

# Adult Placement Services Limited

# Avalon Scarborough

# 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

Avalon Scarborough provides personal care for people who have a learning disability or autistic spectrum disorder. Some of the people supported also have dementia. Avalon provides two types of service; domiciliary support to people living in their own homes, including supported living, and 'shared lives'. Shared lives is where people live in a family setting with a main carer. For people who live within supported living arrangements, CQC does not regulate the premises used; this inspection looked at people's personal care and support. For the purpose of, this report the term 'staff' refers to both shared lives carers and support workers.

Not everyone supported by Avalon Scarborough Services received support with a regulated activity; CQC only inspects the service being received by people provided with 'personal care'. This includes help with tasks related to personal hygiene and eating. When people do receive support with a regulated activity we consider the wider social care support provided. At the time of our inspection 109 people received support with a regulated activity.

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.

People told us they received safe support. Staff received safeguarding training and understood potential signs of abuse and how they would report any concerns. People received their medicines as prescribed. Audits of medicines were completed and actions were taken to address potential root causes of any issues. Accidents and incidents were reported as required and investigations completed to ensure steps had been taken to address any areas of risk. Comprehensive risk assessments were in place.

People were 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. People told us staff sought their consent before providing any care.

Staff completed mandatory training and specialist training when required. Staff competency was regularly assessed to ensure they had the skills and knowledge to provide safe and effective care. Staff received ongoing support by way of supervision and appraisals. People had access to healthcare professionals and staff sought professional advice and input.

People who used the service told us staff were kind and caring towards them and offered emotional support. Staff promoted people's dignity and privacy through their interactions with them. Staff demonstrated a thorough understanding of people's needs and current circumstances and spoke about people in a respectful manner. People were encouraged to be independent. Information about advocacy services was available to ensure people had access to independent support when needed.

People received person-centred support. People's care plans were descriptive and clearly explained their needs, wishes and preferences. Some people's reviews were behind schedule, however when reviews were completed they were detailed and outcome focused. Staff supported people to engage in activities of their choosing and told us how much they enjoyed this. The staff team were aware of issues relating to equality and diversity.

We received positive feedback about the registered manager and management team from staff members and people who used the service. The registered manager was noted to be supportive and approachable. The audits completed by the registered manager and provider were effective in identifying and addressing any issues which may affect the quality or safety of the service. There were a variety of internal meetings to ensure staff received important information and updates, and had an opportunity to discuss any concerns or issues.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Avalon Scarborough 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 was 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 site visits started on 4 June and ended on 27 June 2018. We gave the service 72 hours' notice of the inspection visit because we needed to be sure somebody would be in the office. We also wanted people who used the service to be aware of our inspection so they could come and share their views with us if they wanted to. The first three days of the inspection were completed by one inspector and a second inspector assisted on the fourth day. An assistant inspector assisted by making telephone calls to staff and people who used the service.

Before our inspection we reviewed information we held about the service, which included information shared with the CQC and notifications sent to us since our last inspection. The provider is legally required to send notifications about events, incidents or changes that occur and which affect their service or the people who use it. We also contacted the local authority commissioning group and the local Healthwatch, a consumer group who share the views and experiences of people using health and social care services. We used this information in planning our inspection.

Before the inspection, the provider sent us the Provider Information Return. This is information providers are required to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make. This contributed to our understanding of the service and planning for the inspection.

During the inspection we spoke with nine people who used the service, this included people who used the shared lives service and those supported within their own homes. We telephoned people, visited people in

their homes and others came to the office to speak with us. We received written feedback from two professionals.

We looked at documentation for eight people who used the service. The documentation we reviewed included care plans, risk assessments and daily records. We also viewed a variety of documentation relating to the running of the service and the provider's policies and procedures.

We spoke with 11 members of staff. This included support workers, service managers, the policy and projects officer and the registered manager. We also reviewed nine staff files which included information on training and support provided.

# Is the service safe?

## Our findings

At the last inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People told us they were supported safely. Comments included, "I feel safe with the support workers. They have the right skills" and "They support me with my personal care really well and give me my privacy."

Staff received training in relation to the safeguarding of vulnerable adults. Staff understood potential signs of abuse and were confident about how, and to whom, they would report their concerns. There were up to date safeguarding and whistleblowing policies in place and the staff team worked closely with the local authority when there were safeguarding concerns.

There were sufficient numbers of staff and people received support from a consistent team who were with familiar with their needs. New staff shadowed more experienced staff to ensure they had the necessary skills and knowledge. An emergency on-call system was available 24 hours a day to ensure staff and people who used the service were supported in an urgent situation.

Staff continued to be recruited safely. This included ensuring appropriate references were in place, any gaps in employment were explored and the applicant had a DBS check to confirm there was no reason why they would not be suitable to work in the care sector.

Risk assessments were completed when there was an identified risk, in areas such as going out alone, moving and handling or potential financial abuse. Risk assessments also described the measures in place to try and address and reduce potential risks. These were reviewed and updated as required.

Positive behaviour support is a person-centred approach to supporting people who may become anxious or display behaviours that can challenge. Detailed positive behaviour support plans were in place for people who required this type of support. These provided clear guidance about effective ways to de-escalate or avoid potentially stressful or difficult situations for the person. For example, 'All the walls are cream so that I do not become over stimulated by colour.' The provider employed a complex care lead who worked closely with services providing advice and assistance. They were involved in people's care planning and risk assessments. This demonstrated to us that the provider sought to understand and support people appropriately.

Detailed accident and incident reports were completed and reviewed by the management team, who took appropriate actions. Staff involved were supported to reflect on the situation and offered emotional and practical support.

People received their medicines as prescribed. Medicine administration records were audited on a regular basis and any issues were addressed. For example, due to shortfalls in one person's records the staff involved received additional training. Protocols were in place for 'as and when needed' medicines, to guide

staff on when these were required.



# Is the service effective?

## Our findings

At the last inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People who used the service told us staff were skilled and knew how to support them. One person said, "They (the staff) are good at their job."

New staff completed an induction programme which covered the principles of the Care Certificate. The Care Certificate is a nationally recognised training resource which sets out the agreed standards for the knowledge and skills of those who work in the care sector. Documentation which tracked the progress of new members of staff was not consistently updated. The RM planned to update these documents.

Staff supervisions and annual appraisals were an opportunity to reflect on things that had gone well, experiences they could learn from and any training and development needs. Spot checks ensured staff continued to have the right skills, knowledge and approach for their job.

Staff were positive about their training which included moving and handling training, safeguarding and first aid. Specialist training was provided in areas such as epilepsy and positive behaviour support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty were sought appropriately and the staff were mindful of restrictions on people's lives. When mental capacity assessments were completed these were detailed and followed the principles of the legislation.

People's consent was not consistently recorded on their care files. However, people told us staff asked their consent before providing support. For example, "They don't come in and tell you what to do, it's up to me. They ask me what I want to do and whether I want some time on my own." Another person told us, "I say what I want."

Assessments were completed before people received support to ensure their needs and preferences could be met. People were supported to eat a diet of their choice and their care plans included information about any dietary requirements and their likes and preferences.

People had access to technology and equipment to support and enhance their lives. This included walking aids, equipment for the bathroom and emergency alarms.

Staff maintained close links with professionals and sought their advice when needed. People were supported to make and attend medical appointments and changes in people's health were discussed and addressed. Care plans contained information about people's medical conditions. The registered manager had begun to put 'Health Action Plans' in place, in line with government guidance. Health action plans

document people's wishes and needs to ensure they stay well.

Detailed hospital passports were in place. These are documents which contain important information about a person should their care transfer to a different environment such as a hospital.

# Is the service caring?

## Our findings

At the last inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People who used the service told us staff were always kind and caring. One said, "They're brilliant for understanding and for caring. I'm really happy with them." A person who supported someone wrote 'As always I would like to say a big thank-you for all the kind help and support that you give to [the person]. We know [the person] is extremely well cared for during the time they spend with you and we really appreciate the effort you put into making them happy.'

The whole staff team, had a detailed understanding of the people they supported. They provided extensive explanations about a person's past circumstances, any current difficulties and how they were working together to try and resolve these. People were spoken about in a respectful and warm manner which clearly showed how much the staff cared about the people they supported.

Staff explained in detail how they promoted people's dignity and privacy through the way they supported them. This included leaving the person to complete the parts of their personal care they were able to manage themselves, closing curtains and blinds and explaining to people what the staff were doing. A member of staff told us, "The person I support needs personal care so it's always done privately in their room. You wear your gloves and speak to and reassure them and let them know what you're doing and why." People who used the service confirmed staff always treated them in a dignified and respectful manner. A professional fed back to us, "People are treated with kindness, compassion, dignity and respect."

Staff promoted people's independence and considered ways to build upon their skills with their support and guidance. This included supporting a person to manage their own finances and encouraging somebody to make their own meals or do their own laundry.

People told us they were supported to express their views. We observed they were offered choices and involved in decisions where they could be. People's communication needs were assessed and the support they required was documented. One person's care plan stated, 'When supporting me with choice, I would like you to offer me two choices as I become overwhelmed with too much choice.'

Advocacy services provide people with independent support to help them express their views or make important decisions about their life. Some people were receiving support from an advocate at the time of our inspection and the registered manager had a clear understanding of when an advocate may be required.

# Is the service responsive?

## Our findings

At the last inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People had care plans which contained person-centred information and detailed their needs for support alongside their abilities. Care plans also described the importance of maintaining a person's appearance, such as how they liked their hair to be styled and whether they wore make-up. There was information about the person's life history, the things they enjoyed and significant people in their life. People's goals and ambitions were also detailed. For example, maintaining and building on people's skills for independence, taking more control of their money and maintaining important relationships. The documentation clearly demonstrated a knowledge of the person and recognised the importance of providing people with care that was specific to their needs and wishes. A member of staff told us, "Person-centred care is putting that person at the front of the situation and letting them choose what they would like to do and you help them; the person is first and centre."

Information was provided to people in formats that were accessible to them. For example, a talking book was recently purchased for one person and was in the process of being developed. This would enable the person to record their own voice providing instructions or reassurances. It will also contain pictures to act as visual cues. This showed the staff thought of ways for the person to have more control of their own lives.

Some reviews of care plans were not consistently completed within the provider's timeframes. The registered manager was aware that some reviews were overdue and agreed to plan these as a priority. When reviews were completed they were detailed, person-centred and outcome based.

People told us staff supported them to attend or engage in activities of their choosing. One person explained, "If you want to do something they don't just say no but they go away and look into it." Two people had been supported to go on holiday and both told us, with great enthusiasm, how much they enjoyed themselves. Staff also considered whether people were at risk of social isolation. Other people were supported to volunteer and to raise money for local organisations. For example, staff explored different activities for a person due to concerns about the impact of having less contact with staff. As a result, the person had begun attending a social group and volunteering.

No-one was receiving end of life support and the registered manager was mindful this may be something required in future. Staff had been providing emotional support to a person when their relative was approaching the end of their life and tried to explain what was happening in a way they could understand.

Our conversations with the management team and staff demonstrated they were aware of issues relating to equality and diversity for people who used the service and members of the staff team. They were proactive in ensuring people were not discriminated against due to their age, disability or gender. The registered manager was working with an advocacy organisation to produce 'easy read' literature to enable discussions around sexuality and gender.

There was a compliments and complaints policy in place. When a complaint was received, both formal or informal, the registered manager completed enquiries and responded in line with the provider's policy. There was a culture of wanting to learn and improve as a result of complaints.

# Is the service well-led?

## Our findings

At the last inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

People who used the service were positive about the support provided by the registered manager and management team. One person told us, "[The registered manager] is good at her job. She's helped us to get things sorted." Another person said, "If I want anything or if I have a concern I come up here (to the office)."

Staff consistently described the registered manager as approachable and supportive. Comments included, "[The registered manager] is lovely and will always make time to listen and talk to you even though they're very busy" and "[The registered manager] is very popular with the staff. They seem to get on with everybody and are always approachable."

A professional fed back to us, "I have found the service to be well-led; promoting person-centred care at all times, encouraging learning and innovation together with promoting an open and fair culture."

The registered manager had been in post since 2017 and was supported by a team of 'service managers'. 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.

Service managers each had responsibility for assessing, reviewing and supporting a group of people who used the service and acted as the first point of contact. During the inspection the registered manager and service managers continually demonstrated an in-depth understanding and knowledge about the people they supported, their current circumstances and how they were working to resolve any issues.

The procedures in place for quality assurance and governance enabled the management team to monitor the quality and safety of the service and drive improvement. The registered manager completed or delegated a series of audits covering areas including accidents and incidents, safeguarding incidents and finances. Other members of the management team completed audits in relation to medicines and people's daily records. The registered manager reviewed the audits to ensure appropriate follow-up action had been taken and produced a monthly report for the provider. This provided an opportunity to review any patterns or trends and to share learning with the whole organisation..

The provider's quality checks had been reviewed and amended to ensure they were sufficiently robust. This included a, recently completed, annual audit which assessed all areas of the service including care plans, staff training and competency plus the views of people who used the service. This audit highlighted the issues we found in relation to records, such as consent not being consistently recorded and reviews being overdue. The provider had already developed an action plan and was working with the registered manager to address these. This demonstrated the provider's system of checks was effective in highlighting and

addressing concerns relating to the practice or safety of the service.

A series of internal meetings were held which included service manager discussions and team meetings for the staff involved in providing support to a particular individual. Records from these meetings showed there was detailed discussion around any important information about the person alongside it being an opportunity to discuss feedback from the quality assurance processes or changes within the service.

Meetings were held for shared lives carers the notes of which demonstrated an open and honest dialogue and provided a forum for any concerns or suggestions for improvements to be discussed.

People who used the service also ran their own committee where they could discuss any ideas or potential changes for the organisation.

The registered manager maintained links with other organisations and community groups such as the local hospice and self-advocacy groups for people with learning disabilities.