

Avocet Trust

Avocet Trust - 281-287 St George's Road

Inspection report

281-287 St George's Road
Hull
HU3 3SW

Tel: 01482618096
Website: www.avocettrust.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

281-287 St George's Road is registered to provide care and accommodation for 12 adults who are living with a learning disability or physical disability. The service consists of four bungalows situated close to local shops, transport links and local amenities.

At the time of our inspection there were 11 people using the service.

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

The service was last inspected on 10 September 2015 and was rated as 'Good' overall. At this inspection we found the service remained 'Good'.

People who used the service were supported by staff who understood the importance of protecting them from harm. Staff had completed training in how to identify abuse and report this to the appropriate authorities. We found staff were recruited in a safe way and all checks were in place before they started work. The staff had completed an in-depth comprehensive induction and essential training at the beginning of their employment and we saw periodic refresher training to update their knowledge and skills had followed this. Staffing levels were sufficient to meet people's needs.

Risks to people were identified and plans were put in place to help manage the risk and minimise them from occurring. Medicines were managed safely with an effective system in place. Staff competences, around administering medication, were regularly checked.

We found the service to be clean and tidy. Staff told us the infection control practices were good and we saw the service was well maintained.

We looked at how the service used the Mental Capacity Act 2005 to ensure when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We observed staff were kind and caring in their approach and interactions with people who used the service. They had a good understanding and knowledge of people's individual needs and their preferences for how they wished to be supported. We saw staff obtained consent and offered explanations to people before undertaking any support tasks.

People who used the service and their relatives told us they were supported by kind and caring staff who knew them well and understood their preferences for how their care and support should be delivered. We

saw people were treated with dignity and respect throughout our inspection. It was clear staff were aware of people's preferences for how care and support should be provided.

Staff supported people in the least restrictive way possible, the policies and procedures within the organisation supported this practice. People who used the service were supported to access health care professionals when required.

We saw records confirming that reviews took place periodically and people who used the service or those acting on their behalf were involved with the planning and on-going assessments of their care when possible.

The provider had developed and embedded an effective quality assurance system that consisted of audits, daily checks and questionnaires. Action was taken to improve the service when shortfalls were identified. People who used the service, relatives and staff were able to express their views on how the service was run through surveys and a range of meetings.

There was a complaints policy in place and available in easy to read format within the service. The registered manager understood the requirements to report accidents, incidents and other notifiable incidents to the CQC.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance systems in place were robust and enabled analysis of key data to focus on continuous service development.

Staff told us they felt supported by the registered manager and encouraged people and staff to be actively involved in developing the service.

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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 checked 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 23 November 2017 and was unannounced.

The inspection was carried out by one Adult Social Care Inspector and an expert by experience whose areas of expertise was learning disabilities and autism. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed PIR within the time scale given.

During the inspection, we spoke with one person who used the service, two visiting relatives and two healthcare professionals. The expert by experience had telephone conversations with a further two relatives. We spoke with the registered manager, two senior carers and three care staff.

A tour of the service was completed to check the general maintenance, cleanliness and infection control and prevention and spent time observing care. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to talk with us.

The care files of three people who used the service were reviewed and other important documentation relating to the people who used the service such as their Medication Administration Records (MARs).

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, training records, the staff rotas, and minutes of meetings with staff, accident and incident records, quality assurance audits and maintenance of equipment records.

Is the service safe?

Our findings

At this inspection we found people continued to be supported in a safe way.

When we asked people who used the service and their relatives if they felt the service was safe, they told us, "I trust them all they look after her. They look after her medications". Another relative said, "Yes I feel safe with her here". One person who used the service told us, "Yes, I feel safe with my carers."

People who used the service were protected from abuse and avoidable harm. In our discussions with staff we found they had a good understanding of their safeguarding responsibilities and what they would do if they had any concerns about poor practice. Care plans and risk assessments were in place that offered guidance to staff so care and support was provided to people in a consistent and positive way. Risk assessments covered areas such as; medication administration, managing behaviour that challenged the service and others and accessing the local community.

People's care plans were also based on positive behaviour support. Positive behaviour support is a way of improving the quality of life and reducing challenging behaviour in people with learning disabilities and autism. Care plans contained detailed information, for example, on how staff could recognise signs when people were settled and happy or when starting to become anxious the potential triggers which would escalate certain behaviours.

Staff gave an example of how this approach had been particularly successful with one of the people who used the service. They told us, "When [Name] first came here it took a long time for them to engage with us and to build up any type of positive working relationship with them. However, this has developed slowly over time and they now have a full and active life, they go out every day. They have done so well, and they have a much better quality of life now." This showed us staff had built up a trusting working relationship with people.

We spoke with healthcare professionals who told us their client had been successfully supported by the service with managing aspects of their behaviour in a positive way and was happy there, following a number of previously failed placements.

People received their medicines safely and as prescribed from appropriately trained staff. The service had a comprehensive medicines management policy that ensured staff were aware of their responsibilities in relation to supporting people with medicines. We found detailed guidance available for staff on people's preferences when taking their medicines; this included how they preferred staff to offer their medicines and any specific administration instructions.

During our inspection we observed a medication round and saw that two staff checked each medicine before it was administered. Staff engaged with people and explained what each medicine was and waited for their approval before offering the medicine in their preferred way.

Protocols were in place to guide staff when people were prescribed medicines on an 'as and when required' basis. These contained detailed information what the medicine was used for and the maximum dose that could be given.

Medicines were obtained, stored administered and recorded in line with good practice. Regular medication audits were carried out to check medicines were managed safely.

We found that staff were recruited safely with full employment checks being carried out before they started working at the service. These included application forms to look at gaps in employment history, obtaining references, holding an interview and checking with the disclosure and barring service (DBS). The DBS carry out a criminal record and barring checks on individuals who intend to work with vulnerable adults, to see if there was any reason why the person should not work in a care setting. Staff we spoke with confirmed this process had been followed when they had been recruited.

The registered manager told us staffing was provided in line with people's assessed needs. Staff rotas confirmed people were supported by core staff teams in order to provide consistency and continuity to people who used the service.

When accidents and incidents had occurred, staff recorded detailed information. The registered manager and senior management team reviewed this, to ensure suitable risk assessments were in place and appropriate action was taken.

Equipment was serviced in line with manufacturer's instructions and there were systems in place for reporting any maintenance issues. Records maintained showed these were dealt with in a timely way.

Is the service effective?

Our findings

At this inspection, we found people continued to be supported in an effective way.

People who used the service told us, "I've lived here for two years. I've got my own room, it's nice. I choose my own food. I go to the shops with staff and choose meals and personal stuff. They take me to doctors if I'm poorly". Relatives we spoke with commented, "She always eats well. I once had a meal with them. It's open access, we can visit any time. She always appears happy when we visit". Another told us, "They [staff] look after them when they are poorly. They [staff] look after all their health needs. They [family member] eat anything and have a good menu. Staff have to monitor what they [family member] eat as they are on a particular type of medication for a health condition."

During our observations of staff interactions with people, we saw staff had a good understanding of their preferred method of communication. We saw staff communicated with people effectively and used different ways of enhancing communication. For example, offering people objects to choose from and confirming their choice with them. This approach enabled staff to create meaningful interactions with the people they were supporting.

A visiting healthcare professional told us, "[Name of senior staff member] is very good at guiding the staff in how to do intensive interaction. (Intensive interaction is an approach for teaching communication skills to children and adults who have autism, severe learning difficulties and profound and multiple learning difficulties who are still at early stages of development.) I recommended the training to help build skills and methods for interacting. The staff follow our guidance and they keep us informed of any changes."

Staff we spoke with told us they had received training in Makaton (Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order). Other staff had completed British Sign Language training (BSL Sign Language is a visual means of communicating using gestures, facial expression, and body language. BSL is used mainly by people who are deaf or have hearing impairments.) Further training had been booked for them on intensive interaction. These provided staff with the skills to communicate with people in their preferred way.

In discussions, staff described how they sought consent to support people by asking them and looking for non-verbal cues to indicate they agreed to the care provided to them.

We observed staff demonstrated a comprehensive understanding of their duty to promote and uphold people's human rights. People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection three people had authorisations in place. We found the registered manager had submitted a further eight DoLS applications for the people who required these.

During discussions with the registered manager and staff it was clear they understood their responsibilities in relation to MCA and DoLS. Staff spoken with were able to give examples of when best interests meetings had taken place when important decisions needed to be made for people who used the service who lacked capacity. Examples given included invasive medical screening and the use of lap belts on wheelchairs and the use of bed rails.

People received effective support from staff who were well trained and kept their skills up to date. We reviewed the training matrix that showed staff were provided with and completed mandatory and specialist training in areas specific to the needs of people who used the service, for example, epilepsy and autism.

Staff also confirmed they completed an in depth two week induction, that reflected the fifteen elements of the care certificate and included all mandatory training.

Staff supervision records showed all staff had regular supervision and appraisal with their line manager. Supervision and appraisal is a process, usually a meeting, by which an organisation provide guidance and support to staff. Staff were supported further through team meetings and on-going competency assessments.

Staff we spoke with told us, "The manager and senior team are very approachable we can go to them with anything and they will always make time to listen to us." Another told us, "As a member of the bank team, I am expected to complete the same training as the regular staff. Avocet are very accommodating when it comes to training" and, "The training is very good and informative and additional training is always encouraged."

The registered manager told us that trainers within the organisation had been approached by the local NHS to deliver MAPA training (MAPA-Management of Actual or Potential Aggression).

People who used the service had complex health needs and received regular input from healthcare professionals including, physiotherapy, speech and language and dietetics services. Relatives and health and social care professionals were complimentary about how the staff cared for people. Comments included, "The staff have worked really well with them, they are much more settled and happy."

People who used the service were supported to eat and drink sufficiently according to their individual needs. Care plans contained detailed information about people's individual nutritional needs and their preferences. Eating and drinking plans had been developed with the input from Speech and Language Therapy (SALT) services and included detailed information about positioning people, suitable textures of food and adapted crockery and cutlery.

People's rooms were personalised and reflected their individual personalities and interests. One person had a family tree displayed in their room that staff had worked on with them to develop, while other people's rooms had been decorated in people's favourite colours and personalised with photo's and personal belongings reflecting their individual interests.

Each area of the service had been equipped to meet the needs of the people who used the service including the provision of overhead hoists, wide corridors and spacious bathrooms to enable people to mobilise safely.

Is the service caring?

Our findings

At this inspection we found people continued to be supported in a caring way.

People who used the service and their relatives told us that staff were kind and caring. Relatives spoken with told us, "They are very caring, kind and compassionate I can talk to staff any time especially [Name of senior staff member]. There's always a good atmosphere, everyone is always happy". Another commented, "They always let us know what's happening by phone. If there's any minor problems we come in and sort them out. [Name of family member] always appears happy when we visit. The staff are caring and aware of her needs. Yes, I'm sure they respect her privacy and dignity."

Staff were trained to use a person centred approach to support and enable people to develop their individual plans. The staff team were seen to be motivated and keen to consult with people about all aspects of their lives through their preferred method of communication.

We observed staff were attentive towards people and engaged with them on an individual basis every time they passed them or entered a room ensuring they had everything they needed and were comfortable. People who used the service were seen to respond to these interactions, vocalising their pleasure and excitement, gaining eye contact or reaching out to take the staff members hand.

One staff member was seen to request permission to sit next to one person. Initially the person appeared to agree to the request, but once the staff member sat down, they gently prompted the member of staff to move. The staff member explained, "When they first came to live here they were resistant to any type of interaction and disliked being in anyone else's company. Although they still appear to prefer to be in their own company some of the time, they will now spend short periods of time with us and they like to watch us preparing their meals. We just take things step by step and allow them to set the pace."

We found people were given choices and supported to live as independently as possible. Staff we spoke with gave an example of one person who enjoyed pamper sessions and how they had worked with a local hairdresser so the person could enjoy having their hair done weekly in a salon in line with their preferences.

We saw that when people did not have family, the service had supported them to access support from independent advocates. Information was provided in accessible formats for people who used the service and provided staff with guidance to ensure people's individual needs were met.

The registered manager told us the provider encouraged relatives to maintain strong relationships with people who used the service and gave examples of regular social events families were invited to. Friends and relatives were also encouraged to visit at any time without restriction.

A relative told us, "I pop in regularly, so do other members of the family. It's open access we are always made welcome and we can visit any time."

Is the service responsive?

Our findings

At this inspection we found people continued to be supported in a responsive way.

When we spoke with people who used the service and their relatives they told us they were supported to engage in a variety of community based activities they enjoyed. One person told us, "I do lots of things, I go to the cinema, bowling and like to go shopping and out for meals. I go on holiday with staff and sometimes I meet up with my family for a coffee."

Care plans we looked at confirmed that people were assessed by the registered manager prior to being offered a package of care, to ensure their needs could be met and responded to. When people had been referred from another care provision, a series of transition visits were planned in order to develop their positive working relationships with people and assess their needs.

Keyworkers spent time with people to review and obtain their feedback on what they had been doing, what was working well for them and any changes needed to their care delivery or other aspects of their lives.

Using information in the assessment documents, care plans were developed, which identified people's preferred routines and how they needed to be supported. Details of their wishes for their end of life care were also in place. When we spoke with staff about this they told us, "This part is really important because we need to know what people want so it can be planned for when that time comes so their wishes can be respected. We have previously supported people at the end of their lives here at home, where they have all the familiar sounds and the environment they are familiar with. Healthcare professionals have worked with us closely to achieve this for them."

A complaints policy was available to ensure people's concerns could be listened to and addressed. People who used the service and their relatives told us they knew how to raise complaints, but very few ever had any reason to do so. We saw no complaints had been received since our last inspection

Relatives told us staff contacted them regularly to give updates on their family member. Comments included, "My brother and I have never had any reason to complain and hope we never have to. We would know what to do; we would go to the manager. Although we are not involved in the care planning meetings, they always invite us. They let me know what is happening on the phone. It's almost too good to be true". Another told us, "Communication is good [Name of staff] rings me if anything is needed."

Staff we spoke with told us they could raise any issues or concerns with the registered manager and other senior staff and that they were listened to.

Is the service well-led?

Our findings

Staff and relatives told us that the registered manager and senior staff were approachable, supportive and knowledgeable. One member of staff said, "[Name of registered manager] is so good, very approachable. She is one of the best." Another staff member told us, "The manager and all of the senior staff are so supportive; they are all brilliant and really good. I feel that I can come and talk to them about anything." Relatives told us, "Yes we are asked for our views. The service is well run and there's always a good atmosphere and they're [people who used the service] all happy that's all that matters." Another relative said, "The service is well led and there is happy staff, I'd give them full marks."

We found that the registered manager of 281-287 St George's Road was also the registered manager for Coxwold and Priory (smaller registered services located nearby); strategies were in place to ensure that they were supported in their role by a senior care team.

At our previous inspection we had rated well led as requires improvement. This was because a new quality assurance system had been introduced and we needed time to monitor the effectiveness of the system. At this inspection we rated well led as good as the registered manager was able to show us how the system has developed and been used within the service.

The provider utilised effective quality assurance systems to ensure shortfalls were identified in a timely way and to drive continuous improvement within the service. A quality assurance manager made unannounced visits to the service and completed a full audit of all aspects of the service. We saw that where any identified issues were found, an action plan with clear timescales was put in place to address these. The registered manager's quality assurance plan supported this. This included details of all questionnaires that needed to be sent out to staff, relatives and other stakeholders at three monthly intervals. During discussion with people who used the service, staff and relatives, they confirmed they were involved in this process. Relatives told us the provider also sent them out regular newsletters, which shared information about events and activities.

All of this information and feedback helped to develop a continuous improvement plan for the service. When we looked at this, we found action was taken for all areas that had required improvement. For example, a new pharmacy provider had been sought following an on-going problematic service from the previous pharmacy provider.

Monthly staff meetings took place and topics discussed included, quality assurance, individual people who used the service and training and development. The registered manager and staff were supported through a process of training and development and received regular on going supervision in their individual roles.

The registered manager told us they attended regular management team meetings where best practice and changes to legislation were discussed. The provider had recently received accreditation with the National Autistic Society and encouraged the registered manager to attend conferences, be involved in partnership working groups and networking to share best practice. Trainers from the service had been working in

partnership with the NHS to provide training for them