

# Avenues South East

# Kenilworth

## Inspection report

117 Balcombe Road  
Horley  
Surrey  
RH6 9BG

Tel: 02083082900  
Website: [www.avenuesgroup.org.uk](http://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?	Good ●

# Summary of findings

## Overall summary

Kenilworth is registered to provide accommodation and personal care for up to six people with a severe learning disability. At the time of our inspection six people were living in the home.

The inspection took place on 2 June 2017 and was unannounced.

There was a registered manager in post. 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 assisted us with our inspection.

We last inspected Kenilworth in May 2016 where we found the registered provider was in breach of two regulations. These related to assessing people's capacity to make decisions and the submission of statutory notifications to CQC. Following this inspection the registered provider sent us an action plan outlining how they planned to address these areas. We carried out this inspection to check whether appropriate action had been taken and we found it had.

The registered manager understood their legal requirements and submitted statutory notifications to CQC when necessary. Staff understood the need to assess people's mental capacity to make decisions and they followed the requirements of the Mental Capacity Act (2005) in this respect.

People lived in an environment that staff helped ensure was safe for them. People's individual risks had been identified and information and guidance was available for staff. Staff had a good knowledge of their responsibilities in relation to safeguarding and the registered provider carried out appropriate checks on prospective staff to help ensure they were suitable to work in the home.

People were supported by staff that had the skills and experience they needed to provide effective care. Staff had an induction when they started work and access to ongoing training, supervision and support. Staff had medicines training and we found medicines were stored appropriately and people received the medicines they required. Accidents and incidents were recorded. We found very few incidents had taken place.

People were involved in choosing the food they ate and the menu we saw demonstrated staff endeavoured to ensure people ate a wide range of foods. People were supported and encouraged to participate in the cooking or the preparation of their own drinks.

People's healthcare needs were monitored effectively and people were supported to obtain treatment if they needed it. Referrals were made to healthcare professionals if staff identified concerns about people's health or well-being.

Staff were kind and caring, treated people with respect and they were attentive to people's needs. People had developed positive relationships with the staff who supported them and they enjoyed their company. There was sufficient staff employed in the home to help ensure people did not have to wait for support.

Support plans had been developed which detailed the support people required and how they preferred their care to be provided. These were reviewed regularly to help ensure they contained the most up to date information about people.

The range of activities available to people had increased since our last inspection. People had opportunities to take part in in-house activities and outings to places of interest. More individualised activities had been arranged for people and staff continued to think of different ways to keep people occupied.

There was an opportunity for people to complain should they feel they need to and the registered manager had instigated a compliments book which visitors could contribute to. We found no complaints had been received, but there were several compliments. Relatives felt involved in the running of the home and although regular house meetings were not held with people, they had the opportunity to give feedback in their own individual way through their keyworker meetings.

Staff told us the registered manager was approachable and supportive. Staff told us the registered manager was always willing to listen to ideas and put them into practice if they could be shown to improve people's care. Staff enjoyed working at Kenilworth and felt they offered a personalised, caring service for people.

The provider had effective systems of quality monitoring and improvement. Key areas of the service, such as infection control, health and safety and medicines management, were audited regularly to ensure appropriate standards were maintained. The provider's regional manager carried out monitoring visits and produced reports of their findings. Where shortfalls were identified through the quality monitoring process, there was evidence that action had been taken to address them. In the event of an emergency staff had undertaken fire safety training so would know how to evacuate people safely.

## 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.

There were enough staff available to meet people's needs.

People were protected from avoidable risks.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People's medicines were managed safely.

### Is the service effective?

Good 

The service was effective.

Staff had access to appropriate support, supervision and training.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People were provided with a range of foods and were able to be involved in choosing what they ate.

People's healthcare needs were monitored effectively. People were supported to obtain treatment when they needed it.

### Is the service caring?

Good 

The service was caring.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people in a way that promoted their independence.

Relatives felt involved in people's care.

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

**Good** ●

The service was responsive to people's needs.

Support plans were person-centred and were reviewed to help ensure they continued to reflect people's needs.

People had opportunities to take part in activities, outings and events.

People were supported to complain should they wish to.

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

**Good** ●

The service was well-led.

There was an open culture in which feedback was encouraged and used to improve the service.

The provider had implemented effective systems of quality monitoring and auditing.

The registered manager submitted statutory notifications of events as per the requirements of registration.

# 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.

This inspection took place on 2 June 2017 and was unannounced. Due to the size of the service the inspection was carried out by one inspector.

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. The provider had returned a Provider Information Return (PIR) in February 2017. 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 reviewed the PIR before our inspection to ensure we addressed any areas of concern.

During the inspection we were unable to speak to people in length due to their communication needs. Instead we observed interaction between them and staff and watched how staff responded to people's needs. We spoke with two staff as well as the registered manager and one relative on the day.

We looked at the care records of one person, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at five staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

After the inspection, we received feedback from two social care professionals and one relative. We also spoke with one relative.

# Is the service safe?

## Our findings

Relative's felt their family member was safe living at Kenilworth. One relative told us, "Oh yes, he's safe. I know because of his attitude. He's very contented and very happy."

People lived in an environment that staff checked regularly to help ensure it was safe for them. We saw that staff carried out fire drills and practice evacuations, both during the day and night. This helped ensure people could be evacuated from the house quickly and safely in the event of a real emergency. Fire risk assessments were completed every two years and people had their own individual fire evacuation information in place. Staff were knowledgeable and were able to describe to us the fire evacuation procedures and where the meeting point was outside of the house. One staff member told us, "I know (name) spends a lot of time in his room, so I would check that first to see if he was there before I went downstairs (to evacuate)."

In addition, staff checked the environment in terms of health and safety and potential risks to people. We found that although some areas of the house were in need of redecoration and improvement this had already been identified in an improvement plan developed by the registered manager. We read from recent staff meeting minutes that staff had identified that testing of electrical items was due; carbon monoxide detectors needed installing in the boiler room and an electric fuse box in the dining room required a padlock. We checked and found all three of these areas had been addressed.

People were cared for by an appropriate number of staff. When people went out to their individual or group activities there was a sufficient number of staff available to accompany them in order to keep them safe. The service used volunteers in addition to permanent staff as an additional resource when more staff were needed. For example, in the event that some people had activities to attend to and others had a health appointment that they need accompanying to. People who remained in the home during the morning received attention from staff when they required it. When people indicated they wished support, such as asking staff for a hot drink, this was provided to them straight away. During the night there was one waking member of staff on duty. We asked staff what would happen if there was an emergency during the night or staff had to accompany a person to hospital. Staff told us there was an on-call 24-hour manager available to them at all times and they could be at the home within a few minutes should additional support be required during the night. People slept well during the night and although some people had epilepsy staff told us they had not experienced any symptoms relating to this for some time.

Appropriate checks were undertaken before staff were employed. Prospective staff were required to submit an application form with details of referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. The provider also checked that prospective staff were entitled to work in the UK. Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. All staff attended safeguarding training in their induction and refresher training in this area was provided regularly.

We found a safeguarding flowchart in the staff office which gave information to staff on who to contact should they have any concerns.

Risk assessments had been carried out to identify any risks involved in people's care, such as risks of seizures where people had been diagnosed with epilepsy. Where risks had been identified guidance was in place for staff in order that they could respond appropriately to these risks. One person liked to sew and use scissors. We noted a risk assessment had been drawn up in relation to this and although staff enabled the person to use the scissors independently they were supervised by staff when doing so. A staff member told us, "We help to keep people safe through the discussions in handovers where we talk about potential risks. Everything is documented so there is good communication between day and night staff."

Accidents and incidents were recorded and reviewed by the registered manager to ensure appropriate action had been taken. We noted very few incidents took place. Most people were fully mobile and able to move around the house independently and unsupported. In the case of one person who had tripped and fallen we found a full record of the accident had been recorded and appropriate treatment sought.

People's medicines were managed safely. Medicines were stored securely and in an appropriate environment. Staff checked the temperature medicines were stored in to help ensure they were stored appropriately. We checked people's medicine records and found no gaps in the recording of dispensed medicines which demonstrated to us people received the medicines they required. There were protocols in place for medicines prescribed 'as required'. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. Medicines audits were carried out and we noted the last audit had identified no actions required of staff in medicines management.



# 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.

At our last inspection in May 2016 we found the provider was not providing people's care in accordance with the requirements of the MCA and associated code of practice. People's capacity to make decisions had not been assessed, which meant the provider could not be sure their care was being provided in the way they wished. Care plans contained no evidence that meetings had been held to ensure that decisions taken about people who lacked capacity were made in their best interests.

At this inspection the registered provider had acted to address these concerns. Documentation had been introduced. This helped ensure that staff completing assessments followed an appropriate process to determine whether or not the person had capacity to make decisions for themselves. Such as in relation to managing their medicines, managing their money and living in the home. Where people had no relative's or people involved in their care who were authorised to make decisions on their behalf staff had recruited advocates to act in their best interest.

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). 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 being met. Where people were subject to restrictions to keep them safe, such as being prevented from leaving the home unaccompanied, applications for DoLS authorisations had been submitted to the local authority.

Staff understood the restrictions that were in place for people, such as the locked front door. One staff member said, "We have done mental capacity assessments for people and everyone has had a DoLS application submitted. People are restricted in that they cannot leave on their own, but they are all able to tell us in their own way when they would like to go out."

People were cared for by staff who had the knowledge and training they needed to provide effective support. The registered manager recognised the importance of good continuity of care and had made efforts to recruit permanent staff. Where there were gaps on the rota the registered manager used bank staff or staff from other Avenues South East locations to help ensure people received care from staff who knew them. A relative told us, "There is consistent staff and that is so important to (name)." Another relative said, "She (the registered manager) has good, reliable staff."

Staff attended an induction when they started work which included completing the provider's mandatory

training. This included food hygiene, health and safety, first aid, moving and handling and medicines. Staff attended regular refresher training in core areas and had access to training relevant to the needs of the people they cared for, such as epilepsy and de-escalation techniques. We noted where staff training had expired refresher courses had been booked for them. A staff member told us, "The training is very relevant, like the epilepsy training. The way training that is delivered really opens our eyes. It refreshes our memory and challenges us."

Staff told us they were well supported in their work by colleagues and the registered manager. They said they had the opportunity to meet with their line manager on a regular basis when they could talk about their role, how they were doing and any training they required. One staff member told us they had supervision every four to six weeks, or whenever, "I need a chat." They told us "She (the registered manager) encourages me and has pushed me to progress." A second staff member said, "I feel supported. It's like a family. I love my job which makes it easy for me."

People were able to choose the foods they ate and were involved in developing a menu for the week. Staff told us they sat down with people and used pictures to encourage people to choose their favourite foods. For those people who were unable to participate staff used their knowledge of people in relation to their likes and dislikes of foods. Where people had particular dietary requirements staff had taken appropriate action in relation to this. Such as providing low sugar, or sugar free juices to one person who was diabetic. A relative told us, "She has special dietary requirements which are met by the meals she receives, often having been prepared separately."

People's healthcare needs were monitored effectively and people were supported to obtain treatment if they needed it. Support plans provided evidence that referrals were made to healthcare professionals if staff identified concerns about people's health or well-being. Any guidance about people's care issued by healthcare professionals was implemented by staff. Such as one person who had guidance in place from the dietician in relation to their diet. We saw the dietician had recommended the person was supported to lose some weight and noted from the records that staff had enabled them to do so.

People had hospital passports in their support plans. This is a document which records important information about people should they have to spend time in hospital. Each person also had a health action plan which recorded which health professional's people saw and when their next check-up was due.

## Is the service caring?

### Our findings

Relatives were happy with the care their family member received. One relative told us, "The food is good and the care is good." Another said, "I think he gets excellent care."

The atmosphere in the home was relaxed and inclusive and staff spoke to people in a respectful yet friendly manner. Staff were proactive in their interactions with people, making conversation and paying them compliments. Staff encouraged people to speak with us and tell us about things they had done or show us their interests. Such as one person who had recently purchased a computer tablet. Staff encouraged them to show us the pictures that were on it and they spent some time with us doing this. One person said, "Yes" when we asked them if they liked living at Kenilworth. A relative told us, "She has a very good relationship with the staff and regards them more as family I would say."

Staff supported people in a kind and caring way. They were attentive to people's needs and took time to ensure they were comfortable. Staff spoke with warmth and affection about the people they cared for with one staff member speaking to us with a smile on their face as they described people. Where people had particular preferences staff recognised this. One person liked to wear makeup and we saw that staff had applied this in a nice way. We noted the person had lipstick on and a member of staff told us how important it was for this person. Another person liked to wear brightly coloured clothes and we saw they had a coloured striped t-shirt on. A relative told us, "Staff are kind and caring." Another relative said, "The staff do a wonderful job." A further said, "The staff are very thoughtful towards (name) and her needs are met with care and consideration." A staff member told us, "I know what people like and I try to provide it for them."

People were encouraged to be involved in the day to day running of the home. Staff included people in tasks such as the laundry or helping in the kitchen. We saw a staff member ask one person if they would like to help with the laundry and whilst lunch was being made this same person was asked to get involved and choose what they would like on their sandwich. A relative told us, "Staff encourage him to do jobs around the house and he's good at it." Another said, "She is encouraged to be independent and particularly likes to help with household duties and the shopping."

People lived in an environment that was generally well cared for. Although there was an action plan in relation to repainting and some refurbishment of areas that looked a bit tired and worn, people's bedrooms however were on the whole well maintained and individualised. Rooms were cosy and people had their own belongings or items that meant something to them.

The home had a large garden which people could access freely. We saw that part of the garden was overgrown and asked the registered manager about this. They told us they were arranging for a voluntary group to come in to clear the garden. Following this they could bring out the garden furniture which was in storage and purchase sensory items for the garden. The registered manager said their focus since our last inspection had been introducing new and more meaningful activities for people and the garden and refresh of the house was their emphasis for the coming months. In the meantime some relatives had helped create a vegetable plot in which people were encouraged to participate in.

People were supported to be independent. We watched how one person was supported and encouraged to walk on their own from the kitchen to the dining room. Staff were observant at all times but gave the person space to walk unaided. Other people moved around the home freely and independently and we were aware that they returned to their rooms to fetch items as they wished. A relative told us, "I've always wanted him to be confident and he is now. Staff encourage him to do things for himself."

People could have privacy when they wished. We observed some people sit in the lounge area whilst others preferred to stay in the dining room. People could choose where they spent their time dependent on whether or not they wished to be with others or not.

Relatives told us people were supported to maintain relationships with them. One relative told us, "He comes to stay and he looks forward to it, but he's even more anxious to get back (to Kenilworth)." Another said, "The staff at Kenilworth do an excellent job caring for (name) and keeping me informed of any needs she may have. They are always very welcoming and take time to talk about any recent activities (name) has been involved in."

## Is the service responsive?

### Our findings

At our last inspection in May 2016 we made a recommendation to the registered provider in relation to activities for people. We found that the activities people were due to participate in did not always take place and the activities people did undertake lacked creativity.

We found at this inspection people were being provided with a better range of activities and had access to different past times to keep them occupied and interested. During the morning some people had been out for companion cycling. When they returned it was evident they had enjoyed it. One person was laughing when they talked about it and another smiled when we looked at pictures of them on their bike. Another person had a real interest in gardening and staff had organised for them to attend a horticultural club each week. Other people attended a pottery club. During the afternoon we saw one person sitting colouring which was something they liked to do whilst others went out to a park with a lake for a picnic and to feed the ducks.

The registered manager told us they had started to use a voluntary sector charity who supported them to widen people's interests through learning and education. A relative told us, "At times I think he could do with a bit more stimulation and activity, but he is improving a lot and there is continuous improvement." Another relative said, "He gets far more than he'd ever get with me." A third told us, "(Name) has a fairly full timetable of activities and the days she doesn't have any organised activities she is taken out for walks or a drive." We noted from the regional directors recent quality assurance visit they had identified that, 'staff could create more in house opportunities for people to get engaged in perhaps arts crafts or music as although people were accessing the community more there were periods of disengagement during the day'. The registered manager said they continued to look for new ways to keep people occupied and it was on-going work.

People's support plans were person-centred and contained detailed information about people and the care and support they required. We found support plans were reviewed and updated regularly to help ensure that staff were working with the most up to date information about a person. Support plans contained information about people's likes, dislikes, communication needs, personal care requirements and any specific nutritional needs. A staff member told us, "I always write things down so other staff know what's going on. It's important, and I still read people's care plans from time to time (to refresh myself)."

Each person had a one-page profile which gave an overview of the person and their needs. This was a good way of staff who may not know a person as well to gain some important information about a person before they cared for them. We noted one person used Makaton (a form of sign language) and we asked staff about this and whether staff communicated to this person in this way. We were told that staff used some simple signs to communicate with the person and we saw this happen during the day. We saw the person indicate with Makaton what they would like and staff respond.

Where people may have behaviour that could cause them or others harm there was guidance in their support plan for staff. Such as one person who displayed challenging behaviours at times or could wander

into other people's rooms. We read guidance for staff in how to de-escalate the behaviours and how to distract the person.

Each person had been provided with a complaints policy in a format they could understand. We saw the registered manager held a complaints book, but no formal complaints had been received since our last inspection. In addition, the registered manager had introduced a compliments book in which visitors to the home could record their views. We read several compliments had been left in the book. This included comments such as, 'positive experience with client review. Staff informative, knew client well and were open for feedback', 'house has a welcoming feel' and, 'nice atmosphere, residents seem happy'.

## Is the service well-led?

### Our findings

At our inspection in May 2016 we found the registered manager was not meeting their requirements of registration as they had not submitted statutory notifications to us when necessary. We found since that inspection the registered manager notified us appropriately when any accidents/incidents or events had happened in the home.

Relatives told us staff were good at communicating with them and they were asked for their views on the care their family member received. One relative told us, "They are good at communicating. I get sent a feedback form and I always fill it in and send it back. At the beginning I made lots of suggestions on ways they could improve and they listened to me." They added, "(The registered manager) is lovely. She does a very good job." Another relative told us, "(The registered manager) is doing an excellent job and I know she always has (name's) best interests at heart. I respect the decisions she makes at Kenilworth, she is a great manager who works very hard and always puts the interests of the residents first."

Staff told us they felt supported by the registered manager. One staff member told us, "She is very understanding and very supportive. She's the one who always encourages me but gives me space too." They added, "There are a lot of opportunities within the organisation as long as you are willing to put in the work." Another member of staff said, "If I've got a problem, she's (the registered manager) the one I go to."

People had been supported to have a 'house' meeting which was chaired by a manager from another of the registered provider's homes. We noted from the notes made that people were encouraged to express their views in relation to what they had done, what they liked to do and what they wanted to do. We also noted however that the manager had made a recommendation that people may benefit more from individualised one to one meetings with staff, rather than a group meeting. We read in people's support plans that they had key worker meetings in which this could happen and staff told us that 'My Plan' was being introduced provider wide to help ensure people received a more individualised package of care.

Staff met on a regular basis to discuss the needs of the people they cared for. Staff said the registered manager encouraged their suggestions about how the care people received could be improved. They told us the registered manager was always willing to listen to ideas and put them into practice if they could be shown to improve people's care. Where actions had been recorded for staff during the meeting there was evidence that action had or was being taken. For example, the blood pressure machine that was used for one person needed to be checked. We talked to staff about this who told us they would be taking it to the person's up and coming hospital appointment and staff there would check it was properly calibrated. A staff member told us, "The staff meetings are useful. It's a good time to catch up on certain things, like discussing an individual in detail. Everyone chips in and shares information and there is good attendance by staff at the meeting."

The registered provider had effective systems of quality monitoring and improvement. Staff carried out regular audits. These audits included monitoring key areas of the service such as health and safety and medicines management. The provider's regional manager carried out monitoring visits to the service and

produced reports of their findings. We noted from the last audit that there was little action required of staff.

The standard of record-keeping was good. Staff maintained detailed daily records for each person, which provided important information about the care they received. People's support plans were held securely and we found them organised and easy to follow. Other information that related to the running of the home was easily accessible to us. It was clear the registered manager had good management oversight of the home as they were able to find information and records that we asked of them without trouble