Maison Care Ltd

Avalon

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

Avalon provides support and care for up to four people living with learning disabilities and autism. There were four people living in the service when we inspected on 7 August 2015.

There was a registered manager 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.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to not having robust recruitment procedures and good governance systems in place. You can see what action we told the provider to take at the back of the full version of this report.

There were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Summary of findings

Staff understood how to minimise risks and provide people with safe care. Procedures and processes were in place to guide staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

There were sufficient numbers of staff who had the knowledge and skills to meet people's needs. People were treated with kindness by the staff. Staff respected people's privacy and dignity and interacted with people in a caring and compassionate manner.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being.

People received care that was personalised to them and met their needs and wishes. Staff listened to people and acted on what they said. The atmosphere in the service was friendly and welcoming.

Care and support was individual and based on the assessed needs of each person. People's care records contained information about how they communicated and their ability to make decisions. Staff supported people to be independent and to meet their individual needs and aspirations. People were encouraged to pursue their hobbies and interests and participated in a variety of personalised meaningful activities.

People or their representatives were supported to make decisions about how they led their lives and wanted to be supported. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. The service was up to date with changes regarding the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were being assessed and they were supported to eat and drink sufficiently. People were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

There was an open and transparent culture in the service. Staff were aware of the values of the service and understood their roles and responsibilities.

There was a complaints procedure in place and people knew how to make a complaint if they were unhappy with the service. Systems were in place that encouraged feedback from people who used the service, relatives, and visiting professionals and this was used to make continual improvements to the service.

Summary of findings

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 not consistently safe.

Improvements were needed to ensure robust recruitment systems were in place.

There were enough staff to meet people's needs .Staff knew how to recognise and respond to abuse correctly and had a clear understanding of procedures for safeguarding adults.

Systems were in place to provide people with their medicines safely.

Requires improvement

Is the service effective?
The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing health care support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good

Is the service caring?
The service was caring.

Staff were compassionate, attentive and caring in their interactions with people.

People's independence, privacy and dignity was promoted and respected. Staff took account of people's individual needs and preferences.

People were involved in making decisions about their care and their families were appropriately involved.

Good

Is the service responsive?
The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support.

People's care was assessed and reviewed and changes to their needs and

preferences were identified and acted upon

People knew how to complain and share their experiences. There was a complaints system in place to show that concerns were investigated, responded to and acted on.

Good

Summary of findings

Is the service well-led?

The service was not consistently well-led.

Governance systems in place to monitor the quality and safety of the service provided were not robust enough to identify shortfalls and take effective action. Improvements were required to ensure the quality of the service continued to progress.

There was an open and transparent culture at the service. Staff were encouraged and supported by the manager and were clear on their roles and responsibilities.

Requires improvement

Avalon

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 unannounced inspection took place on 7 August 2015 and was carried out by one inspector.

Before our inspection, the provider completed 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.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

People had complex needs, which meant they could not always readily tell us about their experiences and communicated with us in different ways, such as facial expressions and gestures. We observed the way people interacted with staff and how they responded to their environment and staff who were supporting them. We reviewed three people's care records and other information, for example their risk assessments and medicines records, to help us assess how their care needs were being met.

The registered manager was not available at the time of our inspection. In their absence we spoke with the deputy manager and three care staff. We reviewed feedback from two health and social care professionals.

We looked at records relating to the management of the service including safety of equipment, staff training and systems in place for assessing and monitoring the quality of the service. We also looked at three staff recruitment files.

Requires improvement

Is the service safe?

Our findings

Staff told us the manager or provider had interviewed them and carried out the relevant checks before they started working at the service. Most of the records we looked at confirmed this to be the case.

However, we found inconsistencies with records relating to the relevant checks carried out to ensure staff working for the service were appropriate. Two of the three staff personnel files we reviewed had missing information for example interview notes were not available in these files. Risk assessments had not been completed appropriately when these were required, to identify and put measures in place to mitigate potential concerns with staff records. This put people at risk of receiving unsafe care.

Following the inspection we requested a copy of the provider's recruitment policy and procedures. We found that this was not up to date as it was not in line with current regulations and Disclosure and Barring Service (DBS) best practice. Improvements were needed to establish safe and robust recruitment systems, including the provision of accurate information and guidelines on the safe employment of fit and proper persons.

This is a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service presented as relaxed and at ease in their surroundings and with the staff. One person when asked if they felt safe in the service smiled, nodded their head and shook hands with us.

Systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date safeguarding training and were aware of the provider's safeguarding adults and whistleblowing procedures and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise and report any suspicions of abuse. They described how they would report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was a fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire.

People were protected from risks and their freedom was supported and respected. For example, people had individual risk assessments which covered identified risks such as nutrition, medicines and accessing the local community, with clear instructions for staff on how to meet people's needs safely. People who were vulnerable as a result of specific medical conditions, such as epilepsy and autism, had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Staff were knowledgeable about the people they supported and were familiar with the risk assessments in place. They confirmed that the risk assessments were accurate and reflected people's needs.

There was an established staffing team in place with sufficient numbers to provide the support required to meet people's needs. The deputy manager advised us that agency staff were rarely used to provide cover, as existing staff including the management team or staff from the provider's other services covered shifts to ensure consistency and good practice. People's needs had been assessed and staffing hours were allocated to meet their requirements. The deputy manager told us the staffing levels were flexible and could be increased to accommodate people's changing needs, for example if they needed extra care or support to attend appointments or activities. Throughout our inspection we saw people supported by staff undertaking various one to one activities and accessing the community on planned and impromptu trips out. Our conversations with staff and records seen confirmed there were enough staff to meet people's needs.

Suitable arrangements were in place for the management of medicines. We observed people receiving their medicines in a safe and supportive way. Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Medicines were provided to people as prescribed, for example with food or at certain times. Staff recorded that people had taken their medicines on medicine administration records (MAR's). Where medicines were prescribed to be taken as

Requires improvement

Is the service safe?

and when required, for example as a response to aggressive behaviour, there were plans, guiding staff through the process for deciding whether to administer the medicines, and what alternative strategies should be attempted before resorting to the use of medicines in such circumstances. Regular audits on medicines and competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Good

Is the service effective?

Our findings

We saw that staff training was effective because staff communicated well with people in line with their individual needs. This included using reassuring touch, maintaining eye contact and using familiar words that people understood. Staff said that they were provided with the training that they needed to meet people's requirements and preferences effectively. Systems were in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. Staff told us they received specific training to meet people's care needs. This included supporting people with epilepsy, autism and managing behaviours. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Staff told us that they felt supported in their role and had regular one to one supervision and team meetings where they could talk through any issues, seek advice and receive feedback about their work practice. They described how the management team encouraged them to professionally develop and supported their career progression. The deputy manager told us that as part of continual improvement in the service, they were reviewing the existing supervision arrangements to ensure a consistent approach for day and night staff. Records confirmed what we had been told. This showed us that the systems in place provided staff with the support and guidance that they needed to meet people's needs effectively.

People were asked for their consent before staff supported them with their care needs for example to mobilise or assisting them with their meal. Staff had a good understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Records confirmed that staff had received this training. We saw that DoLS referrals had been made to the local authority as required to ensure that any restrictions on people were lawful. Guidance on DoLS and best interest decisions in line with MCA was available to staff in the office.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People's relatives, representatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

There was an availability of snacks and refreshments throughout the day. Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Where issues had been identified, such as weight loss or difficulty swallowing, guidance and support had been sought from health care professionals, including dieticians and speech and language therapists. This information was reflected in people's care plans and used to guide staff on meeting people's needs appropriately.

People had access to health care services and received ongoing health care support where required. We saw records of visits to health care professionals in people's files. Care records reflected that people, or relatives on their behalf, had been involved in determining people's care needs. This included attending reviews with other professionals such as social workers, specialist consultants and their doctor. Health action plans were individual to each person and included dates for medical appointments, medicines reviews and annual health checks. Where the staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, prompt referrals and requests for advice and guidance were sought and acted on to maintain people's health and wellbeing.

Good

Is the service caring?

Our findings

The atmosphere within the service was welcoming, relaxed and calm. Staff talked about people in an affectionate and compassionate manner. Staff were caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. Staff showed genuine interest in people's lives and knew them well. They understood people's preferred routines, likes and dislikes.

We observed people who used the service in the company of the staff. People presented as calm and comfortable, smiling and enjoying friendly interaction with staff when engaged in daily activities or discussing their plans for the day. We saw one person enjoying their favourite activities with their key worker (allocated member of staff). This included listening to music, using the sand pit outside and cutting paper. We saw that the person was laughing and enjoying the company of the staff member.

Staff were knowledgeable about people's life experiences and spoke with us about people's different personalities. They demonstrated an understanding of the people they cared for in line with their individual care and support arrangements. This included how they communicated and made themselves understood, for example using aids such as pictorial cards to express their choices. Staff were aware of people's different facial expressions, vocalised sounds, body language and gestures which indicated their mood and wellbeing.

Staff were familiar with changes to people's demeanour and what this could represent, for example how a person appeared if they experienced pain or anxiety. We saw a member of staff recognise when a person's mood had suddenly changed and they had become distressed. The member of staff talked to the person calmly and in a reassuring manner. They encouraged the person to walk with them to their bedroom and choose something they would like to do such as listening to music or watching their favourite television programme as they knew this was something they enjoyed and may help settle them. The person went with the member of staff and laughed and smiled as they chose the programme they wanted to watch.

People were supported to develop and maintain friendships. Their support plans contained information about their family and friends and those who were important to them. Staff enabled people to regularly access the community and to participate in activities they enjoyed. This included going swimming, playing football at the local leisure centre and meeting up with friends at the weekly 'Gateway Club' disco. This showed that measures were in place to reduce the risk of isolation for people.

Staff told us how they respected people's dignity and privacy, including when supporting people with their personal care needs, and understood why this was important. People's health care needs were discussed in private and not publicly. People chose whether to be in communal areas, have time in their bedroom or outside the service. We saw that staff knocked on people's bedroom and bathroom doors and waited for a response before entering.

From our observations we saw that people had a good sense of well-being, they were at ease and relaxed in their home, came and went as they chose and were supported when needed.

Good

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities which were important to them. We saw that staff were attentive and perceptive to people's needs including non-verbal requests for assistance. Where support was required this was given immediately.

People had an allocated staff member as their key worker who were involved in that person's care and support arrangements. We saw records, which confirmed that key workers met regularly with people to discuss the arrangements in place and to make changes where necessary if their needs had changed. This ensured that people received care and support that was planned and centred on their individual needs

Staff explained how they tailored care and support to meet people's complex needs. This included when people were not always able to express themselves verbally and were becoming frustrated at not being understood. Staff described how they shared with each other the best ways to recognise people's different behaviours and mannerisms and how to respond appropriately. Staff described how they used different responses to communicate their understanding and to engage with people, this included short verbal sentences, pictures and using reassuring touch. This showed that staff recognised and were responsive to people's individual needs.

Care records contained detailed information about people's physical health, emotional and mental health and social care needs. These needs had been assessed and care plans were developed to meet them. Care plans were routinely updated when changes had occurred which meant that staff were provided with information about people's current needs and how these were met.

Staff were kept aware of any changes in people's needs on a daily basis. One member of staff told us, "Handovers are very thorough, we discuss each person and if there have been any changes or things we need to keep an eye on then this is flagged up so everyone is aware." Daily records contained information about what people had done during the day, what they had eaten, how their mood had been or if their condition had changed. Throughout the day staff communicated effectively with each other and used a communication book to reflect current issues as part of a formal handover to staff on the next shift. These measures helped to ensure that staff were aware of and could respond appropriately to people's changing needs.

People, relatives and representatives had expressed their views about the service through individual reviews of their care, annual questionnaires and a communication form in people's bedrooms to enable them to express their views and experiences of the service when they visited. People's feedback was valued and respected and fed back to the staff to maintain the consistency. The last satisfaction survey completed by relatives about the care provided was positive with complimentary comments consisting of: "We are always made very welcome," And, "Feel I can raise any issues with the manager and staff." When asked if people were protected from harm and do the staff respect human rights a relative had commented, "I think the carers [staff] achieve that balance brilliantly. I have no suggestions for improvement."

The provider's complaints policy and procedure was made freely available in the service and contained details of relevant external agencies and advocacy information to support people if required. The deputy manager told us they were looking into making this more accessible to ensure people with complex needs could express any comments or concerns they had about the service. They confirmed that the service was not dealing with any complaints at the time of our inspection. We looked at the one previous complaint which showed that this had been investigated and responded to in a timely manner.

Requires improvement

Is the service well-led?

Our findings

Governance systems including quality assurance and auditing processes were not robust. The provider's quality monitoring arrangements needed further development as they had not independently picked up the shortfalls we had found relating to the safe recruitment of staff. For example information to guide staff on effective and safe recruitment such as the provider's policy and procedures was not in line with current regulations and best practice. This had not been reviewed and was not up to date.

Further improvements to the provider's internal systems were required to ensure the safety and quality of the service.

It was clear from our observations and discussions that there was an open and supportive culture in the service. Staff were encouraged and supported by the management team and were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. We saw that care and support was delivered in a safe and personalised way with dignity and respect. Equality and independence was promoted at all times.

Staff we spoke with felt that people were involved in the service and that their opinion counted. They said the service was well led and that the manager and deputy manager were approachable and listened to them. One member of staff said, "The management team here are hands on and available whenever you need them."

People benefitted from competent and committed staff because the management team encouraged them to learn and develop new skills and ideas, for example staff told us how they had been supported to undertake professional qualifications and if they were interested in further training they were supported.

Meeting minutes showed that staff feedback was encouraged, acted on and used to improve the service, for example, staff contributed their views about issues affecting people's daily lives. This included how staff supported people with personal care and accessing the community.

Staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One member of staff told us, "We all work together to discuss the best way to do things. If something comes up then the key worker who has developed a relationship and understanding of the person they support will lead but we all contribute ideas and suggestions."

Risks to people were minimised because staff understood how to report accidents, incidents and any safeguarding concerns. Staff liaised with relevant agencies where required. Actions were taken to learn from incidents, for example, when accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents including significant changes to people's behaviours were monitored and analysed to check if there were any potential patterns or other considerations (for example medicines or known triggers) which might be a factor. Attention was given to how things could be done differently and improved, including what the impact would be to people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Robust recruitment systems were not in place.** 19 (1) (a) (2)