

Adult Placement Services Limited

Avalon Skipton 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

We undertook this announced inspection on the 4 August 2015. At the previous inspection, which took place on 3 December 2013 the service met all of the regulations that we assessed.

Avalon Skipton Services provides supported living, or community based support in people's own homes. The service supports people who live in the Skipton area and surrounding villages. The service supports people from a few hours a week, to 24 hour support and management of the support is delivered through an office in Skipton. At

the time of this inspection, 38 people were receiving support with personal care by the agency. The agency employs thirty one support staff and also a registered manager.

There was a registered manager at this service. 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 told us they felt safe. Staff had a good understanding of safeguarding procedures and how to

Summary of findings

protect people from harm. There were risk assessments in place in people's support plans to identify risks due to people's health or mobility and to make sure these were minimised without intruding on people's privacy and independence.

Some of the people who used the service were supported with taking their prescribed medication and staff told us they were trained and competent to assist people with this.

Recruitment checks were in place. These checks were carried out to make sure staff were suitable to work with vulnerable people. The training programme provided staff with the knowledge and skills to support people. Staff told us they liked working at the service and that there was a good 'staff team.' Staff were supported through training, regular supervision and staff meetings.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 which is in place for people who are unable to

make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests. People gave consent to their plan of care and were involved in making decisions about their support. People's plan of care was subject to constant review to meet their changing needs.

Staff we spoke with told us how much they enjoyed working for the service and that they were committed to providing a bespoke and quality service for people. Systems and processes were in place to monitor the service and make improvements where they could. This included internal audits and regular contact with people using the service, to check they were satisfied with their care packages.

The service had received complaints and we saw that they had dealt with them appropriately. People we spoke with who received a service told us that they knew who they needed to contact when making a complaint.

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 safe.

People told us that they felt safe with staff from the agency.

Staff knew how to report issues of abuse and said concerns raised would be dealt with appropriately. They had been trained in safeguarding procedures.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Good



Is the service effective?

The service was effective.

Staff received on-going training. The training programme provided staff with the knowledge and skills they needed to support people properly.

People were included in decisions about how their care and support was provided. Where necessary, relatives were also consulted to assist in the writing of the support plan.

Good



Is the service caring?

The service was caring.

People who used the service told us they valued the service they received.

People described staff from the service as 'very good and excellent' and said staff not being able to do enough for them

The registered manager and staff were committed to providing a caring and compassionate service. This was reflected in their day-to-day practices. Discussions with staff showed a genuine interest and a caring attitude towards the people they supported.

Good



Is the service responsive?

The service was responsive.

People had a plan of care and where changes to people's support was needed or requested these were made promptly. The information was transferred to the file and kept in the person's home.

There was an effective complaints procedure in place and people's complaints were dealt with promptly and where improvements were needed this was acted upon.

Good



Is the service well-led?

The service was well-led.

Staff were clear about their roles and responsibilities. They spoke positively about the impact they had on people's lives when supporting them in their own home.

Systems and processes were in place to monitor the service and drive forward improvements.

The overall feedback from people who used the service, relatives and staff was very positive about how the agency was managed and organised.

Good



Avalon Skipton 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 4 August 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office to meet with us.

The inspection team consisted of one inspector and one expert by experience. The expert by experience carried out telephone interviews to seek the views and experiences of people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service and had expertise in adult health and social care.

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 looked at previous inspection reports. We

were unable to review a Provider Information Record (PIR) as one had not been requested for this service. 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 the inspection visit 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 two recruitment records, the staff rota and records of meetings. We also reviewed records required for the management of the service such as audits, statement of purpose, satisfaction surveys and the complaints procedure. We spoke with the registered manager and three members of care staff during our visit to the agency. We telephoned a total of twenty three people who received a service from the agency. We spoke directly with seven people who received a service from the agency and we also spoke with seven relatives. Nine people were unavailable to speak with us.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted the Local Authority to see if they had any concerns about the service, and none were raised.

Is the service safe?

Our findings

People who received a service said they felt very safe when staff from the service visited them. One person said, “They (staff) are very good and I feel safe without question,” and another person said, “Yes I am well looked after.”

In addition, all of the relatives we spoke with thought their son or daughter were safe when they had the service at home or were accompanied on activities. One relative told us, “Yes I believe she (daughter) is very safe with staff from Avalon.”

We received a mixed response from relatives about staffing levels at the service. Overall most people we spoke with told us the service was safe and reliable and they had no concerns about the staffing levels or the care they received. One person said, “They treat me very well and are very reliable” which was the view of most people we spoke with. However, two people raised concerns. One relative said, “They are short of staff and my daughter is not receiving her full care package” and another relative told us, “They are short staffed at the moment – they have told me they will make up the hours later on.”

The registered manager informed us they had sufficient numbers of staff to provide care and support to people in their own home. They told us that the staffing numbers were altered to meet people’s needs. All the staff we spoke with felt that there were enough staff to provide a safe service. This was confirmed by the rotas we looked at. Staff we spoke with confirmed that there was sufficient staff to meet the care needs of the people they supported. One member of staff said, “Holidays and sickness are always covered by other staff who know the person that they are supporting.”

People who received a service told us they felt it was easy to contact someone if need be and one person said, “Yes we have an on call number for emergencies – we ring that if there is a problem.”

There were systems in place to protect people from abuse. There were up to date safeguarding policies and procedures which detailed the action to be taken where abuse or harm was suspected. Staff members told us that they had received training in safeguarding and that they felt confident about identifying possible abuse and taking appropriate action to protect people. Staff we spoke with were able to tell us about the different types of abuse and

the actions they would take if they witnessed an alleged incident. Training records confirmed that staff received relevant training to do their jobs well, which also included safeguarding training.

Support plans contained risk assessments for areas such as infection control and mobility. Risk assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. These showed the possible risks and how to reduce them, such as the use of mobility aids and personal protective equipment. Environmental risk assessments were also in place which looked at the risks associated with people’s homes. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. This ensured that people who used the service and staff from the agency were not put at risk and were kept safe.

Accidents and incidents were recorded appropriately. We saw records of accidents that had been recorded. These were clearly logged and any actions taken were recorded which meant that the staff could easily identify trends and take any action required.

We looked at how the service supported people who required support with their medicines. Staff told us they had received medicine training and this provided them with the skills and knowledge to support people with their medicines. Records showed that staff involved in the administration of medication had been trained appropriately.

The service had a policy and procedure for the safe handling of medicines. People’s risk assessments and care plans included information about the support they required with this. We were told by the manager that staff were not able to assist with medication until they had completed a competency test and had their training updated. Staff we spoke with had a clear understanding of their role in administering medication. They were able to tell us the about all the training they had received from the agency. Checks were made by senior staff from the agency to ensure that staff had followed the service’s correct procedures when medication had been given. Staff competence was also reviewed and updated regularly so that staff had the skills and knowledge to complete the task safely.

Is the service safe?

Recruitment records showed that all the necessary background checks were carried out before new staff were able to start work. These included a criminal records check, references and proof of identification. Application forms and interview notes showed how new staff had been found to have suitable character and experience to work in the care sector. There were photographs of the employee in their recruitment records we noted that all staff wore ID cards, which included a photo, whilst they were at work.

Staff we spoke with also confirmed that they had enough equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection.

Is the service effective?

Our findings

People who used the service told us they were satisfied with the standard of care and support they received. One person said, “They listen to me when I ask for something different.” Relatives we spoke with said they were involved and kept informed about their son/daughters’ care.

All the staff we spoke with told us that they received the support they needed to carry out their roles effectively. Comments included, “I love the job” and “Avalon are a good firm to work for. All of the staff that work here are good. There is a good infrastructure in place.” The staff we met with were all enthusiastic and demonstrated a commitment to providing an effective service.

New members of staff we spoke with told us they received a suitable induction when they started. This included two weeks shadowing more experienced staff and training. During induction staff were trained in core skills such as moving and handling, medication, infection control and safeguarding. People who received a service told us they thought staff were well trained. One person said, “Yes, they train their staff remarkably well.” We looked at the training and support programme for the staff. The agency office was used to provide some tutorial training and external trainers and venues were also used.

We looked at records of induction, training and supervision for three staff, two of whom were new members of staff. All staff received an induction when they began work. All staff received regular training and we saw records of this. Topics included; manual handling, medication, safeguarding vulnerable adults and basic first aid. We saw in staff records that they had received supervision from their line managers. We saw a copy of the employee’s handbook which is given to staff once they commenced working for the agency. This booklet contained information of key policies and procedures such as staff code of conduct, training and whistleblowing.

Staff told us they received regular supervision where they could discuss any issues in a confidential meeting with their line manager. One member of staff told us, “Yes we all

have regular supervision. I had my last supervision in June and my next supervision has been arranged for September.” Another member of staff said, “I have my supervision every three months.” Supervision records showed that they took place approximately every three months. There were also staff meetings every three months where the staff could share information and discuss issues together.

The staff we spoke with had an understanding of the Mental Capacity Act 2005 (MCA) and the importance of gaining consent from people for them to provide care and support. Staff told us that the MCA was discussed as part of their induction.

There was an up to date policy in place regarding the MCA and Deprivation of Liberty Safeguards.

The manager explained that people were supported to live independently in their own home and there were no current issues about depriving people of their liberty.

The majority of people needed no support with eating or drinking and could cook and eat independently in their own home. However, if people needed this level of support, the registered manager said that staff would receive the necessary training so that support with eating could be given consistently and safely. One member of staff said, “I support people to plan their meals and shop for food.”

People were supported to maintain their health and had access to health services as needed. Support plans contained clear information about peoples’ health needs. There was evidence of the involvement of healthcare professionals such as a GP, dentist and district nurse.

We spoke with three members of staff during our visit to the agency’s offices. They told us they felt they had enough information to care for people in the way they would wish to be cared for. One member of staff told us, “We have communication notes which we have to complete each visit.” All the staff we spoke with said that they were continually up dating care records to ensure people received a consistent approach to the support they received from staff.

Is the service caring?

Our findings

All of the people we spoke with who received a service told us that staff treated them with respect and maintained their dignity. They said they were satisfied with the care that they or their relative received. They told us staff were always kind and caring. One person told us, "I have never had a problem with them respecting my dignity and privacy." A relative said, "Yes they always respect my daughter's dignity, making sure doors are closed etc."

There were lots of positive comments about the care staff from people who used the service. Comments included, "I receive very good care" and "The staff are very good with me" and "The quality of care I receive is excellent." One person said, "They always take an extra step" and another person said, "The staff can't do enough for you."

Staff had a good understanding of people's needs, preferences and personal histories. Staff told us they had access to people's care plans, that they wrote in the daily records and had time to read what had happened previously if they had not visited the person for a while. We saw people's consent had been sought about decisions involving their care package, the level of support required

and how they wanted their care to be delivered. Records showed that people, and where appropriate, their relatives, had been involved in discussions about care and support. This was reflected in the care plans we saw.

Staff told us privacy, dignity and confidentiality were discussed during their induction training and that this was central in all their dealings with the people they supported. One member of staff told us, "We try our best and the reward you get is brilliant seeing the pleasure people get whatever you do to support and promote their independence." Another member of staff said, "It is also a challenge supporting people to become independent."

Discussions with staff showed they had a genuine interest and caring attitude towards the people they supported. Staff told us they were always introduced to people before providing care and support and that they were given time to get to know people and their families so that they could work together for the best outcomes for people.

The registered manager demonstrated a very clear understanding and commitment to providing good care. We were given examples of how staff were matched with people who used the service and this was seen as an important part of building positive relationships based on trust and friendship. Staff said this really helped them to get to know people and to understand what was important to them and how they wished to be treated.

Is the service responsive?

Our findings

People who received a service told us they were always involved in their care. One person who received a service said, “Yes I have a care plan with Avalon” another person said, “We are just looking at my care plan with the office.”

We looked at people’s care records and saw they provided detailed information. Areas covered included health, mobility, personal hygiene and social activities. We also noted that where the service had been in contact with other health and social care professionals, this was also recorded showing the reasons why and the outcomes. The care plans we saw had been regularly reviewed and updated. Staff we spoke with confirmed that support plans contained sufficient details to enable them to support people well. One member of staff said, “The care plans are always detailed well regarding people’s support needs.”

Care plans we saw had been reviewed and updated in a timely manner. Everyone we spoke with said they had a care plan and this had been completed with people before the service started. People told us they felt they were part of the process and were asked to consent to care and support and had signed, or their representative had signed, to say they were in agreement with their care plan.

The registered manager explained that they gathered as much information as possible about people before they started providing a service, so that they could be sure about meeting the person’s needs. The registered manager also told us they reviewed the visit regularly in the first few weeks, to make sure the person was satisfied and to check that staff were covering all the care needs properly.

People told us that if they had any concerns they would speak with the registered manager and they said they felt listened to. The complaints record showed that there had been one complaint since the last inspection, which had been resolved by the service. We saw there was a record of the response and action taken.

However, a number of concerns were raised with us about the invoicing system. One relative said, “They have a new system and we have to keep asking for invoices” another relative said, “They don’t inform us of changes in the charges and just invoice us.” Since our visit we had received written confirmation from the service that they had dealt with these concerns. They advised these had, ‘now been resolved to everyone’s satisfaction.’ People’s views and concerns were listened to and acted upon by the service.

Is the service well-led?

Our findings

The agency was well led. There were clear lines of accountability and the roles and responsibilities of staff were clearly defined.

People who received a service said they had a good relationship with the staff at the Skipton office. One person said, "They are so reliable – I have recommended them to people looking for caring work," another person said, "I am 100% happy with them."

Staff were supported by a registered manager who was involved in the running of the service, care delivery and staff management. Staff received regular support and advice from their line manager by telephone or face to face meetings. Staff felt that managers were available if they had any concerns. One member of staff said, "We are very well supported. We can just ring or call in to the office to see the manager or the office staff. They are all helpful." Another member of staff said, "The manager is very supportive." Staff told us that managers were approachable and kept them informed of any changes to the service provided or the needs of the people they supported. Staff told us that they would feel confident reporting any concerns or poor practice to the managers and felt that their views were taken into account.

People's care plans were audited and 'spot checks' were made in people's homes to make sure they were happy with the care provided and to also monitor staff performance. The registered manager told us that 20% or (five staff) had their performance monitored every month, with visits carried out to people who used the service by managers. If issues were identified, additional staff training was organised.

Staff attended staff meetings and told us they felt these were useful meetings to share practice and meet with other staff. We saw from records we looked at that staff team meetings had been held, which gave opportunities for staff to contribute to the running of the agency. We saw the minutes from the meetings held and saw that they had last been held on 24 June 2015 and the next one had been arranged for the 10 September 2015.

People could not always recall getting a survey or questionnaire asking their opinion of the service. Although one person told us, "We have regular meetings at the house where my son lives; this gives us the chance to air concerns and speak with other parents." We saw from records we looked at that the provider conducted annual surveys. Records showed us that the service had sent out surveys to people in May 2015 with responses being returned by 31 June 2015 and were currently being analysed. We saw a copy of the previous survey which had been carried out for 2014 where people had made positive comments such as: 'I do have a good quality of life but it gives me more confidence to do things I would not normally do' and 'Gives our daughter something to look forward to and some independence however small from us.'

There were systems and processes in place to monitor the service and drive forward improvements. A quality assurance tool was used to record the findings. We looked at records of audits and saw the last one had been completed in May and June 2015. This covered areas such as training, care records, safeguarding and medication, which meant that the service was being regularly monitored by the provider to ensure good quality care was delivered.