Avocet Trust

1181 Holderness Road

Inspection report

1181 Holderness Road
Hull
HU8 9EA

Tel: 01482712259

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

1181 Holderness Road is located in the east of the city of Hull and is registered to provide care and accommodation for up to a maximum of eight people with a learning disability or autistic spectrum disorder for the purpose of respite care. Accommodation is provided in a large detached house.

We undertook this unannounced inspection on the 21 and 25 May 2017. At the last inspection on 18 April 2016, we found improvements were required with the quality assurance system in place as this did not always show what actions had been taken, when areas for improvement were identified through audits and surveys.

A revised quality assurance system had recently been introduced which consisted of seeking people's views, carrying out audits and observations of staff practice. This had been introduced to identify shortfalls so actions could be taken to address them. However, this had not identified that the keys to the medication cabinet were not being stored securely in line with the provider's medication policy. Although medicines were found to be stored in a locked cabinet, the keys were left on a shelf and easily accessible. At this inspection we found the registered provider had taken action to address these issues.

At the time of our inspection four people were accessing respite services. Not all of the people who were using the service were able to tell us about their experiences. We relied on our observations of care and our discussions with staff, relatives and those people using the service who were able to speak with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to talk with us.

The service had 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. The registered manager had only recently moved to the service and had been working there since February 2017.

We found areas of the building were in need of redecoration and refurbishment.

Medicines were, administered and disposed of safely. Training records showed staff had received training in the safe handling and administration of medicines.

Positive interactions were observed between staff and the people they cared for. People's privacy and dignity was respected and staff supported people to be independent and to make their own choices. Staff provided information to people and included them in decisions about their support and care.

We found staff were recruited safely and there was sufficient staff to support people. Staff received training in how to safeguard people from the risk of harm and abuse and they knew what to do if they had concerns.

Staff had access to induction, training, supervision and appraisal which supported them to be skilled and confident when providing care to people. This included training considered essential by the registered provider and also specific training to meet the needs of the people they supported.

Staff had received training in legislation such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and the Mental Health Act 1983. They were aware of the need to gain consent when delivering care and support and what to do if people lacked the capacity to agree to it. When people were assessed as not having capacity to make their own decisions, meetings were held with relevant others to discuss options and make decisions in the person's best interests.

We found people's health and nutritional needs were met and they accessed professional advice and treatment from community services when required. People who used the service received care in a person centred way with care plans describing their preferences for care and staff followed this guidance.

Menus were varied and staff confirmed choices and alternatives were available for each meal: we observed drinks and snacks were served between meals. Meals provided to people were varied and in line with risk management plans produced by dieticians and speech and language therapists.

Risk assessments were completed to guide staff in how to minimise risks and potential harm. Staff took steps to minimise risks to people's wellbeing without taking away people's rights to make decisions.

People lived in a safe environment and staff ensured equipment used within the service was regularly checked and maintained.

People who used the service were seen to engage in a number of activities both within the service and the local community. They were encouraged to pursue hobbies, social interests and to go on outings. We observed that support was provided on an individual basis and people's needs were understood by staff delivering their care. We saw people had assessments of their needs and plans of care were produced; these showed people and their relatives had been involved in this process.

We observed people received care that was person-centred and care plans provided staff with information about how to support people in line with their personal wishes and preferences.

There was a complaints procedure in place which was available in a suitable format. This enabled people who used the service to access the procedure if needed. People we spoke with knew how to make complaints and told us they had no concerns about raising issues with the staff team.

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.

Staff were recruited safely and employed in sufficient numbers in order to meet people's assessed needs.

People's medicines were managed safely by staff that had been trained.

Staff knew how to safeguard people from the risk of abuse and harm and who to contact if they had any concerns.

People were protected from the risk of avoidable harm because the registered provider had systems in place to manage risks.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvements were required to ensure an on-going plan of redecoration was in place to ensure the décor was maintained to a good standard at all times.

Staff understood the principles of the Mental Capacity Act 2005 (MCA), which meant they promoted people's rights and followed least restrictive practices.

We saw people were supported to have a healthy and nutritious diet and to receive appropriate healthcare when required.

Is the service caring?

Good

The service was caring.

We saw staff had developed both positive and caring relationships with people who used the service and were seen to respect their privacy and dignity.

People were supported by staff that had a good understanding of their individual needs and preferences for how their care and support was delivered.

Is the service responsive?

Good

Arrangements were in place to ensure people had the opportunity to engage in a variety of different activities both within the service and the wider community.

People and their relatives were involved and had the opportunity to participate in their care and make changes where required.

People and their relatives understood how to raise concerns and complaints.

People's care plans recorded information about their preferred lifestyles and people who were important to them and were encouraged to maintain these relationships.

Is the service well-led?

Good

The service was well led.

There was a quality assurance system in place that consisted of obtaining people's views and completing audits, checks and developing action plans to address shortfalls.

The registered manager reviewed all accidents and incidents that had occurred in the service so learning could take place.

1181 Holderness Road

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2014.

This unannounced inspection took place on 21 and 25 May 2017. The inspection was completed by one adult social care inspector.

The registered provider had not been asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. However, we checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

Prior to the inspection information we held about the service was reviewed and we contacted the local authority's contracts monitoring and safeguarding teams.

Not all of the people who used the service were unable to communicate verbally with us so during the inspection we observed how staff communicated with them. We also observed staffs approach and how they interacted with people who used the service throughout the day and at mealtimes. We spoke with the registered provider's nominated individual and head of service for the west of Hull, the registered manager and three care support workers.

Following the inspection, we spoke with two relatives of people using the service.

We looked at two care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as four people's medication administration records (MARs) and monitoring charts for food, fluid, weights, pressure relief and bathing. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

A selection of documentation relating to the management and running of the service was also looked at. These included three staff recruitment files, training records, the staff rota, minutes of meetings with staff and managers, quality assurance audits, complaints management and maintenance of equipment records.

A tour of the service was completed and we spent time observing care.

Good

Is the service safe?

Our findings

At our last inspection of the service on 18 April 2017 we found the keys to the medication cabinet were not being stored securely in line with the provider's medication policy. Although medicines were found to be stored in a locked cabinet, the keys were left on a shelf and easily accessible. At this inspection we found the registered provider had taken action to address these issues. The keys to the medicines cabinets were now held by the person responsible for the administration of medicines throughout the shift and then signed over to the responsible incoming staff member.

People received their medicines safely and as prescribed from appropriately trained staff. The service had a comprehensive medicines management policy which ensured staff were aware of their responsibilities in relation to supporting people with medicines. Medicines were obtained, stored, administered and recorded in line with good practice. Regular medication audits were completed to check medicines were obtained, stored, administered and disposed of appropriately.

There were protocols in place to guide staff when people were prescribed medicines on an 'as and when required' basis. These indicated what the medicine was for and the maximum dose. The medication administration records were accurately completed. Medicines were counted and checked each day.

Through our observations and discussions with people who used the service, relatives and staff members we found there were enough staff with the right experience, skills, knowledge and training to meet people's individual needs. One relative expressed they had previously been concerned about the high agency use, but felt their relative was safe.

The registered manager showed us the staff rotas and explained how staff were allocated for each shift. They confirmed extra staff were provided to support activities and trips into the community. We saw this was planned for and identified on the staffing rota. Some people who used the service were funded for one-to-one support. Checks on the rotas confirmed this was taking place. The registered manager confirmed any staff absence due to sickness and holiday was covered by the service staff or bank staff, rather than relying on agency staff, so people using the service knew the staff providing the cover.

We found there was a satisfactory recruitment and selection process in place. The staff files we checked contained all the essential pre-employment checks required. This included written references and a satisfactory 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, to help employers make safer recruitment decisions. The records we looked at confirmed all staff were subject to a formal interview which was in line with the registered provider's recruitment policy.

The environment was spacious and well equipped. There was an emergency plan to guide staff in dealing with issues such as floods and utility failure. Equipment used was checked, maintained and serviced appropriately to make sure it remained safe to use. This included portable fire and electrical equipment, fire detection and alarm systems, first aid boxes, gas appliances, electric circuitry, hot water outlets and

fridge/freezer temperatures. Personal emergency evacuation plans were in place for each person who used the service.

The registered provider's safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff understood the procedures to follow if they witnessed or had an allegation of abuse reported to them. They also understood they could escalate concerns to external agencies if required, and considered they would be supported appropriately.

One person using the service, who was able to speak with us, told us, "Yes, I like it here and I am safe."

Relatives we spoke with told us that they felt their family member was safe and comments included: "[Name] always appears to be happy to go there; I don't think they would if they didn't like it or felt unhappy there." Another told us, "[Name] happily returns there for their respite. I've no concerns."

Individual risk assessments were completed for people who used the service and included guidance on their care needs in order to manage the risk and facilitate their independence. For example, risk assessments were in place for people accessing the local community, seizures and support in managing anxiety and behaviour that challenged the service. Staff were familiar with the risks and were provided with information on how to manage these risks and ensure people were protected. Accidents and incidents were recorded and investigated to prevent reoccurrence.

Requires Improvement

Is the service effective?

Our findings

We found improvements needed to be made to ensure that any areas of the environment that were identified as needing an update were reported in a timely way. During a tour of the premises we found some areas of the rear of the building were beginning to look tired and in need of redecoration. When we spoke to the registered manager about this they explained that they and the quality assurance manager had identified this in their audits and were awaiting notification of when the work was to be carried out. We spoke with the estates manager who was able to share with us an action plan that confirmed that redecoration of the service and replacement of identified furnishings was to be completed within a twelve week period.

Relatives we spoke with commented that they felt the environment could be 'more homely'.

People who used the service told us they liked the staff. Comments included, "All the staff are really nice and friendly, and they are kind and talk to me. They helped me to get a job at the farm feeding the animals, I am so happy about that."

Relatives told us they thought staff had the skills and abilities to meet their family member's needs. Comments included; "The staff are really good with him." When asked about the food provided in the service, a relative told us, "My family member has a special diet and staff are all aware of this and cater for his needs well."

Staff we spoke with had a good understanding of people's specific nutritional needs and their preferences of food and drink and were able to clearly describe how these were catered for. The information provided corresponded to the information detailed within people's care plans. Staff gave examples of one person who had a mealtime prescription in place which identified the need for their food to be fork mash-able and the correct seating position the person needed to adopt when staff were supporting them to eat and drink.

Staff recorded the meals and fluids each person consumed each day and commented on whether they liked or disliked particular foods so a preference list could be maintained.

We saw the health care needs of people who used the service were met and during respite stays, staff always kept relatives informed of any changes in relation to people's health and well-being. We saw each person had a health action plan which detailed their health care needs and who would be involved in meeting them. This helped to provide staff with guidance, information about timings for appointments and instructions from professionals.

In discussions, it was clear staff knew people's health care needs and they were aware of the professionals involved in their care. Comments included, "A daily monitoring record of meals eaten and drinks is recorded. If a person is losing weight or putting on weight or their health deteriorates it may indicate something is wrong with that person's diet."

Relatives told us the staff were skilled in the support they provided and monitored people's health and well-being.

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. We saw assessments of capacity and best interest meetings had taken place to discuss support with people's personal allowance and personal care. We saw relevant people were involved in decision-making on people's behalf.

The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support and ensures that people are not unlawfully restricted of their freedom or liberty. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and authorisations were in place for each of the people who used the service. The registered manager had notified the CQC of the outcome of the DoLS applications.

In discussions, staff were clear about how they ensured people consented to care and support. They said, "We always ask people; they are able to understand. They would let us know if they didn't want to do something" and "All the people who come here are able to express their views about day-to-day decisions, whether this is through speech or certain ways they respond. All this information is in their care plans. For example, [Name] will smile and clap their hands if they like something, we always ask."

Training needs were monitored through individual support and development meetings with staff. These were scheduled for a minimum of every two months. During these meetings staff discussed the support and care they provided to people and guidance was provided by the registered manager in regard to work practices. Opportunity was given to discuss any difficulties or concerns staff had. Records showed staff had received an annual appraisal of their work performance.

The registered manager told us that all new staff completed a two week induction which covered training the registered provider considered to be essential including; medication, safeguarding and care planning. They then had a period of shadowing experienced staff in the service. Following this they completed a work based induction booklet during the next three months and more specialised training was also made available to them during this time including epilepsy and autism. Discussion with a recently appointed staff member confirmed this process.

Good

Is the service caring?

Our findings

Some of the people who used the service had communication and language difficulties and because of this we were unable to obtain their views verbally about their experiences. We relied on our observations of care and our discussions with other people who used the service, staff and relatives involved.

The people who were able to speak with us told us they were happy with the care they received. They told us staff respected their privacy and they had meetings to talk about their care. Comments included, "I talk with all of my staff and we go through everything, what I want to do, if I am keeping well and if anything needs to change."

Relatives told us they considered their family member was well cared for by staff. Comments included, "They not only do a good job with them, they support us too."

During the inspection we used the SOFI tool which allows us to spend time observing what is happening in the service and helps us to record how people spend their time, the type of support received and if they had positive experiences. We spent time in different areas of the service and we observed staff interacted positively and sensitively towards the people who used the service. We observed people going out of the service to engage in different activities including going out to the shop, visiting the local park and a trip to the seaside.

People were seen to approach staff with confidence; they indicated when they wanted their company, for example, when they wanted a drink or wanted them to play a game with them and when they wanted to be on their own. Staff were seen to respect these choices. Staff were sensitive when caring for people with limited verbal communication skills. People were seen to be given time to respond to the information they had been given or any request made of them, in a caring and patient manner.

Requests from people who used the service were seen to be responded to quickly by staff. Throughout the inspection there was a calm and comfortable atmosphere within the service. Staff told us they viewed the service as the person's home and respected their privacy, always knocking on doors and waiting to be asked to enter. During our observations we saw people were always asked for their consent before any care tasks were undertaken.

During discussion with staff they confirmed they read care plans and information was shared with them in a number of ways including; a daily handover, communication records and staff meetings. Staff spoke about the needs of each individual and demonstrated a good understanding of their current needs, previous history, what they needed support with, what they may need encouragement to do and how they communicated and expressed their wishes. Staff told us that care plans provided them with sufficient information about people.

We saw people who used the service looked well cared for, were clean shaven (when this was their choice) and wore clothing that was in keeping with their own preferences.

Staff told us how they kept relatives informed about issues that affected their family member and ensured they were involved in all aspects of decision making. There was evidence that showed staff attended reviews of people using the service.

Good

Is the service responsive?

Our findings

People who used the service told us, "The staff help me to know what is going on and help me to write things down. They help me to organise things and keep my room tidy."

Relatives told us they considered the service to be responsive to their family member's individual needs. Comments included, "We are involved in all aspects of his life and the decision making process. He loves to be out and he is enjoying a variety of different activities that he loves." Another told us, "I have no concerns about the service, but I know that if I did, I could pick up the phone and we could discuss anything and would be listened to."

We looked at the care plans for two people who used the service and found these to be well organised, easy to follow and person centred. Sections of the care plans had been produced in easy to read format; Easy Read is an accessible way of presenting information in a clear and easy to read format. It is written to be used by adults with learning disabilities. This meant people who used the service had a tool to support their understanding of the content of their care plan.

People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and wider community. Details of what was important to people such as their likes, dislikes and preferences were also recorded and included, for example, their preferred daily routines, what they enjoyed doing and how staff could support these in a positive way.

Individual assessments were seen to have been carried out to identify people's support needs and care plans were then developed outlining how these needs were to be met. We saw assessments had been completed to identify the person's level of risk. These included identified health needs, nutrition, fire, road safety, changing behaviours and going out in the community. Where risks had been identified, risk assessments had been completed and contained detailed information for staff on how the risk could be reduced or minimised.

Staff we spoke with gave us an example of one person using the service who liked trains. After initially introducing them to short train journeys they had gradually built up to a day trip to the railway museum in York, travelling there by train.

When we spoke with the registered manager and staff they were able to provide a thorough account of people's needs and knew about people's likes and dislikes and the level of support they required whilst they were in the service and local community.

The registered provider had a complaints policy in place that was displayed within the service. The policy and procedure was available in easy to read format to help the people who used the service to understand the contents. In discussions with the registered manager they told us the service received very few complaints. No complaints had been received by the service since our last inspection, but where

suggestions had been made to improve the service these had been acknowledged and action taken.

Good

Is the service well-led?

Our findings

At our last inspection on 18 April 2016 we found the quality assurance system needed to be further developed to show what actions were taken where shortfalls had been identified within the service. At this inspection we found the quality assurance system had been further embedded and included action plans with timescales to address any issues identified. Further audits were made by the quality assurance lead to ensure these timescales were met.

People who used the service told us they liked the registered manager and staff. Staff we spoke with told us they felt supported by the registered manager and worked well together as a team.

We observed that when the registered manager approached people, they were comfortable in their presence and some people addressed them by their first name, engaging them in conversation. It was clear the registered manager knew people's needs well and had developed positive and professional caring relationships with them.

Relatives commented, "The service has always been very accommodating. I have no concerns whatsoever." Others told us, "I know I can pick up the phone at any time and raise anything if I need to, or just pop in for a chat." and "We are asked for our views about the service, we complete surveys, attend meetings and receive newsletters, and we are well informed about everything."

We found the organisation encouraged good practice. For example there was a system in place to nominate staff for specific awards for recognition of good practice. Staff also received long service awards. Staff were provided with handbooks which explained the expectations of their practice and described the organisations vision. This was described as promoting a 'lifetime support to vulnerable people to enable them to live fulfilled and valued lives through making personal choice, an inclusive society where people have equal chances to live the life they choose.'

Experienced staff had been involved in the development of a booklet which described their role and the type of activities they were involved in whilst supporting people. This was shared with new starters during their induction to give them an understanding of what the role involved and how each day was different.

We saw an organisational wide system was in place to monitor the quality of service people received. This included a range of audits, meetings and surveys of people who used the service and their relatives, and observations of staff practices. Relatives we spoke with confirmed they were involved in this process. As well as attending relatives meetings and receiving newsletters, they were also invited to various social events, arranged by the registered provider.

The quality monitoring programme also included a structured programme of compliance reviews by the quality assurance manager. These were completed every two months and covered all aspects of service provision. The records showed that where shortfalls had been identified, action plans had been developed and compliance dates achieved.

Records showed the registered manager completed a range of internal checks of areas such as care plans, personal financial accounts and medication management, and the results of these checks were positive.

Accident and incident records were maintained and demonstrated immediate appropriate actions were taken following these occurrences. The registered manager confirmed how all accident, incident and safeguarding reports were sent to the senior management team for analysis and review in order to identify any emerging patterns and outcomes to inform learning at service and organisational level.

We saw the registered manager had arranged for regular safety checks to be carried out on all equipment used in the home and maintenance was carried out as required. A redecoration / refurbishment plan was in place that identified a plan for any improvements required within the service.

Meetings took place for all registered managers in the organisation to share information and best practice guidance. Registered managers also had the opportunity to network with external care providers to share best practice initiatives and share experience. The registered manager told us that these us that these meetings were both useful and informative.

Staff told us they attended meetings where the registered manager would inform them of any changes to policies and procedures and to share new guidance on best practice. Staff meetings were held monthly as a minimum and records of these were maintained.

We found the registered manager was aware of their role and responsibilities and notified the Care Quality Commission and other agencies, of incidents which affected the welfare of people who used the service. The registered manager also responded to requests for information when required