

Adult Placement Services Limited

Avalon Teesside Services

Inspection report

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Date of inspection visit:
05 January 2016

Date of publication:
10 March 2016

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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

This inspection took place on 5 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be in.

Avalon Teesside Services is a domiciliary care agency that provides personal care support to people with a wide range of health conditions. The service also supports people in a 'Supported Living Scheme' and 'Floating Support Scheme' undertaking activities which are not regulated by CQC. These additional support activities enable people to attend work and college placements, access local social and leisure facilities and carry out daily living tasks in their own homes.

The service had a registered manager who had been registered since September 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People who used the service told us they felt safe, that care staff carried out their tasks in a caring manner and that they had confidence in the service. Staff had received training in how to safeguard people from harm and knew how to respond to any allegation of abuse. Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice. Risk assessments were centred on the needs of the individual. Potential risks to people had been identified and plans put into place to enable them to live as safely and independently as possible.

There were sufficient staff employed to provide consistent and safe care to people, with people receiving care from the same team of staff for most of the time. The service carried out appropriate checks to ensure suitable staff were employed.

People received their medicines in a safe way and staff had received training in the types of medicines people received. Staff recorded medicines taken by people in an appropriate medicines record sheet.

Staff received regular training both mandatory and specialist which provided them with the knowledge and skills to meet people's needs in a person centred manner. They were supported by the registered manager and senior management team in respect of supervision and informal support.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and had received training in this area to meet people's care needs. Care staff had also received awareness training in the Mental Capacity Act.

Staff helped ensure people who used the service had food and drink to meet their needs and supported

people with preparing meals where requested. Staff knew people's care and support needs which were detailed in care plans describing how people wished to be supported. People were involved in making decisions about their care. There were regular home visits spot checks carried out by the service to monitor the quality of service and the care practice carried out by staff.

Privacy and dignity of people was promoted by staff and they treated people with respect. People who received care remained independent and in control of their decision making and choices. People had access to health care professionals to make sure they received appropriate care and treatment. The service maintained accurate and up to date records of people's healthcare and GP contacts in case they needed to contact them.

People received care that was responsive to their needs and centred on them as individuals. People's needs were assessed and care plans gave very clear guidance on how they were to be supported. Records showed that people and their relatives were involved in the assessment process and review of their care.

People were supported to access activities of their choice.

A complaints procedure was available and people we spoke with said they knew how to complain, although no one said they had needed to. The service maintained records of compliments and complaints and recorded how these were resolved.

People had the opportunity to give their views about the service. There was regular consultation with staff, people and/or family members and their views were used to improve the service. Regular audits were completed to monitor service provision and to ensure the safety of people who used the service.

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.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse and people told us that they felt safe.

Staffing levels were meeting people's needs. Staff were recruited following safe and robust procedures.

Risk assessments were carried out before providing a service to people. Medicines were safely administered by staff and accurately recorded.

Is the service effective?

Good ●

The service was effective.

Staff received regular training and supervision to ensure they had the skills and knowledge needed to perform their roles.

Staff obtained people's consent to care and treatment.

People were supported to eat and drink sufficient amounts to meet their nutritional needs.

The registered provider was aware of their responsibilities under the Mental Capacity Act 2005 (MCA). People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good ●

This service was caring.

Staff knew people well and had developed positive and meaningful relationships with people who used the service.

People and their families were treated with kindness and compassion.

Staff treated people with respect and dignity and promoted

independence

Is the service responsive?

Good ●

This service was responsive

People's needs were assessed before they began using the service and care was planned in response to their needs.

People and/or their relatives contributed to the planning of their care. Complaints were managed effectively.

People were supported to access activities of their choice.

Is the service well-led?

Good ●

This service was well-led.

The registered manager promoted a culture of openness and transparency through being approachable and listening to people.

There was a positive and open culture at the service. There was open communication within the staff team and staff said they felt comfortable discussing any concerns with the manager.

There was a consistent quality assurance system in place which enabled the registered manager to monitor the quality of the service, identify and address short falls and improve the service.

Avalon Teesside Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 5 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care services and we needed to be sure that the manager would be in. The inspection was undertaken by one adult social care inspector.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at statutory notifications that had been submitted by the service. Statutory notifications include information about important events which the provider is required to send us by law. This information was reviewed and used to assist with our inspection. We contacted the local authority that commissioned the service to obtain their views and we received feedback about the service from four external healthcare professionals.

We used a number of different methods to help us understand the experiences of people using the service. Out of the five people using the service only one person was able to talk with us about the care and support they received. The other four people were unable to communicate verbally. We spoke with the registered manager, the quality assurance director, four members of staff, and two relatives. We also sent questionnaires to staff and received nine back.

We reviewed care records relating to the three people using the service, four staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

One person who used the service said, "The staff look after me really well, I feel safe." Relatives of people who used the service said that people were safe and the carers were kind and respectful. Relatives we spoke with said, "[relative] is safe I have no issues." And another said, "The staff keep [relative] safe definitely."

All of the care staff we spoke with were able to provide a good explanation of what was meant by a safeguarding concern and the various forms of abuse, including financial and emotional abuse. They were also able to provide a clear description of the safeguarding policy and the action they would take if they were concerned about someone's safety. This included reporting incidents to the manager and alerting local social services. One staff member said, "We keep people safe by sticking to the policy and procedures of safeguarding."

We looked at staff rotas and saw there were sufficient numbers of staff to keep people safe. Staffing levels had been planned based on the number of people using the service and their needs. Staff we spoke with all said there were enough staff on duty at all times. The service used a system called Carefree which regularly updated the staffing levels. The registered manager said, "We regularly analyse behaviour incident reports to ascertain training needs and to further develop staff and we are constantly reviewing our staffing and are able to ensure staffing is at an acceptable level."

The registered provider had robust arrangements in place when recruiting new staff to work at the service. Potential new staff undertake an in-depth interview plus a job role related exercise. For example a presentation, group exercise, written exercise or a case study. Records showed the service had carried out appropriate employment checks of prospective staff regarding their suitability to work. These included obtaining and verifying evidence of their identity, right to work in the UK, relevant training, references from former employers and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers to make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults.

We looked at three files of people receiving care and each contained individualised risk and management plans, completed with them and where appropriate their relatives. Care plans identified the risk and the actions required of staff to minimise the risk. Staff had received training in Non Abusive Psychological and Physical Intervention (NAPPI). The aim of NAPPI is to focus on the Assessment, Prevention and Management of confused, unpredictable, and aggressive clients and ensures staff are able to contain most out-of-control behaviour in a safe, fast, effective and supportive manner. Staff were trained up to level 2 in NAPPI.

We checked the management of medicines. Medicines records were accurate and supported the safe administration of medicines. Suitable checks and support were in place to ensure the safety of people who managed their own medicines. All medicines administration records (MAR) were audited and any errors recorded. Staff were able to confirm that they had received appropriate training in medicines administration. The service had protocols in place for medicines to be taken when required. We found these

to be very detailed for example one person was prescribed Lorazepam for agitation and aggression, the protocol detailed signs to look out for that may mean agitation or aggression and de-escalation techniques to use first before Lorazepam is administered. There was also a further step if Lorazepam did not work and that was to administer Haloperidol. We looked at records from a 12 month period which showed that Haloperidol had never been used and Lorazepam had only been used three to five times a month. This meant that staff were reading the protocol before administering medication and using the techniques described effectively.

The registered manager explained that they had an emergency plan that was updated annually. This took into account areas such as floods, electrical failures etc. The registered manager said, "The locality has a business continuity plan in place. The aim of the plan is to help prepare the business to cope with the effects of emerging situations that arise without prior warning." Each person who used the service also had an individual Personal Emergency Evacuation Plan (PEEP) that identified the person centred and individualised support they would require in the event of an emergency.

Is the service effective?

Our findings

People were supported by staff who had the right skills and knowledge to care for them. Staff were very knowledgeable about people's individual needs and preferences and how to meet these. Staff had been trained to meet people's care and support needs. Records showed all staff had received training in core areas such as moving and handling, health and safety, food hygiene, safeguarding, first aid, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service regularly analysed behaviour incident reports to ascertain training needs and to further develop staff. Staff were given the opportunity to increase their skillset and progress within the organisation, for example three support workers have progressed from support worker to senior support worker level.

The registered manager said, "Existing managers are offered leadership training to ensure their skills are continually developing within the role. We offer a comprehensive leadership programme based on learning needs analysis mapped to skills for care, management induction standards and National Skills Academy for Social Care Leadership framework. We have utilised the skills of one of our existing managers and promoted them to dementia lead for the locality. They are now responsible for the setting up of new support packages in the area and the promotion of the service. We use our staff development review to ensure both support staff and management are given the opportunity to discuss their development with the relevant person and put action plans in place to ensure progress is made."

Staff we spoke to said, "We have a lot of training but to be honest the more you have only makes you do your job better." And another said, "Yes we get plenty of training, I feel I have the right skills to do the job."

One person who was supported by Avalon was a speaker at a recent training session on Visual Awareness and Guiding Training. Both staff receiving the training and the person delivering it found this very useful.

New staff completed a comprehensive induction. Employees were assessed and monitored by the learning and development lead. The learning and development lead worked closely with locality managers and Human relations (HR), if necessary, to offer feedback on new recruits. The service had a strict probationary process whereby new staff were monitored and would meet regularly with their line manager to discuss any concerns. Support staff complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The registered manager said, "The Care Certificate enables their competence in every aspect of care to be assessed before they work unsupervised." The registered manager also said the service received regular feedback with regards to the performance of their support workers as to whether they were meeting the goals they wished to achieve.

We looked at staff supervision and appraisal. Staff we spoke with said they have regular supervision and we saw evidence to show these and appraisals had taken place. Staff we spoke with said, "Supervisions are pretty good, I feel listened to." And another said, "Supervisions are good to discuss things you are not sure about and I feel able to discuss anything." The registered manager said, "All support workers receive a support and supervision at least every 3 months, giving the support staff the opportunity to raise any concerns they have and discuss ways in which they can continue to provide an excellent service. During

supervision the support worker can also look at ways to further enhance the service user experience and work with their manager to put plans in place to ensure those individuals they support remain engaged with their support. "

Avalon was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. The registered manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was in line with the Mental Capacity Act (2005) Code of Practice (MCA) which guided staff to ensure practice and decisions were made in people's best interests. Staff had not received training in Mental capacity and DoLS. Staff we spoke with were able to explain sufficiently what MCA and DoLS were. One staff member said, "This is designed to protect and empower the individual who lack the mental capacity to make decisions on their care and treatment." The registered manager said that they have been working with the local authority around DoLS.

We saw evidence of people's signing to show consent in care files. For example consent to receiving support with finances.

We saw evidence to show that people were supported to seek additional support or assistance from other healthcare professionals particularly when they felt unwell. People's records showed outcomes from all healthcare visits and appointments were clearly documented and any changes or additional support people may need as a result were shared promptly with all staff. One relative we spoke with said, "Staff are really good they take my relative to hospital appointments."

We saw evidence to show that healthy eating was promoted. Each person who used the service had an eating plan which included food they like and food they don't like. Certain people were on special diets. For example one person was on a Fodmap diet which is a dietary approach for the management of irritable bowel syndrome (IBS) symptoms. A list of food to avoid was in the persons care plan as well as in the kitchen at their home. Staff also supported and encouraged people to prepare their own meals. One person who used the service had pictorial aids in place showing the steps to making a cup of tea.

Is the service caring?

Our findings

One person who used the service said "[Support worker] is really good, we get on really well, I am looked after." Relatives we spoke with said, "Staff are good." Another relative said, "Staff are definitely caring, they know my relative well, he also knows them well and knows which staff members are a soft touch and can wind them up."

External healthcare professionals said, "Avalon provide excellent care and support to our young people and adults. Avalon staff always attend the meetings held with social care and education and always provide valuable feedback and input to these meetings. Avalon always go above and beyond when supporting service users and are able to respond to a crisis situation effectively."

Staff we spoke with also displayed a thoughtful, caring approach when speaking about people and the way in which they deliver care. They knew people they supported really well.

The service continually reflected on their practice and sought to make improvements for the people they supported. There were monthly joint meetings between the team and people who used the service, these were recorded and demonstrated that the team were consistently monitoring and reflecting on the service. Records of meetings with people and their individual keyworkers showed staff enabled people, where possible to state their views about the different options of support available to them. Support plans were updated and kept current. Staff we spoke with said, "The meetings with specific customers and all the support staff who care for them are really useful, we share great ideas and we learn more about the customer, everyone contributes and it supports the customers wellbeing." And "It is great for everyone who is working on one package to meet up, as we may not see each other normally with different shifts, so what the person may see on a nightshift we can learn from on the day shift." The registered manager said, "We ensure our customers have a voice."

The service supported people to express their views and be actively involved in making decisions about their daily care and support. If a person struggled to make choices staff were trained to support them by offering different options in a suitable format, for example, by using visual aids if necessary. Support plans clearly recognised potential challenges to communication and provided clear guidance for staff about how best to support people. For example, do not use complicated language and to only provide one piece of information at a time.

The service ensured people were afforded privacy, dignity and treated with respect. Staff we spoke with said, "I always close doors, give the customer space and treat them as I would like to be treated." And another said, "I would respect their personal space and ensure customers are given proper personal care." And another staff member said, "I given the customer time to be alone and respect their choices." Another staff member said, "It is important to ensure they are properly attired, ensuring that their clothes are back in place after going to the toilet and give them time to do what they want to do, not standing over them."

Staff explained how they support people who used the service to live as independently as possible. Staff we

spoke with said, "I allow them to make their own choices and discuss with them any other choices so they can make a decision." And "I promote independence with a lot of encouragement." Another staff member said, "I get them to do things for themselves but with the knowledge that I am there to help if needed." Care plans also documented the need to encourage people to be independent for example one care plan said, "I should be encouraged to put my dirty pots in the sink."

Staff we spoke with knew the people they cared for really well. We asked staff what is important in terms of interacting with the people who used the service and what they value. One staff member said, "They value you to listen and to understand what their needs are and to enable." Another staff member said, "They value your time, patience, eye and body contact and language." And another staff member said, "I feel they value me ensuring they are comfortable and happy around me. They value having someone friendly and not judgemental to spend time with."

People and their relatives were aware of, and were supported, to have access to advocacy services that were able to support and speak on behalf of people if required.

Is the service responsive?

Our findings

People's care records and service policies and procedures focused on ensuring that care packages were decided on only after an assessment had been carried out and people consulted about their views on how it should be delivered.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Care plans were in place that reflected the current care and support needs of people. Care plans provided detail for staff to give care and support to people in the way they preferred.

Care records contained comprehensive information about people's health and social care needs. Plans were person centred, which meant they were individualised and relevant to the person. We found them to be very detailed stating what kind of person they would like to support them, what their own personality characteristics were, what was working or not working in their life and adaptations needed. One person's care plan documented how they disliked change and how they liked things to be a certain way in the house such as not liking curtains shut. It also stated how obsessed this person was about a certain household object and staff were not to touch this. They could also become obsessed by other items and the care plan detailed how staff were to respond. We saw people's daily notes and found these were very detailed documenting what had happened throughout the day or night and what actions had been taken when risks occurred. This also matched what was documented in the persons care plan.

Care plans also documented things that were important to the person for example family, shopping and maintaining independence, who they like to spend time with and what makes them happy. The care plans also documented signs if someone was becoming unhappy and what staff would need to do. For example one care plan documented, if a family member had not answered the phone when the person called them, staff were to pre-empt a situation that could happen because of this, the care plan documented how staff should speak and how staff should act. For example staff should be upbeat in approach and confident, not to crowd and check the environment for safety.

The registered manager said, "Our service users were heavily involved in the creation of the new, outcome based support plan. By gathering their views we were able to create a document that is person centred and prompts the service user to identify achievable goals for their plan.

We asked external healthcare professionals for their thoughts on the service Avalon provide. One social worker said, "Avalon adopt a person centred approach when receiving a referral and gather information which then can be utilised to tailor a support package to meet the needs of the individual." And another healthcare professional said, "I am very happy with the service they provide to young people on my case load. Families seem to be happy with the workers that are matched to their family member. Also the workers seem to be able to strike a happy balance between what the agency as in Local Authority are looking for,

plans & goals and what the 'customer' wants."

One relative we spoke with was very happy with the transition to this service. The relative said, "Well it has been worth it, everything went really well, I thought there may be teething troubles but there wasn't, they have kept continuity going with the staff and it is working really well. If there is ever a problem they ring me, they are very good at communicating."

People who used the service were encouraged and supported to engage with activities and events outside of the home. One person who used the service we spoke with said, "I have just been line dancing, it was great, even [support worker] is good at it." And "I am going bowling tonight." And "I had a lovely Christmas and I am going on holiday soon, I am going abroad, we have to go to the airport."

The registered manager said, "We have supported a person for over ten years, it was always their dream to have a holiday abroad, after several months of planning and in depth risk assessments taking place the holiday abroad was able to happen."

The service had a policy and procedure in place for dealing with complaints. We spoke with the manager about the complaints procedure and were reassured the service took complaints seriously and acted promptly to address concerns. Relatives we spoke with said they had no complaints. The service had received one complaint recently about a member of staff and we saw this complaint had been handled effectively with a full outcome. The service had received a number of compliments. One compliment said, "We find the standards of care in particular, sensitivity, dignity and compassion, which you promised have been and continue to be continuously honoured." The registered manager said, "Service users are also made aware that they can use the compliments and concerns process to raise any issues they have or to praise a support worker whenever they feel it is deserved."

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager registered with the Care Quality Commission.

Two relatives we spoke with were happy and confident with the service. Comments included, "I am happy with the service." And "They have good systems going now."

Staff we spoke with said they were supported by the registered manager. One staff member said, "[registered manager] used to be a support worker, coordinator and team manager until they became the registered manager of the whole service, this means they understand every step, they are very easy to talk to and if there are any issues they are sorted really quickly." Another staff member said, "I feel sorted, they are spot on" And another staff member said, "Management are great, I have had no issues, there is always someone to talk to and not necessarily my line manager." Another staff member said, "Even though [registered manager] is in charge of the whole office, I speak to them a lot, they always have time for me they are very supportive."

The service had a clear vision and put values, such as a quality and providing a personalised services. The service promoted diversity with a competent and motivated workforce. Staff clearly understood these values and were committed to them. The service ensured there was an open and transparent culture in which people, their relatives and staff could share their views, experiences and ideas about how the service could be improved. One staff member said, "Avalon as a company meet their aim, they stand by the customer."

Staff meetings were held regularly and minutes were made available for all those who were unable to attend. The staff team discussed issues about the running of the service, topics such as confidentiality, DoLS, expenses and office updates. Staff confirmed that they had regular meetings and felt these were useful. One staff member said, "The staff meetings are good, especially the ones about and with customers." And "We discuss what can be improved and what people enjoy."

We asked the registered manager how they gathered the views of the people who used their service, their relatives and staff. The registered manager said, "We gather the views of the people who use our service in many different ways. We ensure every service user has a review at least once a year. This gives them the opportunity to air any concerns they may have and to discuss any goals they may wish to achieve. All of the people who use our service were given a questionnaire to complete in 2015. We analysed the feedback from their responses and designed an action plan based on the responses given. I will revisit the action plan on a regular basis to ensure we are meeting the key targets set. Service users can also discuss any changes to support or any concerns they may have during service user forums, where senior managers will be able to listen to the views of those present and ensure action plans are put in place."

The service promoted Avalink to their customers. Avalink is a strategic customer committee made up of customers from each of the localities, the group meets every three months to discuss current issues, decide

on upcoming policy changes and to ensure best practice was being adhered to across the North of England. They encouraged all of their customers to get involved in Avalink, whether that was by becoming a panel member directly, or by discussing issues at a local level which could then be forwarded to the quarterly meeting for discussion at a higher level. Avalink is all about inclusion; people taking control of their lives and the way they are supported.

We saw that surveys took place involving staff, people who used the service and their relatives. Feedback from the surveys were positive. We saw that even positive feedback had an action which was to share and still improve further.

The service had robust quality assurance processes in place, which incorporated CQC's key lines of enquiry (KLOE's) which look at whether the service is safe, effective, caring, responsive and well led. They also included monthly audits for health and safety, maintenance of the service, medicines management and monitoring of complaints. These processes acted both as an audit system and a way to drive continuous improvement.

An external healthcare professional said, "The referral system is great and they fully understand the needs of service users prior to putting a package of support in place. Avalon is able to meet cultural needs of services users and listen to them brilliantly. The matching process is done great and this is flexible to the service user. Overall the feedback from families and services users is always excellent and families feel they are able to get in touch with the staff if they have any problems. The on call service is great for families and services users also." And another said, "I find Avalon a very good provider." Another said, "In relation to taking new work on board, this is always dealt with in a planned manner and the agency presents as not flooding its self, they will not agree to take something on if they cannot provide a good service. The company seem to be very family orientated and staff seem to be happy. I feel it is a great service and the demand is increasing all the time with the good reputation they are building with service users and families."

The service understood and complied with their legal obligations from CQC or other external organisations and these were carried out consistently.

We asked what the plans were for developing the service and the registered manager said, "As a service we are currently supporting people with a range of support needs. We are planning on developing our younger people's support as well as our dementia service. We have a full time dementia lead who is based at the Teesside office, as well as a team of support staff who have a recognised qualification in dementia care.