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

Overall summary

This inspection took place on 20 October 2015.

The previous inspection took place in August 2013 and the service was meeting the regulations we assessed.

Avalon Scarborough Service provides personal care and support to people who have a learning disability. Some of the people who use the service are also living with dementia. There are two aspects of the service. Some people who receive support live independently or 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 service currently provides personal care to 36 people in supported living and 16 people in shared lives. For the purposes of this report the term 'staff' refers to supported living workers as well as shared lives carers. However, where quotes have been provided there is reference to which service they work within.

At the time of our inspection the service did not have a registered manager. The registered manager left their post in July 2015. The service had appointed a locality manager who had been in post six weeks at the time of our inspection. They told us they intended to apply to the

Summary of findings

Care Quality Commission to become the registered manager. 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 who used the service told us they felt safe and staff knew how to protect people from avoidable harm. Risk assessments and risk management plans were in place. This helped staff to minimise risk to people.

There were enough staff on duty to make sure people's needs were met. People received copies of the staff rota in advance so they knew who would be supporting them. Staff were safely recruited.

Medicines were managed safely. The new manager had arranged for all staff to attend a medicines workshop to aid their understanding. They had introduced medicine audits to ensure any issues were identified and resolved quickly.

People received support from staff who had access to appropriate training and knew how to meet people's needs. New staff shadowed more experienced staff until they felt confident in their role. Staff told us they felt well supported. There was an emergency on call system in place to assist people and staff outside of normal working hours.

Staff had a sound understanding of the Mental Capacity Act. People had been supported to make their own decisions wherever possible. Support was planned with people and was person centred. Support plans provided staff with a strong sense of what was important to the individual. Reviews took place as required and people were involved with these.

People were supported to be as independent as they could be and some people worked in local voluntary organisations. Activities were planned and person centred. People told us support staff were caring. Their dignity and privacy was respected.

People knew how to make complaints or give feedback to the service. We found the service was well managed and the organisations values and ethos of promoting independence was understood and implemented by staff.

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?

Good

The service was safe.

People who used the service told us the service was safe. The service had a safeguarding policy in place and robust training for staff. There were sufficient staff to support people.

Risk assessments and risk management plans were in place to reduce the risk of avoidable harm.

Medicines were safely managed. People were assessed with the level of support they needed, and we saw audits had recently started to take place.

Is the service effective?

Good

The service was effective.

Staff told us they were supported to provide effective support. Staff had access to a comprehensive induction and ongoing training, as well as regular supervision, which provided an opportunity to review their practice and identify any ongoing development needs.

People who used the service had access to support from appropriate healthcare professionals and the advice they provided was incorporated into support plans

The service followed the principles of the Mental Capacity Act 2005. We saw evidence of the service completing mental capacity assessments and best interest decisions which involved all the relevant people.

Is the service caring?

Good

The service was caring.

People told us that they were looked after by caring staff.

People were treated with dignity and respect whilst being supported with personal care.

Staff spoke enthusiastically about the support they provided and told us they would be happy to see their relative supported within the service.

Is the service responsive?

Good

The service was responsive.

People had support plans which were individual to them. They contained information about what was important to them. People and their families, as well as staff at the service and other health and social care professionals were involved in the development and review of these.

People took part in a range of activities and were involved in their local community. They were supported to maintain relationships with their families and friends.

People knew how to make a complaint or compliment about the service. There were opportunities to feed back their views about the service.

Summary of findings

Is the service well-led?

Good

The service was well-led.

Staff morale was high. Staff told us they felt well supported. The new manager had taken steps to introduce themselves to people who used the service and others involved with the service.

There was a positive, caring culture at the service.

There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we visited the office and spent time in two supported living services, where we spoke with three people. One person and their shared lives carer came to the office to visit us and discuss their experience of the shared lives service.

We spoke with the locality manager who we have referred to as 'the manager' throughout the report. We also spoke with the area manager, and a service manager at the office.

We looked at records which related to people's individual care. We looked at three people's care planning documentation and other records associated with running a community care service. This included three staff files, recruitment and training records, the staff rota, records of audits and records of meetings.

Following the visit we sought further feedback. We tried to contact four people who received support to live in their own home, but we were only able to speak with one of them. We also spoke over the telephone with two support workers and three supported living carers. We spoke with North Yorkshire County Council quality monitoring team who told us they had no concerns about the service. We contacted Healthwatch but they did not provide us with any information.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "I feel safe, I know and trust [names of two support workers], and if I was worried about anything I would ring [name] in the office." Another person told us, "Of course it's safe. If I go out I take my mobile with me and I can ring staff if there is a problem."

People were protected from avoidable harm. Staff were confident about identifying and responding to any concerns about people's well-being. They demonstrated a good understanding of how to safeguard people who used the service, and were aware of possible types of abuse and how to report concerns.

The service had an up to date safeguarding policy, which offered guidance to staff. This had been updated in line with the introduction of the Care Act (2015). All of the staff we spoke with told us they had received safeguarding training, and felt confident in applying this. Training records confirmed this. Staff also had an understanding of whistleblowing procedures should they have any concerns about practice within the organisation.

A safeguarding file was kept at the office and we saw that any concerns had been reported to the appropriate authorities. CQC had received six notifications about safeguarding incidents since the last inspection. We reviewed these with the registered manager who demonstrated detailed knowledge of each situation. Three of these were currently being investigated and CQC will monitor the outcome of these. The manager understood their safeguarding responsibilities and there was a clear record of the action taken.

Risks to people who used the service were appropriately assessed and managed. Some people required support to manage behaviour that could be a risk to themselves, or other people. The service used a system called Non-abusive Psychological and Physical Intervention (NAPPI) to assess, prevent and manage such behaviours. NAPPI is accredited with the British Institute of Learning Disabilities. We saw that there was clear information in support plans about managing behaviour in a positive way. This information supported staff to understand when a person was becoming stressed or upset, including any triggers which could have a negative impact on the person. Staff were provided with clear and detailed guidance to help them know how best to support the person to reduce the risk of harm. Risk assessments included a step by step approach to managing situations. This meant people were supported based on the principle of the least restrictive intervention and their rights were respected. We saw evidence that health and social care professionals contributed to these risk assessments.

We spoke with a social care professional who told us the person they worked with had made good progress whilst receiving support from Avalon. They told us the risk management and positive behaviour plans had been very effective. They said the person, "Had blossomed, they no longer physically challenge."

There was information about how to record and report incidents as well as the process to reflect on and review what had happened. Staff had a debrief with a manager afterwards to discuss incidents, and we saw that incident reports included any action taken to reduce the risk in the future. The organisation had access to a positive behaviour lead. If concerns were raised in relation to an individual the positive behaviour lead could review the concerns and offer additional advice and support to staff. If behavioural concerns continued we saw the service referred to appropriate health care professionals. This meant the service was monitoring people's behaviour and if concerns were noted additional advice and guidance was provided.

Accidents & incidents were recorded. These were then reviewed by senior staff. There was a clear record of action taken as a result. Following on from this they were reviewed at the weekly operations reporting group by the senior management team within the organisation. This showed the service took necessary action to ensure people were protected from avoidable harm.

There were sufficient numbers of staff on duty to meet people's needs and keep them safe. The staff we spoke with felt that the staffing levels allowed them to meet people's needs. The service had introduced a rolling rota as a standard and a copy of this was provided to people who used the service. This meant they knew who would be supporting them and when. The manager explained if there were any changes to the rota people were telephoned to ensure they knew about it in advance. One person told us, "I am only supported by [name] and [name], they know me well. I am always sent a rota in advance, usually I get it at the weekend and I can see who is coming on which day. This is important to me."

Good

Is the service safe?

There was an on-call system from 5pm each day and at weekends which staff and people could use to contact a manger if required. The manager told us that people knew about the on-call contact numbers and this was confirmed by the people we spoke with.

The service had effective recruitment and selection processes in place, to make sure staff employed were suitable. Shared lives carers had a robust assessment and were approved by a panel process before they could start work. People who used the service were involved in interviews. This showed the service was taking into account people's views when they recruited staff. We looked at three staff files. They contained application forms and interview notes which showed how the provider assessed new staff to have the skills and experience to work at the service. Appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

The service had a clear medication policy which staff followed. All staff had received medication training. People's support plans included details of any medicines to be administered as well as the reason for taking them and any possible side effects. Where people had medicine which was taken 'as required' there was information about when it was needed and the reason for its use had been recorded.

Medication Administration Records (MAR) were used to record each medicine, time to be taken and dose. MAR charts identified each medicine and were clearly written. The manager explained they had been in contact with a pharmacy to discuss the option of people's medicine being received in prefilled boxes and the pharmacy providing printed MAR charts. The manager had also recently introduced more robust audits of medicine administration. The manager explained they were supporting staff to attend medication workshops in addition to their medication training and refresher training.

We reviewed three people's handwritten MAR charts and found unexplained gaps in recording on one of the MAR charts we looked at. A member of staff told us the medication had been given, but we could not see this had been recorded. We spoke with the manager who agreed to investigate the matter. We saw that the manager had recently reminded staff about the importance of counting medicines at the start and end of each shift to ensure any discrepancies were identified promptly and any action required would be taken in a timely manner.

Good

Is the service effective?

Our findings

People received effective care. One person said, "[Support worker's name] knows me well, we get on and they help me decide and plan what to do."

Staff had the skills and knowledge required to support people who used the service. A support worker said, "I feel well supported; it's a good organisation to work for. The philosophy is based on person centred care and we work to make sure the person is at the centre of all we do and comes first." A shared lives carer told us, "The training is great. The office staff make sure you keep up to date with it. The organisation is supportive, if you have any problems day or night there is someone you can contact."

Staff told us, and we saw from employment records that they attended an induction prior to them starting work at the service. The induction programme had been amended in line with the new Care Certificate which was introduced following the Care Act 2015. This showed the service supported staff to understand the fundamentals of care. The induction included six days of classroom based learning and covered topics such as; an introduction to social care, person centred approaches, and positive behavioural support. Following this new staff spent time shadowing more experienced staff and getting to know people who used the service.

Staff had a training plan in place to make sure that they had the skills they needed to carry out their roles effectively. Training was updated as necessary and included mandatory areas such as moving and handling, medicine management and health and safety. There were opportunities to attend specialist training to further staff development and knowledge. For example, one support worker explained they had signed up to start a diploma in dementia care in 2016.

Staff had access to regular supervision. Supervision is an opportunity for staff to discuss any training and development needs or concerns they have about the people they support, and for their manager to give feedback on their practice. Records showed that supervisions took place approximately every two to three months.

Shared lives carers confirmed they had a monitoring meeting with a manager every three months to discuss how they were getting on and any concerns or development needs. However, they told us they could contact the office anytime they needed support. One shared lives carer told us, "We are well supported by [name] who comes to visit us. [Name] is really, really good. Always gets back to you, if you phone the office and if they don't know the answer they will tell you and get back to you later on."

There were regular team meetings where staff would get together to discuss organisational issues and plans. Separate meetings were arranged for shared lives carers. Weekly meetings took place for individual people with complex needs. These involved care staff and the management team reviewing the progress the person had made and any incidents. Support staff told us they had the opportunity to share effective practice. This showed the service supported staff to develop practice and share ideas.

Where people were able to give consent to care we saw they had been involved in developing and reviewing their support plans and had signed to give their agreement. For some people who used the service there were issues around their capacity to make some decisions. Best interest meetings were held where important decisions had to be made about care and welfare. A best interest meeting is a meeting of those who know the person well, such as relatives, or professionals involved in their care. A decision is then made based on what is felt to be in the best interest of the person. Where best interest meetings had taken place there was information in support plans about the decisions made and the reason the person lacked capacity for that decision. For example one person had a best interest decision recorded about a planned house move. However, there was also clear guidance for staff about how to support the person to make day to day choices such as what to eat or what activity to take part in. This demonstrated that the service followed legislative requirements in relation to capacity and consent

Where required there was information in people's support plans about people's needs in relation to eating and drinking. For example, where people needed a special diet or had particular preferences. One person was being supported to attend a local slimming group. They had also been referred to the dietician for support with health choices. The advice and guidance was included within the person's support plan, and staff supported the person to

Good

Is the service effective?

keep a food diary to monitor what they had eaten. This showed that people were provided with appropriate support to maintain a balanced diet and to work towards achieving a healthy weight.

People were supported to maintain their health and well-being and had access to health services as needed. Support plans contained clear information about peoples' health needs. There was guidance about particular syndromes relevant to each individual so that staff had a better understanding of their needs. There was evidence of the involvement of healthcare professionals such as a GP, dentist or community nurse. We saw one person with memory loss had been supported to attend a GP appointment to discuss this and the GP had referred the person to a specialist team for support.

People had a 'Health Action Plan'. This ensured staff had clear guidance about the individual's health care needs. If they had to visit hospital there was clear guidance for hospital staff about the support they needed. This contained essential information that hospital staff would need to know. It was especially important as some people who used the service would not be able to tell hospital staff about their needs.

Good

Is the service caring?

Our findings

People who used the service told us staff were caring. One person explained to us they had lived in many different services throughout their life, however, they had been secure and settled with their shared lives carer for the last 14 years. They said, "I want to stay with [name of shared lives carer] for the rest of my life." The shared lives carer explained they were having adaptations to their home to facilitate this. It was evident from their interactions there was mutual respect and warmth for one another.

People in shared lives services were treated like family members and as such were very involved in what went on each day. They had opportunities to talk about daily activities they had been involved with, as well as planning ideas for the future. One shared lives carer told us, "It's very rewarding, when people come for a short visit we try and make it a holiday for people."

We noted that all the staff we spoke with discussed the people they supported with respect. They spoke about their roles with enthusiasm and a commitment to provide good person centred support, which was based on the needs of each individual. All of the support staff we spoke with said they would be happy for their relative to be supported by the service, if they needed this type of care. One support worker said, "People get a good standard of support. Staff are person centred; I always think this could be my Mum or Dad." We observed people to be relaxed and at ease in the company of staff. People were supported by staff who were familiar to them and who they trusted. There was friendly banter between people and support staff.

The focus of the support provided to people was to encourage independence and promote involvement in the way care was provided. People told us that they were listened to and this was confirmed by staff. We were told that training for staff included 'active listening' which supported good communication. Active listening is a form of communication which involves repeating what has been heard to confirm understanding.

People were supported to maintain relationships with their friends and family. People described to us activities they were involved in with friends and that they were supported to visit friends who lived nearby. People who lived together socialised with each other and others who also lived in supported living services.

Support staff focused on people's strengths as well as support they needed. One person who we spoke with explained how their independence had developed since they had moved into supported living and they now worked in a local charity shop.

People's dignity and privacy was respected. Staff explained to us how they did this when delivering personal care, for example making sure curtains were closed. Within the supported living service we visited, we saw staff knocked on people's bedroom doors to ask if they would be willing to speak with us. This demonstrated how staff respected people's private space.

Good

Is the service responsive?

Our findings

People received person centred care which was responsive to their needs. Each person had an assessment of their needs before they started with the service. Support plans contained information about people's experiences, what was important to them and their likes and dislikes. Each person had a one page profile which had key information for staff about what was important to them. All of the staff we spoke with said they had time to read the support plans and they were an important tool in getting to know people.

People told us they were involved in planning and reviewing their care. One person said, "I always tell [name of shared lives carer] if there is a problem and they sort it." Another person told us, "I tell support staff what is important to me and they listen."

Support plans were written from the perspective of each individual and included their preferences for how they wanted care and support. Support needs were broken down into small steps describing what people were able to do for themselves and what they needed support with. This gave staff good information about the people they supported and their individual identity. It also meant staff could provide sufficient support whilst encouraging each person to be as independent as possible.

There was clear information about people's physical and emotional needs as well as how best to communicate. Support plans included information about the person's 'goals and future plans' which meant the service recognised the need to support people to consider what was important for them now and in the future.

Staff we spoke with recognised the importance of involving people in their support in order to provide a responsive service. Support plans were developed and reviewed with the person, their family and health and social care professionals. The service took appropriate action where changes in needs were identified.

People who received support in their own home and the shared lives services were encouraged to take part in a range of activities. When we visited one person was due to take the bus to a nearby pub to compete in a darts competition. People were supported to maintain friendship and, we saw one person arrive at a supported living house who was accompanying their friends to a local social club. People were supported to go on annual holidays.

We spoke with one person who lived with a shared lives carer. They told us they had a lot of friends and had a full life with friends they had made through using support services within the local community. It was also evident they were part of the shared lives carers extended family. They shared photographs with us and spoke about their experience of the service which was overwhelmingly positive.

People were able to make complaints and suggestions regarding the quality of service provided. People told us that if they were unhappy they would talk to a member of staff or a manager. The manager told us people were given information about how to complain and this was in easy read format. The service kept a record of complaints and compliments received. The service had not received any formal complaints since our last inspection.

The service offered people opportunities to have a say about how the organisation provided care and support. There was a meeting called Avalink which was a regular event between people who used the service and Avalon representatives. These meetings were used so that people could give their views about areas such as training and induction for staff, as well as other issues which they wanted to discuss.

The service routinely asked for feedback from people, families and support staff. They send out an annual customer survey and this was reviewed by Avalink prior to being sent to make sure it was user friendly and captured the key issues. We were told by a member of the senior management team this was currently being reviewed to look at how they could get feedback from other stakeholders.

Good

Is the service well-led?

Our findings

The service had experienced a period of change over the last few months. The registered manager left the service in June 2015 and support was provided by a registered manager from another area. In addition to this there were two new service managers. The service had a newly appointed locality manager who had been in post for the last 6 weeks. They told us they intended to apply to CQC to become the registered manager of the service.

Despite the significant changes over the last few months staff morale was high. There was a positive, caring culture at the service. Staff demonstrated a commitment to provide person centred care in line with the ethos of the service. There was clear information about the aims and objectives of the service in the Statement of Purpose which described the main aim "To enable people requiring support to live their lives as they choose to live them". The Avalon Group mission statement described the values of the services which included personalised care and support as well as quality and inclusion. Staff were able to describe the culture of the service.

Since the new locality manager had started they had sent an introductory letter to people who used the service, had arranged support worker meetings and was currently working through meeting people who used the service. This showed they kept people informed of changes within the service and ensured they knew who to contact should they need any additional support or advice.

The manager told us the service operated an 'open door' policy and staff confirmed they were able to discuss issues with management when they needed to. Shared lives carers told us they were supported through reviews and by regular contact with a service manager.

A support worker told us, "The manager is great, really supportive and a doer." Another support worker said, "We get a lot of support, it's excellent. The manager is customer focused and provides us with clear direction." They went on to say, "The culture has improved, there are regular audits and supervision and if there are any issues these are dealt with." A shared lives carer said, "Things have improved enormously recently. Communication with the office is much better. [Name of manager for shared lives service] is really approachable and on the ball'"

There were suitable systems in place to monitor and improve the quality of care provided. The provider had a quality assurance system which focussed on the CQC domains of Safe, Effective, Caring, Responsive and Well-led. The manager completed a quality monitoring report every three months which focussed on one of the domains. The report summarised the findings and provided evidence of how the service was meeting the required standards. It was clear that the provider had looked closely at the new Regulations and inspection methodology to make sure that they were operating in line with expectations.

Direct observations of staff and spot checks had recently been reviewed by the senior management team. It had been agreed direct observations would take place during the probationary period. For other staff service managers would complete a 'spot check' on 10% of staff each month. This meant they could review the practice of staff and ensure they identified any development and training needs to support staff to deliver effective care.

The service was due to hold an Annual conference on 'Health and Well-being' in November 2015 and showed us the agenda for the day, there was a focus on nutrition and active lives. We were told people who used the services, support staff, shared lives carers, and the management team across the organisation were invited. There was an 'open mic' session planned for the end of the day where people could ask the senior managers within the organisation any questions they had about the service and how it would develop in the future. This meant people had the opportunity to share their views.

The manager spoke to us about a commitment to ongoing service development. Despite being new in post they told us they wanted to develop a dementia service for people and would use their previous experience to set this up. They explained their view of the organisation was one where development could take place on the ground level. The manager felt their views were listened to by the provider and they were supported and encouraged to make changes to improve the service.