

Avican Support Ltd

# 6A Clock Tower Mews

## Inspection report

6A Clock Tower Mews  
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## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on the 29 August 2017 and was unannounced.

6A Clock Tower Mews is registered to provide personal care to people living in the community. They also provide care to people with a learning disability living within a supported housing environment. At the time of our inspection there were five people using the service. Two people were living within a supported living environment with staff who were providing 24 hour care support and three people were living independently in the community within Suffolk and Cambridgeshire.

It was evident during our inspection that the service was not always being managed on a day to day basis from the registered office, 6A Clock Tower Mews in Newmarket. The supported living service was provided and managed from a house in Littleport where the scheme manager and staff were based. This was the location, which was the point of contact for people who used the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered provider was the director of the company and was the registered manager responsible for the day to day management of the service.

Relationships between staff and people were relaxed and supportive of their needs, wishes and preferences. People were actively involved in making decisions about their daily care and support. Staff sought the consent of people in the planning and delivery of their care. Staff promoted and supported people's independence and enabled them to have access to the local community. Where risks to people had been identified, there were plans in place to manage them effectively.

Staff had completed training in safeguarding adults from the risk of abuse. Staff demonstrated how they would recognise and report safeguarding concerns to the relevant authorities. However, the risk of abuse to people was not always considered because there were ineffective systems in place for the recruitment and selection of staff.

People were generally satisfied with the service apart from occasional shortages of staff, which prevented them from receiving their planned care. We were unable to determine how hours commissioned by the local authority to provide one to one staff support to people both within the supported living service and to those people living in the community had been allocated. This meant we could not be assured people were receiving their care as commissioned.

Systems were in place to ensure that people received their prescribed medicines. Medicines were administered by staff who were trained to do this safely.

The provider did not have a clear overview of what training staff required. Staff had not been provided with all the training they needed to equip them for the roles they were employed to perform. For example, in meeting the needs of people living with dementia and those with complex needs who presented with distressed behaviours towards themselves and others. Staff had also not been provided with training in understanding their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff and the registered provider did not demonstrate a full understanding of their legal roles and responsibilities with regards to the Mental Capacity Act 2005.

People's healthcare needs had been identified. However, further work was needed to ensure that planning for future appointments and annual health reviews for people living within the supported living service were clearly documented within their care plans.

Staff promoted a healthy diet and provided people with choice and opportunities to develop skills in the preparation and cooking of meals.

People had a support plan which reflected their personal choices and preferences regarding how they wished to live their daily lives. Support plans reviewed in the supported living service contained comprehensive information but were bulky and difficult to navigate with some out of date information. Care plans were not always recorded in a personalised format that the people who used the service could understand.

The registered provider did not operate an effective, accessible system for identifying receiving, handling and responding to complaints. People did not always have their complaints responded to in accordance with the provider's policy.

Whilst staff told us that they felt supported in their role and worked well as a team, staff were not always provided with opportunities to contribute to the development of the service. This was because the provision of team meetings was sporadic and there was a lack of regular one to one supervision meetings with no access to annual appraisals.

Quality assurance systems had not been effective in recognising and rectifying issues. Quality assurance audits had not been completed on a regular basis to ensure the service was providing good quality care.

During this inspection, we identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People were supported to take informed risks and lead as full a life as possible.

Staff had completed training in safeguarding adults from the risk of abuse, and knew how to recognise and report safeguarding concerns to the relevant authorities. However, the risk of employing inappropriate staff was not always considered because there were ineffective systems in place for the recruitment and selection of staff.

People were generally satisfied with the service apart from occasional shortages of staff, which prevented them from receiving their planned care.

Systems were in place to ensure that people received their prescribed medicines. Medicines were administered by staff who were trained to do this safely.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

The provider did not have a clear overview of what training staff required. Staff had not been provided with all the training they needed to equip them for the roles they were employed to perform.

Staff and the registered provider did not demonstrate a full understanding of their legal roles and responsibilities with regards to the Mental Capacity Act 2005.

People's healthcare needs had been identified. However, further work was needed to ensure that planning for future appointments and annual health reviews for people living within the supported living service were clearly documented within their care plans.

**Requires Improvement** ●

### Is the service caring?

**Good** ●

The service was caring.

Staff knew the people they supported well and supported people to have choice and respected their preferences as to how they lived their lives.

People received care that was respectful of the need for privacy and dignity.

### Is the service responsive?

The service was not responsive.

People's healthcare needs had been identified. However, further work was needed to ensure that planning for future appointments and annual health reviews for people living within the supported living service were clearly documented within their care plans.

The registered provider did not operate effectively an accessible system for identifying receiving, handling and responding to complaints. People did not always have their complaints responded to in accordance with the provider's policy.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

Whilst staff told us they felt supported in their role and worked well as a team, staff were not always provided with opportunities to contribute to the development of the service. This was because the provision of team meetings was sporadic and there was a lack of regular one to one supervision meetings with no access to annual appraisals.

The registered provider's quality assurance systems had not been effective in recognising and rectifying issues. Quality assurance audits had not been completed on a regular basis to ensure the service was providing good quality care.

**Requires Improvement** ●

# 6A Clock Tower Mews

## **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 the 29 August 2017 and was unannounced.

This inspection was carried out by one inspector.

We looked at information we held about the service including statutory notifications. This is information providers are required to send us by law to inform us of significant events. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people who were able to verbally express their views about the quality of the service they received and one relative. We visited one person and a relative in their own home. We also spent time observing care and support within the supported living environment where two people lived.

We looked at records in relation to five people's care. We spoke with the registered provider and four members of staff, including the team leader who was based at the supported living service.

We looked at records relating to the management of medicines, staff recruitment, staff training and systems for monitoring the quality and safety of the service.

# Is the service safe?

## Our findings

The risk of employing inappropriate staff was not always considered because there were ineffective systems in place for the recruitment and selection of staff. A review of staff recruitment files stored at the supported living home for some staff showed us that staff employed there had been recruited by another agency and had not been employed through Avican Limited. We discussed this with the registered provider who confirmed that they also owned and managed the employing recruitment agency. However, when asked earlier the registered provider had told us staff did not on any occasion work across these two services and that these two companies operated separately with separate staff teams. The provider did not have any clear process in place as to how the employment of staff across these companies was to be managed. We also found that the provider had not maintained relevant records, which would assure us they had assessed these staff as competent and with the necessary skills required.

Disclosure and Barring Service (DBS) checks had been carried out prior to staff being employed. The DBS checks people's criminal record history and their suitability to work with people in this type of setting. However, we found references had not always been obtained from the most recent employer. The provider's employment application form required potential applicants to list at least five year's employment history. We found that this had not always been provided by applicants, as there were gaps in the employment history of the staff files reviewed. The provider confirmed that this shortfall had not been followed up during the interview process. This meant we could not be assured that the provider operated safe and effective recruitment procedures to gather all available information to confirm the person employed was of good character.

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

We looked at how risks to people's individual safety and well-being had been assessed and managed. One person told us they had been supported to live as independently as they were able to and take informed risks, which enabled them to lead as full a life as possible. When risks had been identified, appropriate plans were in place to support people safely. Risk assessments covered areas such as access to the community, personal care and the environment. Although these provided only basic information, all identified risks had been addressed and provided appropriate advice for staff to follow.

Staff had completed training in safeguarding adults from the risk of abuse, and knew how to recognise and report safeguarding concerns to the relevant authorities. We saw information was provided on notice boards with contact details for staff to refer to. There was also information in an easy read format for people using the service should they have any concerns and need to contact the local safeguarding authority. Staff were aware of the provider's whistleblowing policy and the procedures they should follow if they were concerned about people's safety.

People told us they were generally satisfied with the service apart from occasional shortages of staff, which prevented them from receiving their planned care. For example, one relative told us, "We don't always get the care because they don't have the staff to provide the support my [relative's] needs." They also told us there had been a recent incident where staff did not turn up as expected without having been previously notified of this.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. When we asked for their response to the number of staff vacancies within the last year, they told us that there had been a 66.7% turnover of staff. At this inspection, we were made aware of circumstances, which involved staff, leaving the supported living service during their shift to provide care and support to people living in the community. This was also confirmed from a review of the staffing rota. We were unable to determine how hours commissioned to provide one to one staff support to people both within the supported living service and to those people living in the community had been allocated. This meant we could not be sure that people were receiving care and support to meet their needs. We discussed our concerns with the provider and they told us that they would take immediate action in respect of this matter.

Systems were in place to ensure that people received their prescribed medicines. Medicines were administered by staff who were trained to do this safely. Each person had a medicines administration record (MAR) where care staff documented when they had administered medicines. We carried out an audit of stock at the supported living service and found the amount of stock tallied with the MAR records.

Care staff told us they had received initial training in the handling of people's medicines to enable them to support people with their medicines safely. Senior staff had recently completed a comprehensive, accredited training course provided by the local authority. However, we found, there was no system in place to regularly audit and assess the continued competency of staff in accordance with national guidance on managing medicines in this type of setting and in line with the provider's policy. This had the potential to put people at risk of errors and staff additional training needs not being identified.

The provider's policy on administration of medicines in a domiciliary setting failed to provide staff with up to date guidance in managing people's medicines. We found that whilst the policy had a recent date where it had been reviewed the policy document contained out of date information. This included guidance for staff to refer to Health and Social Care legislation, which was no longer applicable, and without reference to more recent, relevant legislation applicable to their roles and responsibilities.



## Is the service effective?

### Our findings

Staff had not been provided with all the training they needed to equip them for the roles they were employed to perform.

The registered provider's statement of purpose stated they provided services to people living with dementia, people with complex mental health care needs, palliative care end of life care and care for people with an eating disorder. Newly employed staff told us that they had received an induction when they first started work. This included a full day of mandatory training provided by the local authority, which included, infection control, safeguarding people from the risk of abuse, emergency treatments, health and safety and equality and diversity. Staff also told us they were supported by more experienced staff, which included working on a supernumerary basis until they were familiar with the needs of the people. However, staff did not receive training in meeting the needs of people living with dementia, eating disorders and mental health. There was no formal system in place for ongoing training and competency assessment. Staff files we reviewed did always contain training certificates to evidence training attendance and neither any competency assessment. The registered provider told us there was a staff training matrix in place. However, despite our requests to review this we were not provided with this information.

The service provided care and support to people living with dementia, those diagnosed with epilepsy and others who due to their complex needs may present with distressed reactions to situations and others. Epilepsy management training had been provided by a member of support staff who told us they had not been accredited to provide this training. We noted that one person had been assessed as presenting with distressed behaviours, which may present as harmful to themselves and others. However, whilst we saw some guidance for staff in responding to these incidents in their care plan, staff had not been provided with accredited training to equip them with safe and appropriate de-escalation techniques.

Staff did not always receive regular supervision or appraisal. There were no annual appraisals provided for staff. Staff told us and the provider confirmed that their policy was for staff be supported with one to one supervision on a six weekly basis. These meetings would enable staff to discuss any concerns they might have and to plan their personal development as well as identify any training needs. Staff told us formal supervision meetings were provided sporadically. Whilst staff told us they felt supported, the lack of formal supervision and appraisals meant they were unable to gain feedback on their performance or planned opportunities to share their views or concerns in line with the provider's policy.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed team meeting minutes. The last recorded staff meeting was January 2017. Staff told us that the lack of regular team meetings had been identified as a shortfall and these were now scheduled to be provided on a weekly basis from September 2017. This was evidenced from a review of staff rotas where we saw that staff meetings had been scheduled to take place weekly at a time when most staff were in the workplace.

Not all staff had been provided with training to understand the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). Staff and the registered provider did not demonstrate and full understanding of their legal roles and responsibilities with regards to this Act. The 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 supported to do so when required as part of their plan of care. When they lack mental capacity to take a particular decision any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in a domiciliary care setting is through application to the court of protection.

We found one person who lacked capacity to consent to covert supervision whereby staff closely monitored their movements through the use of an electronic monitoring device, whilst they were alone in their room. We discussed the use of the monitoring device with senior staff who told us they were not aware that this covert monitoring was a potential deprivation of the person's liberty.

Whilst they said this was set up to monitor the safety of this person they also confirmed no formal referral to the local safeguarding authority had been made as required by law to authorise this restriction following a best interest assessment by those qualified to do so. This meant that staff were making decisions on people's behalf without appropriate or robust arrangements being carried out to support the decision. This put people at risk of not having their human rights fully upheld.

This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where appropriate care records contained evidence of staff working closely with a range of community professionals to maintain and promote people's health and welfare. These included GP's and social workers. People's healthcare needs had been identified. We saw daily observation records, which confirmed that people had been supported to attend appointments as required. However, further work was needed to ensure that planning for future appointments and annual health reviews for people living within the supported living service were clearly documented within their care plans.

Support was provided to people with meal preparation and the promotion of a healthy diet. People's dietary needs were identified as part of their care plan, and people had enough to eat and drink. We saw that individual preferences had been highlighted and people's specific requirements were being met. People were allowed access to the kitchen and staff had worked to improve their daily living skills and encouraged them to become more independent in the preparation of their own meals. The three people currently receiving support outside of the supported living service did not require as part of their care package support with meals.

## Is the service caring?

### Our findings

We were able to speak with two people and a relative and their responses were generally positive. Apart from one person who had complained about the conduct of one member of staff who supported them, they said all other staff were kind and caring. Comments received from other people included, "They are all very nice", "I have always found them to be kind and caring" and "I cannot fault the staff."

People told us staff respected their need for privacy and dignity. Staff we spoke with provided us with examples of how they maintained a person's dignity and treated people respectfully. During our visit to the supported living home, we observed staff who had developed positive caring relationships with people.

Staff spoke kindly when we asked them to tell us about people in their care. One staff member told us, "We have good relationships with people and we enjoy what we do and seeing people develop." Another told us, "We work well as a team and do our best to help people become independent. We have seen some positive changes in people."

Staff said that people were offered choices and these were respected which helped to maintain some independence. For example, people living in the supported living home were supported to plan their daily activities and weekly menus. We observed staff encouraging people to become more independent in food preparation and cooking skills.

By speaking with care staff it was apparent that they knew the people they supported very well as individuals; they could describe people's likes, dislikes and preferences. Although we found people's care plans varied in the level of person centred detail, staff made the time and effort to get to know people and understand their needs. One person told us, "They know what I like and what I don't like." However, one person receiving care in their own home told us that due to inadequate numbers of staff available and their regular care worker leaving only a male carer was available. They told us, "Although I understand why, I would prefer a female carer." Their relative told us, "This would be more of an issue if they required help with washing and dressing but as the care is more for companionship we will see how it goes."

## Is the service responsive?

### Our findings

The registered provider did not operate an effective, accessible system for identifying receiving, handling and responding to complaints. The provider had a complaints procedure in place and we saw this was contained within the service user handbook, which was provided to people when they began to receive a service. However, following a review of the provider's complaints procedure we found out of date information. For example, the provider's contact telephone number was no longer in use. There was also a lack of other relevant information to guide people when appropriate to contact the local safeguarding authority and CQC contact information had been omitted.

Staff who worked at the supported living service told us they did not know of any formal system for logging complaints located within the supported living service. They told us any concerns and complaints were passed on verbally to the registered provider. The registered provider told us no complaints had been received and logged within the last 12 months. However, one person living within the supported living service told us they had made a formal complaint about the conduct of a member of staff and had yet to receive any outcome other than to be told this was being dealt with. We discussed this with the team leader who confirmed this complaint had been received verbally and as far as they were aware, the registered provider was investigating this. We were therefore not assured that the provider operated an effective system for receiving and responding to complaints by people who used the service and others.

There was little evidence of any formal systems where the views of people were regularly sought. The registered provider told us this had been identified as a shortfall and that monthly keyworker meetings had been instigated within the supported living environment. However, they also told us they were surprised to learn from our findings during our inspection that these meetings had not been started, as was their expectation.

This demonstrated a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had a care plan which reflected their personal choices and preferences regarding how they wished to live their daily lives. Support plans reviewed in the supported living service contained comprehensive information but were bulky and difficult to navigate with some out of date information. Care plans were not always recorded in a personalised format that the people who used the service could understand.

Whilst staff within the supported living house provided comprehensive information in daily observation logs, we found this was not the case where staff provided care and support to people in their own homes. For example, where one person received a three hourly visit each week, staff had failed to record what support they had provided during their visits. This had not been identified as a shortfall in any quality monitoring.

We asked the staff responsible for the day-to-day management of the supported living service how new or agency staff would be able to obtain a pen picture of each person's care and support needs with easy identification of risk and actions to guide these staff. They told us that these staff would be expected to read the whole care plan, which they also agreed, would take some time to do so. We discussed with the

registered provider, the potential risk of people not having their care and support needs being met without an easily accessible, pen picture of their needs. They told us they were in the process of reviewing this.

## Is the service well-led?

### Our findings

The registered provider was also the registered manager had been registered with CQC since 2015. The registered manager was also the nominated individual and company director. However, it was evident from the shortfalls that we identified at this inspection that they did not fully appreciate the importance of effective and regular quality assurance processes to monitor the service.

It was evident during our inspection that the supported living service was not being managed on a day to day basis from the registered office in Newmarket, Suffolk but was being run from a house in Littleport, Cambridgeshire. This was also the location of the supported living service and the point of contact for people who used the service. During our inspection, we asked the provider to explain why the Littleport service should not be registered as a separate location, to clarify the services registration and provide an up to date statement of purpose to ensure that the registration correctly reflected the regulated activities.

We found disorganised, chaotic management of the service and a lack of effective overall governance in place. It was not clear who was taking responsibility for the day to day management of the supported living service and the service provided to people in their own homes across both Suffolk and Cambridgeshire. It was evident that the registered provider was not as they had told us initially, fully operating as the day to day manager of the service. A scheme manager had been appointed for the supported living service based in Cambridgeshire. However, there was no job description available, which would clearly define their roles and responsibilities. The registered provider when asked was unable to tell us how many people were using the service at the time of our inspection. We found from discussions with staff that five people in total were currently using the service.

We found examples where the provider's quality assurance systems had not been effective in recognising and rectifying issues. Quality assurance audits had not been completed on a regular basis to ensure the service was providing good quality care. There had been only one quality monitoring audit carried out in the last year, which had highlighted some areas for improvement but with a lack of timescales for action. There was no regular routine auditing of care plans, staff recruitment files, staff training, complaints or incidents. This audit had failed to identify the majority of concerns we found at this inspection.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff about the culture and management of the service and if they were involved in planning for improvement of the service and valued. All the staff spoke positively about the management and their approach but said they would appreciate more planned opportunities to receive supervision and be involved in improving the service.

We reviewed staff meeting minutes. The last recorded staff meeting was January 2017. Staff told us that the lack of regular team meetings had been identified as a shortfall and these were now scheduled to be provided on a weekly basis from September 2017. This was evidenced from a review of staff rotas where we

saw that staff meetings had been scheduled to take place weekly at a time when most staff were in the workplace and able to attend.

Whilst staff told us they felt supported in their role and worked well as a team, staff were not always provided with opportunities to contribute to the development of the service. This was because the provision of team meetings was sporadic and there was a lack of regular one to one supervision meetings with no access to annual appraisals. This meant that staff did not always have regular opportunities to discuss concerns or share practice. Failing to put effective systems in place for communication meant that people may be placed at risk of inadequate care and support.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The registered provider did not operate effectively an accessible system for identifying receiving, handling and responding to complaints.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider's quality assurance systems had not been effective in recognising and rectifying issues.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The risk of employing inappropriate staff was not always considered because there were ineffective systems in place for the recruitment and selection of staff.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There was not always sufficient numbers of staff available at all times to meet people's assessed needs.  Staff did not always receive regular supervision or appraisal.



