

## Sussex Partnership NHS Foundation Trust

# Avenida Lodge

### Inspection report

3 Upper Avenue  
Eastbourne  
East Sussex  
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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

Avenida Lodge is part of Sussex Partnership NHS Foundation Trust and provides support for young adults who live in their own flats in Eastbourne. Registered as a domiciliary care agency under Adult Social Care, it is inspected separately from the Trust, and supports people with autism, learning disabilities and mental health needs. Throughout the report 'Trust' will refer to Sussex Partnership NHS Foundation Trust.

This inspection took place on the 1 and 2 August 2017 and was announced.

The registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Technical difficulties had meant that statutory notifications submitted by the registered provider had not been received by CQC, despite action taken by the registered provider to confirm the process for doing so with CQC. Since the inspection, the registered provider had arranged an alternative way to send notifications while this was being resolved.

People and their relatives were very positive about the support provided. They said the staff were friendly, encouraged them to be independent and kept people safe. Staff had a good understanding of people's needs; they explained clearly how they supported people to make choices and have as much control over their lives as possible under risk based system.

Staff had attended safeguarding training and demonstrated a good understanding of supporting vulnerable people. If they had any concerns they reported them immediately to the registered manager or supervisors, who were on call at weekends and out of office hours. Medicines were managed appropriately and staff had attended training before they were able to assist people with medicines.

A robust recruitment procedure was in place to ensure only suitable people worked for the agency and, there were enough staff working for the agency to meet people's needs.

Staff felt supported by management; there were systems in place to monitor and review the support provided and feedback was sought from people who used the agency, their relatives or representatives and health and social care professionals.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Risk to people had been assessed and managed as part of the support planning process and guidance was provided so staff had a clear understanding of people's needs.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Medicines were administered appropriately and administration records were up to date.

Robust recruitment procedures were in place and there were enough staff to support people using the agency.

### Is the service effective?

Good ●

The service was effective.

There was an on going programme of training and staff were encouraged to develop professionally.

Induction training was provided and enabled staff to develop appropriate skills and understanding of people's needs.

Staff monitored people's health and people were supported to see health and social care professionals when required.

### Is the service caring?

Good ●

The service was caring.

Staff had a good understanding of people's needs and they encouraged people to making decisions about the support they received.

People were treated with respect and their dignity was protected.

Relatives said staff listened to people and provided the support they needed.

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

The service was responsive.

People's needs had been assessed. They received personalised support in line with their wishes and preferences and, they and their relatives were involved in reviewing and planning the support provided.

People were supported to develop daily living skills, such as cooking, and were supported to take part in activities of their choice in the community.

People and relatives knew how to make a complaint or raise concerns with staff.

**Good** ●

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

The service was well-led.

Quality assurance systems were in place to monitor the support provided and ensure it met people's needs.

Staff said they management was good. There was a clear set of values in place, which they understood and followed.

The provider encouraged people to give their feedback about the support they received and, relatives and health professionals were involved in decisions about the services.

**Good** ●

# Avenida Lodge

## Detailed findings

### Background to this inspection

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

This inspection took place on the 1 and 2 August 2017 and was carried out by one inspector. It was an announced inspection. We told the staff when the inspection would start because we wanted to make sure the registered manager and other appropriate staff were available to speak with us.

The inspection was brought forward because we had not received a notification from the service about a safeguarding alert raised by CQC, in line with Sussex Safeguarding Policy and Procedures. A notification is information about important events, which providers and registered managers are required to send us by law, under the Care Quality Commission (Registration) Regulations 2009. This inspection reviewed the processes for sending in notifications as part of a comprehensive inspection.

Before the inspection, we reviewed the information we held about the service, reports from the local authority's quality monitoring team and commissioners of services and complaints. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited the agency's office and Mayfield Court; one of the blocks of flats where people using the service lived. We looked at four support plans, staff rotas and accident/incident records, policies and procedures and the quality assurance system. We spoke with three people who used the service and eight staff, including the registered manager and associate director, during the inspection. We gave out pictorial/easy read questionnaires for people to complete if they wanted to and three of these were returned. We contacted relatives and health and social care professionals by email to inform them we were carrying out the inspection and we spoke with two relatives and two health care professionals by telephone and received two emails following the inspection.

We asked the registered manager to send us copies of records, minutes of meetings and a range of policies

and procedures. These included safeguarding, infection control, equality and diversity, disciplinary and complaints. These were sent to us within a few days of the inspection.

## Is the service safe?

### Our findings

People were happy to talk about their flats, the staff who assisted them to be independent and the support provided. One person said they had been out shopping; they had enjoyed doing this and showed us what they had bought. Another person used the questionnaire to tell us they felt safe and that staff provided the support they needed. Relatives said their family members were safe. One relative told us, "Yes, he is very safe." Staff said there were enough staff working for the agency to ensure people were supported to be independent and, make safe choices about how they spent their time.

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training; they understood different types of abuse and were clear what action they would take if they had any concerns. Staff told us they would raise any concerns immediately with the senior staff or the manager and, they were confident that action would be taken. One member of staff said, "There are contact details for the local authority and other professionals if we feel something needs to be raised, but everything is dealt with straight away. We put the information on our system and it is sent to the Trust and is picked up there as well." A Whistleblowing policy was in place and staff said they had no problems with reporting anyone who put people using the service at risk. The registered manager said incidents/concerns and accidents were sent automatically to the Trust once the information had been recorded on their system and then referred to the safeguarding team.

Assessments had been undertaken to assess risk to the people using the service and to the staff who supported them. Risk assessments specific to each person were in place. These included assessment of people's mobility, nutritional needs and communication. As well as risk assessments for each of the activities staff supported people with. Such as cooking, cleaning and shopping and, there was clear guidance linked to each assessment for staff to follow. Staff said people were supported using a process of assessing risks and reducing these as much as possible. Health and social care professionals were positive about this approach. One said, "Her care package is bounded and restricted so she can make decisions within a risk assessed framework." Another told us staff, "Enable people to make decisions about the support they provide within a risk based package." Staff said the guidance was very good; they were required to follow it closely so that people were safely supported to take risks and spend their time as agreed in their support plan.

There were sufficient staff working for the agency. Staff were allocated and provided support based on the each person's individual needs. For example, one person was not usually ready for support in the early morning, so staff did not offer this until approximately 11am. Staff were available 24 hours a day, seven days a week and senior staff were on call if advice was needed or there were any concerns.

Recruitment for staff working for the agency was carried out by the Trust's human resources department and followed their procedures. Staff showed us that they could access this information and could see that appropriate checks had been completed, including application forms, two references, interview records, evidence of their residence in the UK and the Disclosure and Barring System (DBS) police check. Staff said they had been interviewed by the registered manager and senior staff and had then met people using the

service, before they were offered a job working for the agency.

Medicines were managed safely to ensure people received their prescribed medicine. Staff said they had attended medicine training and had read the providers policies and procedures, including those for the administration of 'as required' (PRN) medicines. Such as paracetamol for pain or Lorazepam for anxiety. There was guidance for staff to follow and assess if people needed PRN medicines. One member of staff said, "We only give out medicines for anxiety when other strategies have failed and we know people very well, we can see if they are uncomfortable or in pain if they can't tell us." Medicines and the medicine administration records (MAR) were kept secure in lockable cabinets in the people's flats and these were checked each time medicines were given out. This ensured they were given as prescribed and signed for. In addition, there were monthly audits by senior staff as part of the provider's quality assurance system.

Procedures were in place for staff to respond to an emergency situation and evacuate the flats if necessary to keep people safe.

## Is the service effective?

### Our findings

Relatives said staff had the knowledge and skills to provide appropriate support for people using the agency. They told us, "We feel there is a more controlled environment which is needed and the right support is in place" and, "We have good relationship with staff and are very happy with the team." Health and social care professionals were equally positive and said, "Yes, the staff are trained to and have the skills to support people" and, "No concerns about the staff. They are well trained and enable people to make decisions about the support they provide."

Management assisted staff to develop the skills and knowledge they needed to carry out their roles and meet people's needs. A training programme was in place and involved face to face and online training. Fundamental training included infection control, moving and handling, equality and diversity, medicines, health and safety and safeguarding. Additional training to meeting people's needs was also provided, such as, positive behavioural support (PBS). PBS is a specific approach to challenging behaviour; that provides strategies and methods to assist people to reduce their challenging behaviour and increase each person's quality of life. This is done by supporting people to develop new skills and adjusting the environment to promote positive changes in their behaviour, so that they can go out into the community and do not put themselves or other people at risk.

In addition, there were clear systems in place to assess staffs understanding of people's needs and how these would be met; using role play and multi-choice questions. For example, one person did not like the use of the word 'No'. Scenarios had been developed to assess how staff responded to requests from the person that could produce the 'No' response. Such as asking to do a planned activity that was not available. There were a number of responses that did not include the word 'No' and staff were assessed at their ability to do this, with other staff taking on the role of the person. Feedback about the support they provided was given in a positive way and if staff had not met the 90% pass, they repeated the assessment at a later date until they did. Staff said they were given the time to read each person's support plan, so that they understood their needs and how these could be met before their skills were assessed. One member of staff said, "We have the knowledge to support people properly and I feel confident that we can look after people and help them do what they want to, which is really good." Another told us, "The training is very good, we have to attend and we are given the time to make sure we know how to support people so that they can make choices and go out if they want to."

Staff had completed training on the Mental Capacity Act 2005 (MCA) and on the Deprivation of Liberty Safeguards (DoLS). An application for DoLS is made on behalf of people who live in care homes and other systems are in place for people living in their own home, such as guardianships through the Court of Protection. 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. Staff said they always asked people what they wanted to do, and although there were timetables for people to follow, they were flexible depending on what people wanted to do at the time.

Relatives supported their family members and said they were involved in discussions about people's needs and worked with staff to meet these.

An induction programme was in place for all staff when they started working for the agency. Staff told us there was a clear process to follow and they spent their first day looking at support plans and, were then introduced to people they would be supporting. One member of staff said, "I worked supernumerary shifts with staff and gradually started working with people, although still supervised. The staff are very supportive and always around to talk to and give advice." Another member of staff told us, "I am impressed by the support from senior staff and feel really supported to learn and support people to be independent." Staff that had no previous experience of working in a care setting were expected to complete the care certificate and one member staff had started this. The Care Certificate is a set of 15 standards for staff to work through, to develop introductory skills, knowledge and behaviours that enabled them to provide compassionate, safe and high quality care and support.

Regular one to one supervision was provided by the registered manager and senior staff and, they felt this went very well. One member of staff told us, "I have had two supervisions so far and an appraisal, which was very good and I have a good idea of what targets I have to meet with regard to training and supporting people. It is good to know exactly what is expected of us." Staff said the registered manager and senior staff were always available if they needed to clarify something or to get advice.

People were supported to prepare and cook meals, or assisted to make them as part of the support packages. One member of staff said, "Each person has different needs and some require more support than others, although all have some level of support, like prompting or reminding them." People's preferences, likes and dislikes were recorded in the support plans and records were kept of the food and drinks they ate. This ensured that each person had as healthy diet as possible, "Without restricting them if they like to have the occasional treat," as much as possible.

Staff arranged visits to GPs if required and assisted them to attend appointments. People's health was monitored and any changes were recorded and reported to senior staff. One member of staff told us, "We know people very well and we know if they are not quite themselves, even if they cannot tell us exactly what they are feeling." Another member of staff told us, "If there are any changes to people's needs or behaviour we inform the senior staff and the decision is taken to contact their GP or other professionals. Relatives said staff contacted them if they had any concerns. One relative told us, "They let me know if anything has changed, which is very good."

## Is the service caring?

### Our findings

Relatives said staff were very good and provided support that enabled people to develop the skills to become more independent and make choices. Conversations between people and staff were relaxed and friendly and, there was laughter and banter in a respectful way. Staff said their role was to support people to make decisions about how they spent their time. One staff member told us, "I love the people I support and enjoy working here."

Staff had a good understanding of people's individual support needs. Their comments included, "Everyone needs different types and levels of support and we spend a lot of time with people so that we get to know each other." "As a team we work together so that each person is supported in the same way by all the staff." This means, "There are routines in place that staff and people know about which helps to reduce any potential anxiety" and, "There is always some flexibility so that people can change their minds at any time if they want to."

A programme of 'activities' had been developed with each person, their relatives and health and social care professionals. This was to ensure that people were supported to develop daily living skills, such as housekeeping, cooking, shopping and managing their money. One member of staff told us, "The aim is for people to move out of these flats to a supported living placement or their own flats in the community. It might take some time to do this, but it is on that basis that we plan and provide support." The activities included suggested times for when staff provided preparing and cooking meals, doing laundry and going into town for shopping or socialising.

Staff said they treated people with respect and protected their dignity and privacy. We noticed that staff knocked on people's door and asked if they could enter before they did. One member of staff told us, "We respect their choices about everything, unless it puts them at risk and even then we discuss what they want to do with everyone involved before a decision is made." For example, one person wanted to go into town, but there was a risk of them running away. This was discussed with relatives and health and social care professionals as part of the best interest's process. It was agreed that despite the risk the person could go into town and, there was clear guidance for staff to follow if the person did not remain with the staff. A relative said their family member was treated with respect and was supported to choose how to spend their time safely.

People said they were involved in planning their activities. One person invited us into their flat and pointed out how they had decorated it with ornaments and pictures that were important to them. Their flat was clearly personalised as they wanted it. The person told us that they decided how they spent their time and, agreed with staff when they went shopping as, "I like shopping, but can't go on my own." Relatives said they were continually involved in discussions about supporting people to be independent and staff listened to them and took action if they had any suggestions to improve the service for the people using it. Such as, shopping for food daily so that a person did not eat too much.

Support plans were stored securely. Staff understood the importance of keeping information about people

confidential and not discussing their needs with other people using the service, or in the community.

## Is the service responsive?

### Our findings

People said staff listened to them and understood their needs. Staff were knowledgeable about people's needs and provided assistance as required. This enabled people to make choices and be independent. Relatives said they were aware of the complaints procedure, but had not found it necessary to use it, as they were involved in discussions about how the agency could best meet people's individual needs.

Support plans had been regularly reviewed with people and their relatives and, the registered manager said they were discussed continually from when the service started. This meant that staff were confident appropriate support was in place. People or relatives had signed the support plans to show that they had discussed people's needs and had agreed with the support plan. Team around the person (TAPs) meetings had been arranged for information sharing about people's needs. Relatives said they could attend these meeting if they wanted to, although some preferred to keep updated with regular phone calls. Staff said this meant they had open discussions which enabled people, their relatives, staff and health and social care professionals to put forward suggestions and agree the most appropriate way to support people. For example, one person liked to spend time in the community, but they became anxious with the handover of staff at the end of early shift at 2 pm. To reduce the anxiety it was agreed that one member of staff would provide continuous support throughout the day. This meant the person was more relaxed, there were no changes to their behaviour and they enjoyed more time in the community.

Staff said the support provided was appropriate for each person and based on enabling them to develop or improve their daily living skills, as well as deciding what activities they wanted to take part in. Health and social care professionals supported the staff comments and told us, "There has been a significant improvements in her quality of life" since they moved in and, "The service is good and is developed as they get to know people." Relatives were equally positive. One relative told us their family member was, "Laughing more, smiling more" and, going out, "Which they hadn't done before." Another relative said, "He likes the staff" and, support has been structured in such a way that he makes decisions about how he spends his time. Previously their behaviour in the community had put the person at risk and this had reduced with guidance and support from the agency.

Staff said support was personalised to meet people's preferences. This included male and female staff, so that people could decide who would support them and, this was recorded in their support plan.

The support was personalised with an appropriate mix of female and male staff, to ensure people's preferences were met. Staff ensured people were enabled to develop everyday living skills such as cooking and housework, as well as enjoy a social life and access the local community. Staff said they were quite flexible, but routine was important for some people with learning disabilities and some changes had been made following discussions with relatives and health professionals. For example, one person did not have a calendar in their flat because previously they had focused on what was planned for later in the day or week, and was unable to concentrate on what they wanted to do at the time. Without the calendar the person relaxed and was able to enjoy the activity of the moment.

Pictorial and written complaints procedures were in place and these had been given to people and their relatives. Relative said if they had any concerns they would talk to the staff, but they had no complaints about the service.

## Is the service well-led?

### Our findings

Relatives and health and social care professionals said the agency was, "Very well run" and the support provided was what people needed. One relative told us the, "More controlled" support provided by the agency staff meant their family member was safe; but could still do everything they wanted to. Such as use the online computer. Staff said the management was very good and were available for advice or just to talk at any time.

Services registered with the Care Quality Commission are required by law, under the Care Quality Commission (Registration) Regulations 2009, to inform CQC of incidents, events and changes in the services provided. In 2014, it had been identified by the registered provider that notifications that were being made by them, specific to Avenida Lodge, had not been received by CQC. The registered manager was able to demonstrate action that had been taken to confirm the route for making notifications to CQC and that this had been agreed and followed since 2015. However, the technical difficulties had persisted and no notifications had been received by us. The registered manager gave us a list of the notifications that had been sent to the Trust since August 2016. There had been 119 incidents reported. We discussed this with staff from the Trust who were involved in sending the information to CQC and, with analysts at CQC who can access and map the information so that it can be allocated to the location. The registered manager has informed us of action that has been taken since the time of the inspection to resolve this in co-operation with CQC, and arrangements were made to ensure that notifications were submitted to CQC in the interim.

Avenida Lodge, as part of the Trust worked within the policies, procedures and management structures of the Trust. The services provided were planned and reviewed in line with the Key Lines of Enquiry for Community services and a quality assurance and monitoring system was in place. There were monthly audits of people's finances, medicines and medicines administration records, service vehicles and health and safety of the premises, including fire prevention systems. Staff said they regularly walked around the building and the garden area; to ensure people were safe, which ensure people were unable to leave or access the building without staff assistance.

People using the service were continually encouraged to talk about the support provided and more formal feedback was sought. Requests or suggestions discussed during the TAPs meetings and satisfaction questionnaires were given to people, their relatives and health and social care professionals. Staff said, "We are open to any suggestions about how we can improve the service and encourage relatives and professionals to talk to us about what we do."

There were regular staff meetings and staff said they were very good. One member of staff told us, "They update us on anything to do with the support we provide and any changes." Another member of staff said, "We are able to catch up with each other and raise any issues they had. Such as having enough time to write the daily records. Staff said they management style was open and encouraged them to raise any concerns or to ask questions if they were unsure or wanted to clarify anything.