were the lead agency for safeguarding. Staff had been given information about the provider's whistle-blowing policy should they wish to report any general concerns about the home. Safeguarding was discussed at each team meeting.

People were supported to exercise control over their lives in a safe way. Risk assessments and support plans were in place to keep people safe while supporting their independence and strategies were in place to minimise risks. Risk assessments included a description of the risk, the severity and likelihood of the risk occurring. There were clear action plans for the staff to follow to minimise the risks and to prevent harm. Staff understood the importance of risk taking and were aware of the risk assessments in place to support each person. A member of staff told us, "I help write them (risk assessments) and review them." They described to us how one person was at risk of falling and staff always ensured the environment was clear and there were no hazards. Risk assessments covered areas such as slips and trips and where people had no road awareness. Care records included the guidance that staff should, 'link arms' with the person when crossing the road. One person's care records showed which seats they were most safe to sit in whilst in the home's vehicle.

People lived in a safe environment. Staff carried out health and safety checks to ensure the premises and equipment were safe and there were plans in place to ensure that people's care would not be interrupted in the event of an emergency. Accidents and incidents were recorded and the registered manager reviewed each record so they could monitor these for any trends. A staff member told us, "If an incident or accident happens we first report it to the manager, complete an incident form and give first aid if needed." They said they would tell other staff of the incident and leave a message in the communications book to make sure everyone was aware. Each person had a personal emergency evacuation plan (PEEP) and staff had attended fire safety training, so they would know what to do in the event of a fire.

There were enough staff deployed to meet people's needs and keep them safe. Staff were on duty 24-hours a day. We were told that three staff were on duty each day and this would increase dependent on people's activities, or if a person required two to one support when they went out of the home. Staff told us that there were always enough staff available to ensure that people were supported in line with their care plans. We saw that staff were available whenever people needed support. The registered manager told us they did not use agency staff but had a dedicated team who would always help out if there was a period of staff shortage. One staff member said, "I feel there are enough staff, we seem to get everything done day by day, people can get to do their activities."

The provider had recruitment procedures which helped ensure that only suitable staff worked at the service. These were undertaken by staff at the head office and the registered manager was informed when all checks had taken place. Staff were appointed following submission of an application form with evidence of full employment history, proof of identity, proof of address and a criminal record check certificate before they started work.

People's medicines were managed in a safe way. All staff responsible for administering medicines had all been trained to do so. Medicines were stored securely and temperature checks were taken daily to ensure medicines were kept at the correct temperature. Records relating to medicines were accurate and up to date. Each person had a Medicines Administration Record (MAR) that detailed their allergies the dosage and times of the medicines and any special instructions for administration. MARs showed that people had received their medicines as prescribed. Risk assessments were in place for people in relation to their medicines. For example, staff had guidance in how to respond safely in the event of an overdose or being given the wrong medicines. Monthly audits of medicines were carried out to ensure that people were receiving their medicines safely. We saw from the last two audits, no action was needed by staff.

Where people had 'as required' medicines or homely remedies (medicines that be bought over the counter without a prescription) there were separate protocols completed. These were written in conjunction with the GP and included relevant information for staff to follow, such as signs, dosage and what the PRN was for.

## Is the service effective?

### Our findings

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Although the staff understood their responsibilities in relation to the MCA and DoLS they had not always recorded information or decisions made. For example, there were mental capacity assessments for broad decisions such as care appointments or consent to medication. There were also best interests decisions, but these were not always detailed with how a decision had been reached for the person. For example, where people had a particular treatment, such as dental treatment. In one person's care plan a member of staff had made a decision for someone not to continue with routine health screening. We read, 'we feel it would be in Xs best interest if they are not subjected to this procedure in the future' however, there was no information on how this decision had been reached and whether or not this member of staff had the authority to make such a decision.

The failure of follow legal requirements in relation to consent was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people did not have family involvement in their care, the registered manager had sought the input of an independent mental capacity advocate to support people. DoLS authorisations were in place for people due to restrictions involved in their care, such as being unable to leave the service independently.

Staff had access to the training and support they needed to do their jobs. Staff told us they had an induction when they started work, which included shadowing an experienced colleague. Staff had attended all aspects of mandatory training, including emergency first aid, fire safety, moving and handling, medicines management, safeguarding, infection control and food hygiene. Staff also had access to training specific to the needs of people living at the home and we saw staff used some of their training in practice. One member of staff said, "The training is very good. It caters for all the needs of the people including dementia and diabetic training. If any other things come up (in relation to a new need in a person) the provider will find a way to provide some training for this."

Staff told us they had regular one-to-one supervision as well as annual appraisals. This gave the registered manager the opportunity to make sure training was being put into practice and for staff to discuss all aspects of their work with their line manager. A member of staff told us, "We focus on individual support and we discuss personal issues." Another staff member said, "We have supervisions every month."

People were supported to have a balanced diet and were involved in choosing the menu. Staff told us that each week they sat with people who participated in developing the menu for the week. We saw that the lunch being prepared was in line with what was showing on the menu that day. We observed staff offering people options of sandwich fillings at lunchtime and people were helping to prepare their own lunch. There was fresh food and fruit available for people. Throughout the day people were being offered drinks and people were able to access the kitchen independently and make their own drinks when they wished them with support from staff. One staff member said, "In general we make sure that people get enough fluids, we can see if they are getting dehydrated." Staff told us they weighed people monthly and they were able to describe to us people's eating habits and whether or not these remained stable.

People's nutritional needs had been assessed and any dietary needs recorded in their support plans. Risk assessments had been carried out to identify any risks to people in eating and drinking. Some people could not eat specific foods and there was appropriate foods for them stored in the kitchen. For example, one person was gluten free and suitable foods were available for them. Staff had also purchased a gluten free recipe book in order to be able to offer this person choices. A relative told us, "The food is good." Another relative said, "She has to eat different food and the staff work hard to ensure she doesn't miss out on anything."

People were supported to maintain good health and to obtain treatment when they needed it and staff provided effective care. People's care records demonstrated that their healthcare needs had been assessed and were kept under review. Where people required treatment we saw staff arranged this. For example, one person was unwell and through the GP, this person had received an appointment with a neurologist. A relative told us, "I've seen big improvements in him (family member)."

People had a health action plan in place that recorded their health needs and any guidance from healthcare professionals. We saw people had received involvement from various healthcare professionals such as the Speech and Language Therapy team, the GP, optician and disability team. Where people had epilepsy their care records included information on triggers or indications that a person may be about to have a seizure. Staff told us they were trained in how to react in the event that someone had a seizure.

## Is the service caring?

### Our findings

People were supported by caring staff. Relatives told us staff were kind and provided good care. One relative told us, "I am very happy with the care here. The staff are good. Nothing is 100% but I'm happy. They do such a good job, they are very caring." Another relative said, "He is very happy there and likes going back (after being home)."

People living at the service had complex communication needs and care plans included information on people's individual ways of communicating. Staff understood these needs well and had the skills to communicate with people effectively. Staff were using sign language to respond to people and where people had developed their own individual way of signing, staff recognised and mirrored this. Care plans had detail on people's background and in some cases included childhood photographs. This helped staff get to know people and understand what mattered to them.

People were cared for by staff who knew them well. Staff were able to describe to us people's individual characteristics. For example, one person repeated the same phrases when they were excited. This person was being picked up by their family member in the afternoon and staff were able to tell us the types of things they would do whilst they were out with the relative. Staff talked with the person about the things they enjoyed doing with their relative. The person responded by smiling and answering their questions. This person did not always respond to the questions we asked them which indicated to us how relaxed and comfortable they were with staff.

People were encouraged to be independent by staff but in a safe way. Staff asked people to carry their own drinks or to help around the house. One person was being supported by staff to clean their room and another helped to fill the dishwasher after lunch. When people sat to drink their hot drinks staff observed from a distance to ensure that they were safe.

People were treated with respect and dignity. We heard staff speak to people in an age-appropriate way and observed them knocking on people's doors. A member of staff said, "I would always treat people in a way that I would treat myself. For example, if I was drinking a mug of tea in a china mug, I wouldn't give them (people) a plastic mug." A relative told us, "Staff do treat her with respect and dignity and care for her very much."

People were made to feel as though they mattered. One member of staff sat closely to one person and in a quiet and gentle voice had a conversation with them about their afternoon. The staff member used words and phrases in a way the person would understand and prompting memories from the person.

People could have their privacy and make their own decisions. People were regularly moving around the home sitting in different areas as it suited them. Some people returned to their rooms and staff respected this. One staff member told us, "I respect someone's choice. I give them space and privacy." A relative confirmed their family member was able to make their own decisions.

Staff recognised the importance of supporting people to develop and maintain relationships with their friends and families. Relatives were very involved with the home and could visit any time they wished. Relatives were involved in their family member's care plan. A relative told us, "I'm involved in the care planning." Another relative said, "We go along to some of the care planning meetings."

## Is the service responsive?

### Our findings

We asked relatives on their views on the activities that their family members were involved in. One relative said, "I would like him to do more outside things such as swimming or gardening. I have raised this with them (staff) before."

People had a weekly planner for their in-house and external activities, however we found this did not always reflect how the person spent their leisure time. For example, one person was due to go swimming on the afternoon of our inspection, but staff told us they had not been swimming for several weeks. Other people had horse-riding or the cinema written in, but again these did not happen. We spoke with staff about this who gave us contradictory responses for activities not taking place such as cinema passes had expired, people were unwell or activities were unavailable. The records relating to activities showed that people spent most of their time going for a walk, a drive, carrying out in-house chores or house shopping. We reviewed five people's activities for a period of between three and 16 days and found a similar pattern in all of them. A staff member told us, "It would be nice to have more activities, there is room for improvement. X likes cycling and X likes art, an art class would be good for them. We are focussing on gradually introducing more."

We recommend the provider ensures people have access to activities that reflect their personal interests.

We did find that some people attended a day centre regularly and on the day of our inspection people went out for lunch.

People's needs had been assessed before they moved into the home and were kept under review. Each person had an individual care plan based on their assessment. People's care plans were person-centred and reflected individual needs, wishes and what was important to them. For example, one person's care plan recorded how important their family was to them. Another included which particular television programmes they liked to watch.

The care plans provided detailed guidance for staff about how to provide support in the way people needed and preferred. There was a section on a typical morning and afternoon for the person which was a useful guide to a new staff member who may not know people so well. Staff had handover meetings three times a day to help ensure they were aware of the most up to date information about a person. A staff member told us, "Communication is good with staff." They said, "We have regular meetings with people's key workers and go through people's likes and dislikes."

Where people had particular habits that had been identified by staff, guidance was in place. For example, one person scratched their skin and the care plan held guidelines for staff on how to keep this person's skin soft and prevent them from scratching. Another person had, 'can be over affectionate to strangers' written in their care plan and this guidance was available to staff on how to support the person to help prevent it. Pro-active strategies were written for situations where people may display certain behaviours. These included triggers, warning signs and strategies to be taken. Staff had a good understanding of these.

Although the provider had a written complaints procedure, which detailed how complaints would be managed this was not accessible to people or written in a way that people would understand. For example, the registered manager showed us the complaints procedure pinned to the notice board in the staff office. This was not in an easy-read format and they said this was not displayed anywhere else in the home. The registered manager told us they spoke to people about complaints during residents meetings, however they were unable to find copies of the minutes from these meetings to confirm this happened. Relatives told us they had not had to make a complaint. One said, "If I needed to, I would speak to the house manager first, then escalate it if need be." Following the inspection the registered manager provided us with evidence that they had taken immediate action. They showed us the complaints procedure was now available in an easy-read format.

## Is the service well-led?

### Our findings

The registered manager was not aware of their statutory requirements to notify us of particular incidents. For example, serious injury or safeguarding events. We found that although the accident and incident book recorded three such incidents and staff meeting minutes noted two safeguarding events these had not been notified to us.

The lack of notification of other incidents within the home is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Information for people was not always presented in a way that would be suitable for people to understand. For example, the menus were not presented in picture format. The registered manager told us minutes of residents meetings were not written in an easy to read format.

People were not always given the opportunity to be involved in the running of the home. The registered manager told us residents meetings were held four times a year. They said the last meeting had been in December 2015 as they had discussed the Christmas party. However, they said the meeting due to be held in April this year had not happened and a date had not been arranged for the next meeting. The registered manager was unable to find any evidence of residents meetings for us as they could not locate the folder that contained the minutes. Following the inspection the registered manager sent us evidence that they had taken immediate action to address these areas. A residents meeting had been held and the minutes were produced in an easy-read format. In addition menus and the complaints procedure were now in pictorial format.

Staff felt the home was well-managed. They told us, "The service is well managed because we work as a team. The manager is very good, she listens and supports us all individually. Her communication is very good. I feel valued, being part of a team. My manager tells me I'm doing a good job and my work colleagues tell me." Another member of staff told us, "The manager is very good. This is one of the best homes I've worked in because of the people, staff and management." This was confirmed by the relatives we spoke with. One told us, "The home is excellently run by the manager and her team; they are more like a big family."

Staff were aware of the ethos of the service. One staff member said, "I believe that we are here to support individuals, to fulfil their lives, dreams and goals and look for new opportunities and help them with their skills." It was clear staff worked well together and there was a friendly, relaxed feeling in the home. Although staff were providing safe and effective care there was scope to increase the available activities for people to help them fulfil their goals and dreams .

Staff were involved in the running of the home. There were regular team meetings for staff and staff discussions at these meetings included the home policies, people living in the home, equality and diversity and reflective practice. Staff told us they were confident about speaking up in meetings and felt any suggestions or ideas they had were listened to by the registered manager.

Relatives and professionals were invited to give their feedback on the care provided at Kenilworth. Comments made were listened to and acted upon. We read from the survey carried out in 2015 that on the whole there was positive feedback. However that one relative had commented, 'average communications'. The registered manager said they had discussed this with the relative at their family members review meeting and they were happy with the outcome of this. The registered manager said they did not hold relatives meetings as the provider arranged annual Surrey-wide get togethers which gave relatives the opportunity to talk to staff which included senior management.

The provider and staff had a quality assurance system which ensured that all aspects of the service were monitored. The registered manager told us the service was regularly audited by the provider's in-house quality team and that any areas identified for improvement were recorded, such as redecoration. A business plan was in place for the home which detailed out the improvements planned for Kenilworth during the coming year. We checked a sample of records completed by staff relating to the quality and safety of the service, including water temperature checks and electrical testing and saw these were up to date.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered provider had not ensured notifications of important events had been submitted.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The registered provider had not always ensured staff followed the legal requirements of the Mental Capacity Act (2005).