Adult Placement Services Limited

Avalon Harrogate Services

Inspection report

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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 29 and 30 May 2018 and was announced.

Avalon Harrogate Services provides personal care and support to people who have a learning disability or autistic spectrum disorder. Some of the people who use the service are also living with dementia. Some people who receive support live in small supported living services which are staffed according to assessed needs. Other people live in a family setting with a main carer. This is called shared lives. The aim of the service is to support people to live independently. The service was supporting 15 people at the time of our inspection. For the purposes of this report the term 'staff' refers to supported living workers as well as shared lives carers.

Not everyone using Avalon Harrogate Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

People were supported by staff who understood the risks they faced and how to support them to reduce these. People were protected from harm by staff that recognised the signs of abuse and were confident to raise concerns.

There was enough staff to safely provide care and support. Safe recruitment processes helped to prevent unsuitable staff working with people who needed support. Staff received regular supervision and training which supported them in their roles.

Personalised care plans and risk assessments were in place. The care and support people received was person centred. Staff were kind and treated people with dignity and respect and their independence was promoted. They were sensitive to people's needs regarding equality, diversity and their human rights, as their choices and preferences were respected. People were encouraged and supported to lead full and active lives in their homes and in the community.

People are supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service support this practice.

The service was well-led and there were effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service people received. Feedback systems were in place where the views of people and relatives were sought. People were given information on how to raise a complaint should they choose to do so.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Avalon Harrogate 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 comprehensive inspection took place on 29 and 30 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to speak with us. The inspection team consisted of one adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

We reviewed three staff files, staff time sheets, policies and procedures, compliments and complaints, incident and accident monitoring systems, meeting minutes, training records and surveys completed by the service. We looked at three people's care records, these included care plans, risk assessments and daily notes. Following the inspection, we asked the provider to send us more information about audits. The provider sent the information to CQC in a timely manner.

We spoke with five people who used the service, the registered manager, two service managers, the training manager, three support workers, spoke with a shared lives carer, and the policy and projects officer. Following the inspection, we spoke with a health and social care professional and a worker from an organisation that supports people with activities.

Good

Is the service safe?

Our findings

People told us they were cared for safely by staff. Comments included, "I live with [Name] in their house and it's lovely and safe" and "I am safe inside and outside with the staff."

Staff had a good understanding and knowledge of safeguarding people and knew how to recognise abuse or neglect. Staff understood their responsibilities to report concerns and were confident actions would be taken to protect people they supported.

People were protected from discrimination. One told us, "I would not worry if I had to whistle blow about staff or if there was any discrimination shown to people."

Risks associated with people's care and support were recognised and managed. These included for example risks relating to moving and handling and if any equipment was used. This meant staff had the guidance they needed to help people remain safe.

Medicines were administered safely to people who needed this support. Care records included information about what medicines people needed and the level of support required. Where people needed support to take their medicines, they were confident they received these as required. Medicines audits were completed to ensure any shortfalls were identified and staff were monitored to ensure they were competent to administer medication.

People and staff told us they had no concerns regarding the staffing levels. The registered manager made sure there were sufficient numbers of suitable staff to keep people safe. They told us any new care packages would not be accepted if there were not sufficient staff to meet people's needs. Staff we spoke with confirmed this.

Staff were safe and suitable to work with people. Disclosure and Barring Service check (DBS) were carried out before staff started working at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. We also saw that previous employer references had been obtained and a full work history was provided within the application form.

The provider recognised errors and reflected on situations to make on going improvements. For example, the registered manager had reviewed how accidents and incidents were being recorded by staff and additional training had been provided. This meant the registered manager and provider had identified patterns and trends, took action to reduce reoccurrences and learned from any shortfalls.

Staff were aware of the risk of cross infection and we saw personal protective equipment such as gloves and aprons were available and being used.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to meet their needs. One person said, "The staff are really good." When we visited a person in their own home they told us, "I have a super place and I trust staff."

Care records and assessments showed how people's physical and emotional needs were met and how they wished to be cared for. Care files listed key information about the person and information was recorded sensitively and respectfully.

Staff received regular supervisions and appraisals. Training records showed staff had completed courses relevant to their role to effectively support people. These included moving and handling, health and safety, safeguarding people, safe handling of medications, dementia awareness, nutrition and health, positive behaviour support and sexuality. Staff were very complimentary about the training provided. One told us, "Training is top grade." Induction training was linked with the care certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles within health and social care. During staff inductions, a person who receives support are invited to share their experiences so staff gain understanding from their perspective.

People were supported to eat a healthy diet of their choice by staff knew people's food and drink preferences. Care plans detailed people's dietary needs, preferences and any food allergies. For example, one person's care file included information and advice for staff about their dietary requirements associated with a medical condition.

People's records demonstrated the service had worked with healthcare professionals in the provision of people's care to promote their health and well-being. These including GPs, nurses and mental health professionals. People were supported to attend appointments and annual health checks. One person told us, "Staff help me. They call the doctor and go with me."

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.

The service was working within the principles of the MCA. Staff had a good understanding of the importance of protecting people's rights to refuse care and support. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. Care staff told us they asked for people's consent before providing their care. One said, "I always ask for people's consent before doing anything for them. I am in their home, not mine."

The service ensured they kept up to date with best practice guidelines. For example, the service had worked

closely with a pharmacist to review policy and procedures and training had been provided from an organisation that specialised in a specific medical condition.

Good

Is the service caring?

Our findings

Staff were kind and compassionate and treated people with respect. Without exception, people we spoke with were complimentary about the staff. Comments included, "Staff are nice and kind. They are good and polite" and "Staff make me laugh. I like them very much and they care about me." A health and social care professional told us, "The staff are definitely kind and caring and involve people in their care."

Staff recognised people's individuality and were aware of the challenges they faced. For example, one staff member told us they would not accept any form of discrimination and would support people if they experienced this. Information was available to people about hate crime and the support that was available should a person be discriminated against. For example, because of their disability or religion.

People told us the staff asked for their views and included them in all decisions about their care. We saw documentation in easy read and pictorial format to help people express their wishes. One person said, "Staff check what I want to do. I can decide." Another said, "I speak to the staff and can go to the office for a chat and am listened to." Information was available about other organisations such as advocacy where people could receive advice and support.

People were treated with dignity and respect. Staff we spoke with had a good appreciation of people's needs around privacy and dignity. One person explained to us they were never worried about how the staff supported and prompted them with their personal care needs.

Information about people was kept securely in the office. The registered manager ensured that confidential paperwork was collected from people's homes and stored securely at the registered office.

People told us they were supported to remain independent. One person said, "Staff go through things with me, like how to do a big shop, cooking and laundry." Another person told us that staff had shown them how to take their medication. The registered manager showed us evidence of two care packages which had been reduced because people had become more independent.

We saw a several compliments the service had received from relatives about the support provided. Comments included, "Our family are grateful for all the support you gave" and "Thank you for all your support."

Good

Is the service responsive?

Our findings

People received a service that was person centred and responsive to their needs. One person said, "I have the staff come when it is a good time for me."

People's care plans were specific to their individual needs and guided staff on the support they required and how this was to be provided. People's likes and dislikes were listed and staff we spoke with clearly knew people well. Staff could tell us about their individual needs and preferences. A health and social care professional explained how the service had made a difference to people. They said, "The staff were brilliant with [Name] and helped them blossom and lead a better quality of life."

The service was responsive to people's changing needs and staff responded in a person centred way. For example, one person had been too anxious to go to a cancer screening appointment. Staff took their time with the person and discussed their concerns. Their anxiety reduced and they attended the appointment accompanied by the staff member. On another occasion, a person being supported became unwell and was admitted to hospital. The staff member did not finish their shift until they knew the person was settled and had shared information about their needs with medical staff.

People's care plans were reviewed and updated regularly. Any changes were communicated with staff and other professionals on a regular basis. One staff member told us, "We are quickly informed if there are changes and updated care plans are shared with us." This meant care and support was appropriate to the person's current needs.

Information was available to people in different formats to make it accessible for them. For example, there were easy read and pictorial versions on topics such as looking after people's personal information, shared lives documentation, and what a person should do if they were unhappy about the service provided and wanted to complain.

At the time of our inspection no one was being supported with end of life care. The registered manager explained they would work alongside health care professionals should people need this level of support and training was provided in the principles of end of life care.

People were protected from discrimination by staff who respected people's choices and individuality. People told us they had choice in what they wanted to do. For example, one person told us they had a choice when and how the household tasks were completed and when they wanted help to wash their hair.

Staff promoted the use of technologies and supported people to use their phones or computers to keep in contact with family members or order items over the internet.

Arrangements were in place to meet people's social and recreational needs. People were supported to attend activities of their choice and maintain hobbies and interests. People we spoke with told us how much they enjoyed the holidays and trips out with staff. One told us, "If I could, I would spend all day with the

staff."

Good

Is the service well-led?

Our findings

People spoke positively about the service. One person told us, "It is a good service. I like what they are about and what they do for me." Staff we spoke with were proud of the work they did and the positive impact their support had on the lives of people they supported.

Since the last inspection in October 2015, there had been a new registered manager. They registered in January 2018. 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.

Staff we spoke with explained they felt very supported and were more confident in how the service was being led since the new registered manager had been in post. Staff told us they felt valued and were given opportunities to develop. For example, one staff member was encouraged to learn basic sign language to enhance the way they communicated with a person being supported. They had ensured other staff supporting this person were aware of the signs the person used.

Quality assurance processes had been effective in identifying areas for development and improving the service. We were provided with evidence which showed the service had been checked. Areas needing improvement had been identified and any actions required had been completed. We saw that that shared lives carers had been contacted by the operations director to ensure training and support was up to date.

The registered manager completed monthly reports which showed trends and patterns identified from any accident or incidents. This meant that information and learning was shared across the provider as well as within the team. We also saw documentation which showed the provider's health and safety committee analysed information to ensure the service continually improved.

There was effective links with community groups and organisations such as the police and a local housing association. We also saw links had been made with another provider in the area and a joint training session had been undertaken.

People were consulted by the use of surveys and at reviews. The provider also had an active committee run by people using the service. They met regularly to discuss issues, ideas and their views on policy changes for example. One person we spoke with was very positive about being able to share their views and said, "I am sticking with my staff. I wouldn't want anyone else."