

Avenues South

Welmede Housing Association

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Welmede Housing Association is a supported living service which provides care and support to people in their own homes. The service comprises 29 supported living properties across Surrey, each accommodating between 1 and 6 people.

The service is a subsidiary of the Avenues Group, a provider of support services for autistic people, people with learning disability, and acquired brain injury, across London, Kent, Surrey, Sussex, Essex, Suffolk, Cambridgeshire, Shropshire and Hampshire.

CQC only inspects services where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service supported 136 people at the time of our inspection, 105 of whom received support with personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

Staff supported people to have the maximum possible choice, control and autonomy over their own lives. Staff focused on people's strengths and promoted what they could do, and supported people to enjoy fulfilling and meaningful lives. People were supported by staff to pursue their interests. Staff supported people to achieve their ambitions and aspirations.

Staff supported people to make decisions following best practice in decision-making. People were encouraged to be as independent as possible and to develop new skills. Staff communicated with people in ways that met their needs, including with people who had individual ways of communicating.

Staff supported people to play an active role in maintaining their own health and wellbeing. People were supported with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity.

They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. The provider's recruitment procedures helped ensure only suitable staff were employed. People were able to choose how and when they used their support, which maximised choice and control over their lives.

People continued to receive care that was led by people's needs and aspirations, was focused on their quality of life, and followed best practice. People could take part in activities and pursue interests that were tailored to them. The service continued to give people opportunities to try new activities that enhanced and enriched their lives.

Right culture

People continued to lead inclusive and empowered lives because of the ethos, values, attitudes and behaviours of managers and staff. There was a real focus on supporting and enabling people to be involved in their local communities.

Staff valued people's individuality, protected their rights and enabled them to lead confident, empowered lives. People's views were listened to and acted upon. Staff turnover was low, which meant people received consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did.

The provider remained committed to involving people who used the service, their families and staff in developing and improving the service. People and those important to them were involved in planning their care. Staff felt valued for the work they did and remained well-supported in their roles. Risks of a closed culture were minimised and people continued to receive meaningful support based on transparency, respect and inclusivity.

The provider's governance arrangements remained extremely effective in keeping people safe and ensuring the care they received met their individual needs. People's quality of life was continuously being enhanced by the provider's culture of learning and improvement. Managers and staff continued to nurture effective relationships with other professionals to ensure people received high quality care and support.

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

Rating at last inspection

The registered provider of this service has changed since the last inspection. The last rating for the service under the previous provider was outstanding, published on 18 February 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Welmede Housing Association

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 7 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 29 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

Notice of inspection

We gave a short notice period of the inspection because we needed to arrange visits to the supported living

homes.

What we did before inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant incidents. We sought feedback from professionals who had worked with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited 15 of the 29 supported living services and spoke with 16 people who used the service about the support they received. We talked to 14 relatives by telephone to hear their views about the quality of care provided to their family members.

We spoke with the 2 registered managers and the provider's regional director about how the service was run when we visited the service's office. We talked with 10 service managers, 8 assistant service managers, and 21 support workers when we visited the supported living services.

We received feedback from 8 professionals who had worked with the service, including commissioners, health and social care professionals.

We reviewed 12 people's care records, including their risk assessments and support plans. We checked 10 staff recruitment files and records of induction, training and supervision. We reviewed quality audits, meeting minutes, the complaints log, and the arrangements for managing medicines.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection under the previous registered provider we rated this key question outstanding. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff in each supported living service to keep people safe and meet their needs. People received the support hours that were commissioned as part of their package of care. People told us staff were available when they needed them and we observed this to be the case during our visits.
- The supported living services we visited had well-established staff teams, some of whom had worked with the people they supported for a number of years. Any vacant shifts the permanent staff team were unable to cover were filled by agency staff. The provider used regular agency staff to ensure the consistency and quality of care people received was not compromised. The provider was actively recruiting to staff vacancies and had recently appointed a number of new staff.
- The provider's recruitment procedures helped ensure only suitable staff were employed. The provider made appropriate pre-employment checks before appointing staff, which included obtaining proof of identity, references, and a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. People were given support and information about how to stay safe, including about how to stay safe online.
- All staff attended safeguarding training in their induction and regular refresher training. Staff were given information about whistle-blowing and advised they could report any concerns they had to their managers, a senior manager, the provider's Human Resources team, or an outsourced whistleblowing hotline provider.
- Staff knew how to recognise abuse and understood how to report any concerns they had. One member of staff told us, "It could be any kind of injury, financial abuse, neglect, or medication or appointments missed. I would raise any concerns with our manager. We know we can report anonymously or, if there is immediate danger, contact the police. We are here to protect these guys."
- Professionals told us any potential safeguarding concerns were reported appropriately to relevant agencies. One professional said, "Any issues/concerns in relation to an individual supported are flagged to the allocated care practitioner and/or duty desk and/or MASH (Multi-Agency Safeguarding Hub) as required."
- Staff ensured action was taken if people experienced poor treatment or unsatisfactory care in other health and care settings. For example, staff had made a safeguarding referral to the local authority when a person had experienced poor care in hospital.
- The provider had appointed a senior member of staff as the organisation's safeguarding lead, who distributed a monthly safeguarding bulletin to staff. The bulletin contained reminders about the importance of following reporting procedures correctly so action could be taken to reduce the risk of harm and lessons

learned.

- There were procedures in place to ensure serious incidents and safeguarding concerns were reviewed to assess whether appropriate action had been taken and learning identified. All serious incidents and safeguarding concerns were reviewed at monthly meetings chaired by the regional director and attended by the registered managers and the Quality and Practice team. Lessons learned were presented to the quarterly Avenues Group serious incidents and safeguarding meeting to ensure learning and best practice was shared across the group.

Assessing risk, safety monitoring and management

- Risk assessments had been carried out to identify any risks to people who used the service in areas including falls, medicines, eating and drinking, and accessing the community. Staff were aware of measures to reduce risks to people and implemented these to keep people safe.
- We heard examples of how staff had enabled people to take positive risks that enhanced their lives by providing information and support. For example, 1 person wished to access the community but was anxious about doing so and had asked staff to support them to achieve this. A member of staff who supported the person told us, "We educate people on risks, and then they can decide what positive risks they may want to take. We explain how we can support them to be safe through these decisions."
- Staff managed the safety of the environment and equipment well through checks and actions to minimise risk. Staff carried out regular health and safety checks at the supported living properties, including fire safety checks. In addition to these checks, the provider had commissioned an external organisation to carry out health and safety audits of the supported living properties.
- One of the registered managers attended the provider's Health and Safety committee, which met quarterly. The committee reviewed accidents and incidents, fire, water and food safety, and staff training in health and safety. Following each meeting, the committee issued a health and safety briefing to managers, who were asked to share any relevant health and safety messages with staff and ensure these were put into practice.
- The provider had developed a business contingency plan to ensure people's care would not be disrupted in the event of an emergency. A Personal Emergency Evacuation Plan (PEEP) had been developed for each person, which recorded the support they would need to evacuate their home should this be necessary. Information about each person had been recorded on a missing person form, which would be made available to the police in the event the person went missing from the home.

Learning lessons when things go wrong

- When accidents or incidents occurred, these were reviewed to identify any actions that could be taken to minimise reduce the likelihood of a similar incident happening again. A member of staff told us, "If an incident happens, we have to complete the form, and inform the manager. We look at why did it happen, we look at prevention. We look at how we can reduce the risks of injuries and accidents."
- There were systems in place to ensure learning was identified from incidents and shared with staff. For example, the provider had reviewed their risk assessment policy following an incident and recognised the need to strengthen the approach to assessing and mitigating risks. As a result of the review, a risk screening tool was developed, which was designed to ensure all potential areas of risk were assessed and plans put in place to mitigate any risks identified. Once a risk assessment had been carried out, senior operations managers were responsible for sharing support guidelines and risk management plans with relevant staff and liaising with the positive behaviour support (PBS) team around areas of high risk.
- A professional told us, "In my experience the organisation is proactive in taking learning from any safeguarding/quality issues and utilising this to improve practice."

Using medicines safely

- Medicines were managed safely. People received their medicines from staff who had been trained and assessed as competent in medicines management. There were appropriate procedures for the ordering, storage, and disposal of medicines.
- Each person had a medicines profile, which contained information about the medicines they took, any allergies, how they preferred to take their medicines, and protocols for medicines prescribed 'as and when required'. If people wished to manage their own medicines, they were supported to do so safely. People were encouraged to attend regular medicines reviews to ensure the medicines they were prescribed were appropriate for their needs.
- Medicines stocks were checked each day and medicines administration records were audited regularly. If medicines errors occurred, these were investigated to identify how the error occurred and what action could be taken to reduce the risk of further errors.
- The provider had implemented the principles of the STOMP initiative, which was introduced by NHS England in 2016. STOMP stands for stopping over medication of autistic people and/or people with a learning disability with psychotropic medicines. We were told about examples of people being supported to reduce the number of psychotropic medicines they took, or to stop taking these medicines entirely, through the use of alternatives such as active support and positive behaviour support.

Preventing and controlling infection

- Staff attended training in infection prevention and control (IPC) and understood how to protect people from the risk of infection. The supported living services we visited were clean and hygienic. Standards of IPC were checked and audited regularly.

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 our last inspection under the previous registered provider we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had access to the training and support they needed to carry out their roles. This included mandatory training and specialist training in areas relevant to the people they supported, such as dysphagia, catheter care, diabetes, and epilepsy. Staff could describe how their training enabled them to provide support that met the needs of people using the service. One member of staff told us, "I've been so impressed by the training."
- Professionals told us staff understood their roles and were trained to provide people's support in a person-centred way. One professional said, "The organisation has policies and procedures in place to ensure staff are clear on their roles and responsibilities, and they have a comprehensive training and development offer which is structured round person-centred active support and includes PBS training for all staff."
- All staff had an induction when they started work, which included shadowing colleagues to understand how people's care should be provided. All staff new to care completed the Care Certificate, a nationally recognised set of standards designed to ensure that all support workers have the skills, knowledge and behaviours to provide compassionate, safe and high-quality care. Staff had opportunities to achieve further, relevant qualifications, such as the Qualifications and Credit Framework (QCF) Level 3 Diploma in Health and Social Care.
- Staff met regularly with their line managers for one-to-one supervision, which provided opportunities to discuss their performance, professional development and training needs. Staff told us they found the supervision process useful, with a member of staff saying, "I have supervision once a month, and if I need one sooner I can ask. We discuss how I am feeling, my progress, my development, what I need to concentrate on. We have an annual appraisal too, which is helpful to look at long term goals."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they moved to the service to ensure it was suitable for them. When people had moved from other care services, a personalised plan had been developed to ensure the transition between services was well-managed.
- People's support plans were personalised, holistic and reflected their individual needs and strengths. Support plans contained clear pathways to achieve future goals and promoted strategies to enhance independence.
- Staff used nationally recognised assessment tools to monitor and identify any changes in people's needs. For example, staff had received training in the use of RESTORE2, a tool which enables care staff to recognise when a person's health may be deteriorating, and to speak with the most appropriate healthcare

professional in a timely way to get the right support.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to maintain good health. People told us staff supported them to make an appointment with a healthcare professional if they felt unwell. People were encouraged to have an annual health check and each person had a care passport, which contained important information for medical staff in the event of a hospital admission.
- Professionals told us staff monitored people's health effectively and sought medical input when needed. One professional told us, "I have seen evidence that staff are aware of and responsive to people's health needs and people are supported to access GPs, health screening and hospital services as required."
- Healthcare professionals told us staff made referrals to them appropriately if people became unwell, with one professional saying, "Home managers and their staff are quick to report any health concerns to the GP or make an appropriate referral to other health professionals if needed to make sure each individual gets the right health support. They then advocate for the individual to make sure they get the appropriate care."
- The provider had developed guidance for staff about supporting people to maintain good oral health, which included carrying out an oral health assessment and developing an oral health support plan and a dental health passport for each person. Information about how to maintain good oral health had been produced and made available to people in accessible formats, including easy read leaflets.

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

- People were able to make choices about what they ate and were encouraged to be involved in menu planning, food shopping and cooking. People told us they could choose whether to eat with other members of their household or to plan and cook their own meals. They said staff helped them plan menus, shop for food, and prepare meals of their choice. One person told us, "I cook with support from the staff in the kitchen. I like making chilli con carne. I choose what I want to buy with support."
- If people had needs relating to eating and drinking, staff had made referrals to appropriate healthcare professionals and followed recommended guidelines to support people to eat and drink safely, including where they needed texture-modified food.
- We also heard examples of staff supporting people to return to a regular diet, following consultation with a speech and language therapist, when they had previously been prescribed texture-modified food. A relative told us, said "[Family member] was in hospital 2 months ago with aspirational pneumonia. He was discharged with special pureed food. The staff have worked with him and now he is back on regular food, which has been so much better for him."
- Staff supported people to maintain adequate nutrition and hydration if they were reluctant to eat and drink. A relative told us, "[Family member] needs encouragement to drink and blood tests have shown he needs to increase his fluids. Staff have got round this by making up jelly. He likes his food and this works." Where necessary, people's food and fluid intake was recorded.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2002 (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.

- People's care was provided in line with the MCA. Staff had MCA training and understood how its principles applied in their work. For example, one member of staff told us, "We cannot assume someone does not have capacity; we have to give people choices." Another member of staff said, "Everyone has the right to take a decision, unless proved otherwise." Staff told us they sought people's consent before providing their care on a day-to-day basis, and our observations confirmed this.
- Mental capacity assessments had been carried out where necessary to determine whether people were able to give informed consent about care or treatment, for example whether to receive a COVID-19 vaccination and about the change in service provision from a registered care home to supported living. The level of support people needed to understand information and to give informed consent was detailed in their care plans.
- If people were unable to make informed decisions about their care or treatment, staff involved relevant people, including professionals and families, to ensure decisions were made in people's best interests. A relative told us that when a medical procedure had been recommended for their family member, "I got invited to attend decision-making meetings. Staff and I were involved appropriately, considering the aftercare and how [family member] would cope if it had not gone ahead."
- Applications for DoLS authorisations had been submitted if people were subject to restrictions for their own safety, such as being unable to leave their home unaccompanied.

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 our last inspection under the previous registered provider we rated this key question outstanding. At this inspection the rating has changed to good. 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

- People felt valued by staff who showed genuine interest in their well-being and quality of life. People told us they got on well with the staff who supported them and enjoyed their company. One person said, "[Member of staff] is my keyworker. She is very nice. The way she speaks to me is nice and I like her in general." Another person told us, "I love the staff here, they are very good. We all get on very well; they help us do things we want to do all the time."
- Relatives told us staff were caring and said their family members had established positive relationships with the staff who supported them. One relative told us, "[Family member] has a good relationship with staff. They are really kind and caring and I trust them." Another relative said, "[Family member's] keyworker is superb; she is caring, professional and she goes out of her way to do everything she can to keep him happy."
- Relatives said the supported living services had a homely atmosphere, which their family members enjoyed. One relative said, "[Family member] is very happy there, he gets on well with staff and calls it his home. They are all very kind." Another relative told us, "Staff are always lovely with (family member), really caring and friendly. He sits and chats with them about the soaps they watch together. They have a good giggle with him."
- Professionals told us they had observed staff to be kind, compassionate and attentive to people's needs. One professional said, "All frontline care staff and home managers that I have spoken to and worked with have come across as kind, caring and compassionate." Another professional told us, "The staff I have observed are very caring and responsive to the needs of the people they are supporting. One manager in particular is extremely caring and attentive to the needs of the individuals who live in the home she manages."
- Staff spoke about the people they supported with affection and said they enjoyed supporting people to live their lives as they chose. One member of staff told us, "I love it here, just helping the clients getting to enjoy life." Another member of staff said, "I retired in 2021 and then came back. I just honestly enjoy looking after them so much; it doesn't feel like work."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The provider followed best practice standards in supported living, which ensured people received privacy, dignity, choice and independence in their tenancy.
- Staff valued people as individuals and treated them with respect. One member of staff told us, "We respect them and treat them with dignity as we would like to be treated." Another member of staff said, "We treat

residents as individuals; we value them as human beings."

- Relatives confirmed staff knew their family members respected people as individuals and took a genuine interest in their lives. One relative told us, "The staff really do know [family member] well. They treat them all as individuals, a personal interest is taken. I have nothing but admiration for them."
- People told us they could have privacy when they wanted it. They said staff respected their right to spend time alone and not to be disturbed. This was confirmed by relatives, one of whom told us, "[Family member] likes her own company and can spend time in her room when she wants to."
- People's support plans highlighted the importance of respecting people's privacy and dignity. People had been supported to develop a document called 'My House, My Rules', which contained important information for staff to understand how people wanted their support to be provided. For example, 'I like staff to feel welcome, but they must be respectful that this is my home. Staff should be polite and must not raise their tone when speaking with me. I would like staff to knock on my door before entering. I do not want people to use their mobile phones whilst they are supporting me. Staff must give me time and encouragement to do things for myself. Staff must support me to make my own choices.'
- People had opportunities to develop new skills and gain independence. Staff encouraged people to develop and maintain skills such as menu planning and cooking. One person told us they could do more for themselves since moving to the service. A relative said of their family member, "[Family member] likes to have independence in the house. She takes care of her bedroom, decides what to wear, and puts her clothes in her laundry bin." A professional told us, "I had feedback from one of the families that it was the first time that their brother had managed to cut a piece of vegetable. This is perhaps a minor thing for most people, but it was significant development for this individual."
- Staff were committed to the service's ethos of promoting independence. One member of staff told us, "I don't care if it takes them half an hour or an hour to eat their dinner, if they do it themselves, that's the most important thing."
- Some people had been supported to regain their independence if their ability to do things for themselves had diminished. For example, one person had lost confidence in mobilising independently following a hip operation. Staff noticed the person was reluctant to move as they feared falling. The assistant service manager had a background in reablement and obtained a mobility trolley, which enabled the person to mobilise independently again with confidence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection under the previous registered provider we rated this key question outstanding. At this inspection the rating has remained outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People's care and support was exceptionally personalised and planned to meet their individual needs and wishes. Staff involved people and their families in planning their care, which meant they felt consulted, empowered, listened to and valued. People's care and support plans were reviewed and updated as their needs changed.
- Professionals confirmed that people's care was planned in a person-centred way and helped ensure people lived empowered and fulfilling lives. One professional told us, "It is evident that the service managers alongside their senior managers know the individuals well and work hard with individuals and, where appropriate, their families to create very personalised support plans." Another professional said, "The people who live in the homes de-registered to supported living have personalised plans in place to enrich their lives, to encourage independence and to access the community."
- Professionals spoke exceptionally highly of the personalisation of support provided by staff. They said this had been extremely effective in achieving outstanding outcomes for people, including their confidence and independence. One professional said, "The home managers and staff I have come across do provide excellent person-centred support. There are very flexible and willing to support my client in the best way possible."
- Staff continued to be committed to supporting people in a way that focused on their quality of life outcomes. They spent time with people understanding how their goals and wishes could be achieved. One member of staff told us, "People will tell us what they want to do, when they want to do it and what support they want. It's all about giving them choice."
- People's support was provided flexibly to meet their individual needs and preferences, which gave them maximum choice and control over how they spent their time and the activities they took part in. Each person had a number of allocated one-to-one support hours each week and could choose how they used these hours. People were also able to 'save up' their allocated one-to-one support hours, for example if they wanted to arrange a full day out, or to pool their staffing hours with other people who also wished to take part in a trip or activity.
- Staff provided care and support in a way that met people's individual needs and promoted equality. Some people had complex needs that other care services had not been able to meet due to the specialist care people required. The provider had been able to meet these needs by implementing evidence-based models of support that focused on the individual and achieving positive outcomes, including Active Support and positive behaviour support (PBS).
- Active Support is a way of supporting people that promotes independence, choice, autonomy, and control and helps people make decisions about how they spend their time. Positive Behaviour Support approaches

are based on a set of values which include providing support that promotes inclusion, participation and equality of opportunity.

- The provider had a PBS team which provided advice and guidance to staff in developing person-centred support. Professionals highlighted the importance of this approach in achieving good outcomes for people. One professional told us, "Avenues [the service provider] have an excellent PBS team and they have done some great pieces of work which have led to a positive outcome for the service users." Another professional said, "Avenues have their own in-house PBS team who put in clear guidance and support to their staff teams."
- We found many instances of how well-planned, personalised support had led to extremely positive outcomes for people. For example, 1 person had lived in a number of previous care settings, none of which were able to meet their needs. The person had also experienced other challenges, such as being barred from visiting their local supermarket. With comprehensive care planning and the right person-centred support, the person had settled into a supported living home where they were flourishing. Staff had worked with the person and the supermarket to agree a contract which enabled the person to return to the store. The manager of the supermarket visited the person to agree and sign the contract.
- Some of the supported living homes had previously been registered care homes. The provider had recognised the supported living model would improve outcomes for people, enabling them to make choices about how they wanted to be supported, what happened in their own home, and to live as independently as possible.
- Professionals told us moving to a supported living model of care had led to great improvements in people's quality of life. One professional said, "In the homes I have worked with to de-register to supported living, the individuals have individual care plans, support hours and activity plans to meet their individual needs and activities of their choice. Staff understand that each individual is different and care may need to be used creatively to meet the individual's needs. I believe the front-line staff work hard to make sure that this is met." Another professional told us, "The service has managed the de-registration of some residential services to supported living very effectively and in a person-centred way."
- The provider ensured people continued to receive their support in line with the principles of Right support, right care, right culture. This meant people were supported in a way that maximised their choices, dignity, independence and ensured good access to local communities. For example, 1 person shared a two-bedroom house with another individual. When their housemate moved out, the provider began the process of finding a compatible person to move in. During this process, the person discovered that they thoroughly enjoyed living on their own. As a result, the provider stopped looking for another person to move in, which enabled the person to live alone as per their wishes. The provider also transformed the spare bedroom into a dedicated painting room, as the person had a passion for art. Having a designated space where they could express their creativity was instrumental in enhancing the person's life and reducing their anxiety.
- People were valued as individuals and treated as equals by staff. Staff had opportunities for learning and reflective practice on equality and diversity, which influenced how the service was developed. All staff attended training in equality and diversity and managers used supervision and staff meetings to reinforce expectations in terms of staff behaviours and attitudes, including valuing equality and diversity, treating people with respect, and maintaining confidentiality.
- The provision of support was underpinned by an 'ordinary life' philosophy, which meant people lived in ordinary houses on ordinary streets, with the same range of choices as any citizen, and mixed as equals with the other members of their own community.
- People were involved in the routines of their home, which they told us gave them a sense of belonging and pride. One person said, "I mop and sweep the floors every morning as part of my routine. I like keeping my home clean. It makes me proud and is important to me." Relatives told us their family members benefited from their involvement in the day-to-day life of their home. One relative said, "[Family member] loves getting involved in the cooking and the housework. It gives her a sense of achievement."

- Where necessary, the provider had advocated for people to ensure their rights were acknowledged and respected. A professional told us, "Home managers and frontline staff I work with have been very good at advocating for the individuals and making sure I know what is important to that individual. They know each individual very well and were able to give me clear information about them to allow me to get a true picture of their care and support needs and showed true care when supporting them."
- There had been a number of occasions on which the provider had advocated for people to ensure their wishes were respected and they were able to live their lives as they chose. One example concerned 5 people who had lived together for many years and wished to remain living together. The provider identified a potential issue with funding which could jeopardise people's wishes to remain living together at their supported living home. The provider involved the 5 people and organised a case to be put forward to the local authority, as a result of which the funding was provided which meant people were enabled to continue to share a home as they wished.
- The provider was a member of an organisation called Access Social Care, which provided free legal advice and information for people with care needs to help them achieve a better quality of life. There had been a number of cases where the provider had worked with Access Social Care to obtain funding for people where their rights under the Care Act were not being met. This enabled people to access the support to which they were entitled and improved their quality of life.

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

- People told us they enjoyed living at their homes because staff supported them to take part in a wide variety of activities they enjoyed and opportunities to try new activities. One person said, "I love it here. The staff help us do whatever we want to do. I do horse-riding and cycling and walking. These are all activities I enjoy; there is always lots to do." Another person told us, "The staff ask me what I want to do and I say I want to go to this place or that place and they will support me. I like the fact I can go out. I like going bowling and swimming and to the theatre. I like going to the beach and National Trust places as well."
- Relatives spoke extremely highly of the positive impact the support their family members received had had on their lives. One relative told us, "[Family member] get to do things he really enjoys, which has been fantastic for him. He goes dancing and to shows, which he loves." Another relative said, "[Family member] recently went to Butlins for a weekend; he had a brilliant time."
- Professionals told us they had received extremely positive feedback from people about the support they received, which had increased their confidence, independence and engagement with their local community. One professional said, "I have spoken directly with some of the people supported, who spoke in very positive terms about the support provided and how that had enabled them to become more independent. They shared how Avenues had supported them to engage with the wider community and take part in activities geared towards their interests. One individual spoke about how he was supported to learn how to travel independently on public transport and another has been supported to gain part-time employment. They all highlighted that the support had increased their independence and confidence."
- Each person had an individualised programme of activities which had been designed to meet their needs, preferences and aspirations. For some people, this included drama classes, gardening, and visiting the gym. Other people's activities programmes included going to the cinema, the theatre, nightclubs and out for meals. A number of people we spoke with were planning holidays with staff. Some people had been supported to find employment or voluntary work, and others attended adult education classes. When we asked whether there was anything the service did particularly well, a professional responded, "Supporting residents to have fulfilling lives, such as exploring volunteering opportunities."
- People had been supported to make and maintain friendships. A supported living home manager had set up a weekly club in a local church hall offering craft sessions, baking, and music. In addition to taking part in the activities, this had provided opportunities for people to meet other people from their local community

and forge new relationships.

- People were supported to pursue their interests and hobbies. For example, a person who enjoyed wildlife and wished to have a hedgehog house, was supported by staff to have this installed in the garden and was successful in attracting a family of hedgehogs, that regularly came to the door of the home for food. A person who liked dogs had been supported to find voluntary work at a dog rescue centre. Where people had expressed a wish to have pets, this had been organised and they were supported to adopt 2 kittens.

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.

- People's individual communication needs were recorded and documented during their initial assessments. Each person had a communication profile, which recorded their speech, language and communication needs. These profiles also described behaviours people used to communicate and contained information for staff about the meanings of these behaviours and how they should respond if they observed them. People's preferred methods of communication were shared with health and social care professionals when required. For example, when people required admission to hospital they had a care passport.
- Staff ensured important information was available to people in ways they could understand, such as easy-read and alternative formats. For example, in 1 home we saw that staff had been in correspondence with professionals about a person's needs. Staff had converted the information exchanged into a pictorial format to enable the person to understand the correspondence.
- Staff used creative and person-centred methods to ensure people with communication needs could make choices about their lives. For example, staff used pictures, symbols and objects of reference to support people with menu planning and choosing activities they would like to take part in.
- People had visual timetables to plan tasks such as shopping, visits to health professionals and seeing friends to increase their independence and understanding around the planning of their day. Photo boards were used to help people see what was happening each day and if there were visitors to their home.
- Some people used methods of alternative communication such as Makaton, a language programme that combines signs, symbols and speech to give different options for people to communicate. We observed that staff were able to understand and engage effectively with people using their preferred means of communication.
- Staff had sought specialist professional input for advice where people had sensory impairments. For example, staff had sought advice for a person with a visual impairment from Sight for Surrey, a charity offering support for people who have a sensory impairment. Sight for Surrey had made recommendations which enabled the person to be more independent in their home environment.
- Staff used a Disability Distress Assessment Tool (DisDAT) to identify signs of pain or distress in people who were unable to communicate verbally. The tool recorded people's appearance, vocal signals, posture, habits and mannerisms when they were content and when they were experiencing distress, which enabled staff to understand how they were feeling.
- Professionals told us the consistency of staffing in the supported living homes was valuable in ensuring people's communication needs were met. One professional said, "Most homes have very consistent staffing, which benefits the individuals as they have known them for many years and so understand their individual communication styles and needs."

Improving care quality in response to complaints or concerns

- People told us staff encouraged them to speak up if they were unhappy about anything. They said staff

listened to any concerns they had and did their best to address them. One person told us when they had made a complaint in the past, the home manager had arranged a meeting at which their concerns were discussed and resolved.

- None of the relatives we spoke with had a reason to make a complaint, and all said they would feel comfortable raising concerns and were confident these would be dealt with appropriately. One relative told us, "I have not had any complaints but I would not hesitate to pick up the phone if I was concerned about anything." Another relative said, "I would ring one of the senior managers; I am confident they would want to put things right."
- The provider had a procedure which set out how any complaints would be managed. This was made available to people who used the service in ways they could understand. No complaints had been made since 2022 but we saw that, when complaints had been made in the past, people's concerns were listened to and action taken to put things right.

End of life care and support

- People were given the opportunity to express their preferences about the care they would like to receive towards the end of their lives. Where people had chosen to record their wishes about end of life care, we saw that personalised care plans had been developed from this information.
- All staff received training in the provision of end of life care. The registered managers had been working with the local hospice to develop further training resources for end of life care, and to make advice and support available to staff involved in providing this care.

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 our last inspection under the previous registered provider we rated this key question outstanding. At this inspection the rating has remained outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Managers continued to work hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Senior managers led by example in their behaviours and modelled the organisation's values. For example, a professional told us, "The operational lead for the de-registration process is extremely efficient, responsive, and caring."
- Senior managers were visible in the supported living services, approachable and took a genuine interest in what people, relatives, staff and other professionals had to say. A professional said, "I have observed that all senior staff are familiar with the individuals living in the services; they know everyone by their first name and they know their personal context/history despite the large numbers of people supported across the Avenues South portfolio."
- Individual service managers were praised by professionals for their professionalism and understanding of people's individual needs. One professional said, "[Service manager] is exemplary in his professionalism." Another professional told us, "[Service manager] is very proactive in understanding all nuances of the customer and has a feel for what is needed."
- Staff understood their roles in making sure that people were always put first. They provided care that was genuinely person-centred, in line with the best practice guidance and sought to protect and promote people's rights. People were encouraged and motivated by staff to identify and reach their goals and aspirations.

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

- Governance processes remained effective and helped keep people safe, protect people's rights and provide good quality care and support. Senior staff had the skills, knowledge and experience to perform their roles and a clear oversight of the services they managed. They understood and demonstrated compliance with regulatory and legislative requirements.
- Relatives praised the way in which the service was run, highlighting the effectiveness of its governance processes and that managers were motivated to aim for continuous improvement. One relative told us, "The governance of the organisation is spot on. It is very forward-thinking." Another relative said, "It is a very dynamic organisation."
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. The provider's vision was, 'Everyone has the opportunity to be an active citizen in their local

community.' Staff supported people in a way which promoted and enabled this vision to be achieved. The provider's values included, 'Excellence: We don't settle for okay, we are determined to achieve more.' The evidence we gathered during our inspection demonstrated staff did their utmost to achieve the best possible outcomes for the people they supported.

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

- There was a real commitment to involving people who used the service and their families in the development of the service. People told us staff listened to what they had to say and acted on their feedback. One person said, "When we have house meetings, I will raise my hand and say what I think of this or that. Things change in a good way, I think." Relatives told us they were encouraged to give feedback about the care and support their family members received. One relative said, "I get asked my opinions; I get a survey, and there is a family forum and I can take things there. This group is in its infancy but it's very much about supporting families to take an initiative in doing things and getting involved. The trustees listened and asked questions."
- The provider's strategic plan for 2021-2025 focused on increasing the involvement of people who used services and their friends and families in the design and development of services. The strategic plan included a Co-production and Engagement Project Plan, the stated aim of which was to ensure that, 'Avenues will be known for the strength and quality of our engagement and co-production. People who receive our services, their families and significant others in their lives will influence what we do, how we do it and will tell us what they want.'
- The provider had developed a 'Family Matters' group, the aim of which was to provide a voice for families, carers and friends, and ensuring the provider's practice, policies and procedures had their involvement. The group's role included developing ways for families, carers and friends to have their voice heard by the Board of Avenues, the Executive Team and the Leadership Group.
- The provider had created a 'Family Champion' role and encouraged people's relatives to apply. This role included contributing to consultations and identifying areas for improvement, being involved in recruitment at all levels, and the delivery of induction training.
- Staff described their managers as being always available and very supportive. One member of staff member said, "My manager is fantastic, always contactable and approachable. She is so friendly and understanding." Another member of staff told us, "[Manager] is lovely, 100% the best boss I have ever had. She is always checking we are okay and, if I need help, she will always be there for me."
- Staff told us they really enjoyed their jobs and felt valued by their managers for the work they did. One member of staff said, "I love my job. I get so much out of seeing what we support people to achieve." Another member of staff told us, "I feel valued. I have worked here a long time and any problems, they have always supported me." The provider had introduced a staff recognition scheme in 2022 with awards for new staff, support workers, teams, and managers.
- The organisation invested in its staff and managers by providing opportunities to achieve further qualifications. For example, both registered managers had achieved the Level 5 Diploma in Leadership and Management for Health and Social Care and were working towards a Level 5 Diploma in PBS through the British Institute of Learning Disability.

Continuous learning and improving care

- Senior managers continued to work hard to create an effective learning culture. There was an open and honest culture between people who used the service, those important to them, staff and managers. Staff felt empowered to suggest improvements and question poor practice. One member of staff told us, "We can raise concerns or make suggestions at any time. We are listened to and often changes are made immediately."

- The provider had contributed to the development of industry standards in the health and social care sector. For example, the provider had participated in the development of the REACH standards, a set of 9 standards created to ensure people with learning disabilities and/or autism are supported to live the life they choose, with the same choices, rights and responsibilities as other citizens.
- The provider worked collaboratively with the Tizard Centre, a leading UK academic and research centre working in autism, learning disability and community care. This collaboration included students of the Tizard Centre undertaking placements with the provider and was designed to support the development and improvement of services for people with learning disabilities and/or autism.
- When a person who used the service passed away, the provider carried out a mortality review to ensure people had received care according to their needs and wishes and whether any lessons could be learned to improve care for others.

Working in partnership with others

- Senior managers, including the regional director and registered managers, had worked effectively with commissioners to ensure the service was planned and delivered in a way which achieved maximum benefit for people who used the service. One professional told us their engagement with senior managers, "Have been positive and open with a focus on working together to improve services for the benefit of Surrey residents."
- Professionals told us senior managers were committed to working with other agencies in an open and transparent way, which enabled information to be shared effectively and risks to be identified and managed well. A professional said, "The organisation strives to work alongside the local authority and other professionals and has an open and honest approach. This organisational approach ensures that information is shared appropriately and in a timely manner, that we as a commissioner are able to give regular feedback and that risks and issues can be identified and mitigations put in place."
- Supported living home managers and staff worked very well with health and social care professionals to ensure people received the support they required. One professional told us, "Avenues have worked very well with the small team of social workers/practitioners I have been part of, and communication has been good." Another professional said, "The homes I have supported are very good at contacting their GPs, pharmacies, the CTPLD [community learning disability] team and other professionals when they need to for each individual. They will then work in a multi-agency way to support the individual and implement any actions. The home managers and frontline staff are always open to advice and support to improve the individual's care."

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

- The registered managers understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.
- The registered managers had reported notifiable incidents to relevant agencies, including the local authority and CQC, when necessary.