

Avenues East

Avenues East - Services

Inspection report

Acorn Business Centre
Paper Mill Lane, Bramford
Ipswich
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IP8 4BZ

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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

Avenues East – Services is a supported living service providing support to people with a learning disability and or autism living in their own homes. Not everyone who used the service received support with personal care. The Care Quality Commission (CQC) only inspects where people receive personal care support. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection, the service provided personal care support to 58 people over 12 twelve supported living accommodations.

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

Feedback from the people using the service was positive about the personalised care provided to support people achieve their individual needs. A well-developed holistic approach to assessing and delivering care was in place. Staff were responsive to people's needs and delivered support which achieved agreed outcomes for the individuals using the service. Staff providing the individualised care and support to people were passionate about ensuring people achieved their desired outcomes and met their goals. The service was tailored to meet the needs of individual people and delivered in ways to ensure flexibility, choice and continuity of care.

Staff had received training including the safeguarding of people, administration of medicines, infection control and epilepsy. Staff also informed us they had regular supervision and a yearly appraisal. Care plans and risk assessments had been written from an assessment of the person's needs and was updated as necessary. The staff were aware of the contents of the care plan so that they understood the individuals needs and how to support them to meet their desired goals. The service continued to have a robust recruitment process in operation and had sufficient members of staff to cover the rota.

People were supported to live healthy lives and had access to health professionals when needed. People were supported to maintain a healthy diet and support was planned to meet people's assessed nutritional and health needs. People were supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported his practice.

People using the service shared positive relationships with the staff and people's privacy, independence and dignity were respected. We observed staff listening to and supporting people to make choices about their care, support and meals of their choice.

The registered manager told us the aim of the service was to deliver person-centred quality care. The service provided was assessed and monitored by the registered manager and members of the senior management team to support the people using the service to meet their needs. There were governance procedures in place and issues were acted upon as identified. The service had a complaints policy and any issues raised were investigated to the satisfaction of all parties involved. Staff had received training and worked with other services regarding supporting people at the end of their lives in their own home, when this was their choice.

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 good (published 13 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Avenues East - Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service provides care and support to people living in their own homes, 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.

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

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Prior to the inspection, we checked all the information we had received about the service. We assessed the information received in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted the local authority and the local Healthwatch. Healthwatch is an independent consumer

champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with five people using the service, one relative and four members of staff including the registered manager.

We reviewed a range of care records for three people and looked at records in relation to the safety and management of the service. We looked at two staff files in relation to recruitment and staff supervision. We also saw a variety of records relating to the management of the service, including staff training, service governance and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems had been clearly established for the purpose of safeguarding people from the risk of abuse.
- Staff had received training and understood their role in how to protect people and were confident in the actions they would take if they suspected any form of abuse. One member of staff told us, "The safeguard training was informative and helpful."
- Where support with personal finances was part of an assessed support need, the service had robust systems and processes in place. Checks included auditing by two members of staff.

Assessing risk, safety monitoring and management

- Each person had risk assessments which were regularly reviewed and had been completed for potential risks and how to mitigate those risks.
- In order to follow and fulfil their individual wishes, where possible staff encouraged and supported people to participate in events through positive risk-taking. This included various sporting activities.

Staffing and recruitment

- Staffing levels were determined based on the individual needs of people and reviewed with regard to any changes in people's health needs. One person told us, "We are never short of staff and all the staff support us very well."
- Staffing was provided by a stable and consistent team of staff members well-known to the people using the service. A member of staff told us, "I like working here because there are always enough staff and we work as a team."
- Staff continued to be recruited safely. The registered manager explained the recruitment process to us. They told us about the checks carried out prior to any new employee starting work.

Using medicines safely

- Staff who administered medicines had received training in the administration of medicines and their competency was regularly checked.
- Senior staff worked with people to support them to order their prescribed medicines. The registered manager arranged and carried out regular audits of medicines and associated records.
- Medicines continued to be reviewed as necessary with the individuals GP.

Preventing and controlling infection

- Staff informed us they had received training in food hygiene and how to prevent the spread of infection.
- The service had a policy and procedure regarding the control of infection and appropriate systems were in

place to protect people from the spread of infection and re-ordering of sufficient supplies of appropriate equipment.

Learning lessons when things go wrong

- Accidents or incidents were reviewed to assess if there were any evident trends or if lessons could be learned and improvement actions taken to minimise future risks.
- The registered manager implemented changes if improvement actions were identified.

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 the same. This meant 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

- The service supported people flexibly to meet their individual assessed needs, hobbies and interests.
- People's care plans included advice from other professionals and how the staff could support people to achieve their agreed goals.
- Care plans were divided into sections and information recorded explained how the support was to be provided while also taking into account people's choices. The care plans were reviewed at pre-set dates and also in response to any events.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training for their roles. A member of staff informed us about the induction and on-going training programme.
- The registered manager told us about the on-going training the organisation provided for the staff to develop their skills to support the people using the service.
- Staff told us they received regular supervision and an annual appraisal. One member of staff told us, "You can have additional supervision should you need some extra support."

Supporting people to eat and drink enough to maintain a balanced diet and to live healthier lives to access healthcare services and support

- Within each person's care plan there was information about any allergies and their choices regarding foods and drinks.
- People using the service informed us how staff prepared meals of the person's choice and their favourites were well known to the staff.
- Staff assisted people with shopping for food and drinks and also supported people prepare meals as they wished.

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

- Staff supported people with their health care needs through discussion and recording information and supporting people to attend GP and hospital appointments.
- Staff had dedicated time to get to know people and read their care plans and hence understood people's individual health needs and the importance of raising concerns, if they noticed any significant changes.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- Staff had received training regarding discussing and obtaining peoples consent and the principles of the MCA. We saw best interest meetings had been arranged and recorded in people's care plans.
- Staff informed us how they worked with people to obtain their consent before providing any care.
- A person told us, "The staff are very understanding and talk with you about anything always explaining and gaining agreement with you before doing anything."

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 now remained the same. This meant 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

- Staff were thoughtful and treated people with care and kindness. During the inspection we saw staff supporting people where they demonstrated these qualities.
- The registered manager and senior staff promoted a positive and caring culture within the service. They led by example and regularly visited people using the service. This was appreciated by the people using the service. One person told us, "I know all of the senior staff and see them regularly."
- Records confirmed the equality and diversity needs of people were considered when planning support with the person.

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

- Accessible ways to help people express their views were in place. Staff knew people well and understood how to best communicate with the person. We saw staff using non-verbal communication techniques to help explain matters to people.
- Records confirmed the involvement of people and their representative in the planning of their care. We observed staff listening to and supporting people to make choices about their care.
- Advocacy services were available and used to support people who required this. An advocate helps people to access information and supports the person to make decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be independent and explored what opportunities were available for people to participate in the local community.
- Staff described respectful ways of working to protect the privacy and dignity of people which included supporting people to maintain their personal hygiene needs.
- Staff listened to people and supported them to be as fully as involved as possible with writing and reviewing their support plans to focus upon developing their 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 the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A personalised service had been delivered to support people to focus upon achieving their specific goals and wishes. Staff were empathic in the ways they involved people in the planning of their support and responsive to people's needs.
- Detailed assessments identified people's needs, past achievements and aspirations for the future. People were supported to build trust with their individual key workers which meant personal and sensitive matters could be discussed and solutions found.
- Dedicated staff understood the needs of the people using the service and importance of care reviews with the person. People using the service spoke passionately about how critically important it was for them to be involved in all aspects of discussing, recording and reviewing their support.
- Robust systems remained in place to ensure important information about people was shared between staff. Handover meetings took place from one shift to the next or from staff member to staff member as staff worked times around people's assessed needs and activities to ensure important information was passed from one staff member to the next.
- People told us that staff had skills and understood their needs. One person told us, "I could not do the work and education that I have achieved without the staff." A relative informed us prior to their relative coming to the service, the assessment had identified in order to support the person, the staff required additional training in order to meet the person's needs and this was arranged.
- Staff understood the specific and highly different needs of each person using the service. The service had helped a person to live near their family which meant that they could visit their family with staff support and in turn family members were now able to visit them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Innovative and individual ways were in place to ensure people's communication needs were met. Detailed and person-centred 'communication documents' were in place which recorded what was important to each individual and how to best to communicate. This included information which detailed how staff should engage with people to maximise their understanding and empower them to communicate their views. Staff used non-verbal communication and recognised how a person was feeling with regard to their eye movements.
- Staff members were identified as service champions to develop skills and share them with colleagues.

Their role included ensuring information was shared with people in the most appropriate format to meet their communication needs and ensure best practice guidelines were followed.

- Staff had developed skills in the understanding of people's communication needs and knew the most appropriate way to share information. Staff communicated with people by a variety of means including information technology, writing boards and also showing people various meals so they could make a choice of which meal they preferred.
- Care plan records were accessible for people and included photographs and easy read documents. How the care plan was to be recorded was agreed with the person, for example some people liked the easy read picture format whereas other people preferred a written format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had explored a range of social activities with people which were tailored to their individual needs, goals and aspirations. People using the service enjoyed holidays of their choosing which they helped staff to arrange.
- People discussed their education, activity and work desires with staff and opportunities were available seven days per week. These included music appreciation, exercise classes, gardening, arts and crafts plus sporting activities. People were supported to pursue these interests in their home and attended resources in the local community.
- Staff used original ways to celebrate the achievements of people. This included supporting people to visit local facilities and then the service user reported to the manager of that facility how they had found their visit and experience of the amenity. This included how friendly and supportive amenity staff were and could any improvements be made to accessing the amenity, such as ramps for wheelchairs and lavatory arrangements for people using wheelchairs.
- The service continued to support a local Royal Hospital School games day. People using the service visited the school the day before the games and spoke with the pupils about their lives and difficulties they experienced and positive aspects of their lives. The following day people using the service, staff and pupils played various games together which built long lasting relationships and demonstrated peoples various sporting and social skills.
- People were encouraged and supported to maintain relationships with people who were important to them. Staff recognised the importance of people having the opportunity to widen their social contacts and maintain personal relationships with relatives and friends.

Improving care quality in response to complaints or concerns

- Systems were in place for any concerns, complaints, or compliments to be acknowledged. The service had a clear policy which detailed how any complaints would be recorded, investigated and responded to.
- Accessible ways were in place to encourage and empower people to raise any concerns or complaints. This included an easy read document with information of how people could raise any issues.
- Compliments had been received from relatives and health and social care professionals regarding the skills of staff.

End of life care and support

- Person-centred end of life care and support was provided to people and their relatives when required. Staff treated people with empathy and compassion during their interactions.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, their relatives as invited, and staff were involved in making decisions about how the person-centred planning was promoted. One person told us. "We review where we are every six months but sometimes more frequently when we need to do so."
- We saw copies of meetings with people which explained how they were consulted with about the supported they received. People signed the meeting document to confirm it was an accurate record.
- The service carried out surveys with people using the service, relatives and staff to understand people's thoughts and feelings about the service and how this information could be used to develop the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We saw the service was working in accordance with this regulation within their practice.

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

- Governance systems were embedded within the service to monitor the quality of the service and to drive improvement. Regular audits were carried out which included the completion of a comprehensive managers checklist to monitor the quality of care records in each individual service and to check upon agreed actions had been implemented.
- Senior managers met regularly to review progress across all areas of the service. This included the registered manager receiving support from their manager.
- The service had an on-call system in operation so that staff could call upon the experience and support of an experienced manager at any time.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and senior managers undertook some care visits themselves, especially when new people started using the service to build up a relationship and identify any additional support which may not have been apparent from the initial assessment.

- The staff we spoke with told us they well were supported. One staff member said, "I work here because I have time to build up good relationships with the people and I am supported by my colleagues and managers."
- Staff informed us that they were consulted by the registered manager and contributed towards the running of the service. They used one to one meetings and staff meetings to talk with the registered manager about their ideas for the development of the service.

Continuous learning and improving care

- Staff reflection was encouraged and was embedded within the service. Meetings were held with staff, relatives and visiting professionals to review incidents and the support needs of people.
- A systematic approach was in place to review accidents and incidents to improve care outcomes for people. The analysis of documentation was detailed and allowed managers to identify if any trends or themes were evident.
- A great deal of thought was given to match staff to work with people who had shared hobbies or interests. This approach benefited people as they were able to engage with staff who had a shared interest.

Working in partnership with others

- The service worked closely with other organisations to develop the service they provide.
- The registered manager arranged meetings with other professionals to discuss developments and to consider how the service could contribute and develop going forward to the local community.