

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 ●

Summary of findings

Overall summary

This inspection took place on 17 October 2017 and was unannounced. The service was inspected by one adult social care inspector.

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.

The service had a 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 were supported by sufficient numbers of staff who had undergone recruitment checks to ensure they were safe to work. Staff understood how to report any concerns about abuse and manage risks to keep people safe. People were supported with their medication by staff who had received training in how to do this.

Staff had access to training and supervision to support them in their role. Staff understood the importance of seeking consent in line with the Mental Capacity Act 2005 and knew how to support people to make their own decisions. Staff ensured people's health needs were monitored by healthcare professionals where appropriate.

People and relatives described staff as caring and kind. They also told us staff treated people with dignity and respect. People were encouraged to be involved in the planning and review of their care. People were supported by staff who knew them well. People and relatives knew how to raise any concerns they had about the service.

People, relatives and staff spoke positively about the registered manager and they told us the service was managed well and in people's best interests. People and relatives made positive comments about the service people received.

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 told us they felt safe. Staff knew how to keep people safe and they knew the procedures to follow if they had any concerns about people's welfare.

We saw the recruitment process for staff was robust to make sure staff were safe to work with vulnerable people.

There were arrangements in place to ensure people received medication in a safe way.

Is the service effective?

Good 

The service was effective.

Staff were knowledgeable about how to meet people's needs, and their skills were regularly updated.

People received support from staff in a way that supported their rights to make their own decisions where possible.

People were supported to access healthcare professionals to meet any additional health needs.

Is the service caring?

Good 

The service was caring.

People who used the service and their relatives gave positive feedback about the service.

Staff respected people's dignity and supported people to maintain their independence.

All of the staff we spoke with described the service as 'person centred' and said they would recommend the service to anyone requiring support.

Is the service responsive?

Good 

The service was responsive.

People's care and support needs were assessed. Care plans provided staff with clear guidance on how care should be delivered. People received consistent, person centred care and support.

People using the service were involved in a range of vocational activities including work opportunities and day care facilities.

There were systems in place to enable people to express their comments, concerns and complaints, to improve the service offered.

Is the service well-led?

The service was well-led.

People spoke positively about the staff team and the registered manager.

People, their relatives and staffs views and suggestions were taken into account to improve the service.

The provider had systems in place to monitor the quality and safety of the service to aid continuous improvement.

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 17 October 2017 and was announced.

The provider was given 48 hours' notice because the location provides both domiciliary care to people in their homes and a supported living service for younger adults who are often out during the day. We needed to be sure that someone would be available at the office to meet with us. At the time of the inspection the service was supporting five people with personal care.

The inspection was carried out by one adult social care inspector.

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 also reviewed the information we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three people who were using the service, the relatives of two people, three members of support staff, the administrator, the registered manager and the quality and performance manager.

We looked at five people's care records and five staff files as well as records relating to the management of the service.



Our findings

We were able to speak with three of the five people who received support from the service. They told us they felt safe with the staff who supported them and discussed how staff supported them to live as full a life as possible. One person said, "Yes, I'm safe, they look after me and they know me very well." Another person told us, "I'm safe with staff. I go out with them and they help me at home too." Relatives we spoke to were positive about the service. They told us they felt their relatives were safe and well cared for. One person's relative said they felt staff did their best for people and would often go out of their way to ensure their relative was happy.

Staff we spoke with knew how to raise concerns, and they confirmed a safeguarding procedure was in place. Staff also confirmed they had completed safeguarding training. One staff member said, "If I ever had any concerns about any kind of abuse I would report it straight away to my manager. I know if I needed to, I can also go to the local authority safeguarding team or the Care Quality Commission." This showed that staff were aware of how to raise concerns about abuse and recognised their personal responsibilities for safeguarding people who used the service.

Staff we spoke with demonstrated knowledge of the risks associated with supporting people. They told us they followed guidance in risk assessment documents which enabled them to support people safely. One staff member said, "There are risk assessments in place for each person which cover areas of risk. For example, cooking, accessing the community, medical needs and any behaviours people may present. They are under continuous review and are changed or updated when needed."

People were supported by staff in accordance with their needs. This meant they received care on either a one to one or two to one basis. One person told us, "I have staff to go out with me and staff at home too. It is always the same staff who I know." The registered manager told us that where possible, the same staff team were assigned to each person to provide support. This meant each person had consistency which was important given the nature of people's support needs.

We reviewed five staff files and found recruitment practices were safe and relevant checks had been completed before staff began working with people unsupervised. We saw this included obtaining references from previous employers and a Disclosure and Barring Service (DBS) check had been completed. The DBS is a national agency that holds information about criminal records. We also saw a contract of employment for each staff member. This helped ensure people using the service were protected from individuals who had been identified as unsuitable to work with vulnerable people.

We looked at how the service managed medicines. People using the service had medication support plans. These provided staff with guidance on the support the person required to take their medicines. We saw these were detailed and had been updated if there were any changes. Where people had medicines on 'as required' basis, staff had the knowledge to enable them to recognise when people may need this medicine. Records were also in place to guide staff in the signs and symptoms which might indicate people needed their medication. Staff we spoke with confirmed they had received medicines training which included an assessment of competence. We saw that audits were completed of the medicines and this included checking the balance of medicines against what had been administered. This demonstrated there were systems in place to ensure the safe management of medicines.



Our findings

Staff we spoke with told us they received the training and support they required to carry out their roles. They said they received regular supervisions and appraisals and we saw evidence of this in the staff records we reviewed. Staff were knowledgeable about the needs of the people they supported and knew how these needs should be met.

Staff said the training was comprehensive and confirmed they received regular updates. The training matrix showed the training staff had completed and identified when updates were required. Staff had received core training in subjects such as first aid, health and safety including food hygiene, medication, moving and handling, safe medicines and safeguarding adults. People we spoke with had confidence in the staff. One person said, "Staff know what they're doing and know how to help me."

Staff we spoke with told us they had completed an induction prior to commencing their employment. They told us they felt this prepared them for their role. Staff also said the induction included visiting people who they would be supporting. One staff member told us, "You are able to get to know people before you start supporting them. For me, this is great and it means they are also given the chance to see if they like you. It was really useful for me."

The Mental Capacity Act 2005 (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 helped to do so when needed. When they lack mental capacity to take particular decisions, 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We saw documentation within the care records we reviewed which demonstrated the correct processes were followed to ensure people who did not have the capacity to make significant decisions had their rights upheld.

People using the service were supported by staff to shop and cook for themselves. Staff we spoke with said that this was done in line with the level of support the person required. Each person had a support plan in place for eating, drinking and nutrition. This provided clear guidance for staff to follow on how best to support the person. For example, one person needed only minimal prompting with cooking of meals and was able to choose their meals each day with staff assistance only to use the cooker. One staff member told us, "We go out most days with one person who likes to eat lunch out and then shop for their evening meal."

Staff told us people were supported with accessing health care services such as GPs, dentists and opticians. This was confirmed in the care records we reviewed. The records we saw showed people were supported to access other health care professionals as required. For example, we saw input from the occupational therapist, consultant psychiatrist and the community mental health team. This showed people using the service received additional support when required for meeting their care and treatment needs.



Our findings

Without exception, all of the people we spoke with and their relatives gave positive feedback about the service. They all told us they were happy with the service and would recommend the service to anyone requiring support. One person told us, "I like the staff who support me, they take me out and we go to the 'Out and about' club. They have helped me to plan a holiday." The staff who were supporting this person told us the person was anxious about flying so to alleviate this they had taken the person to watch aeroplanes at a nearby airport. They had supported the person to record take offs and landings on an iPad. The person told us they had been watching this and it made them feel better about flying.

The relatives we spoke with told us they felt involved in the planning and delivery of the support their relative received. One of the relatives told us they met with a member of the team once every two weeks to review the care and support provided. They said they were kept informed and felt included in their relatives care. Another relative told us, "The staff involve my relative in everything they do. They are able to make choices and decisions about their life. I feel happy that the staff are doing their best for my relative, I've seen so many positive changes."

People and their relatives told us staff knew them well and ensured their needs were met. One relative told us, "In the time we've used the service they've really got to know my relative and I feel really happy about the support they provide. They are working for my relative, and in their best interest all of the time and I can't ask for more than that." Another relative told us their family member had joined the groups ran by the service before they chose to have them provide their current package of support. They said, "We knew most of the staff anyway from the groups and we feel happy with how they support our relative. The support is great and the opportunities they have socially is really good. I think staff are genuinely committed to doing their best for people."

Staff members were present at the request of the person using the service when we spoke with them. It was clear from our observations of staff interactions with people that they knew people very well and had a good understanding of the person. Staff engaged with people in a warm and genuine way. People we spoke with responded well to staff and appeared very relaxed and comfortable with them.

We saw the service had arrangements in place for people to be supported by an advocate if this was needed. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed decisions about their life.

Relatives told us staff respected people's privacy and dignity. They said that when they visited their relatives in their own homes with staff present, they could see that staff had respect for the person. They also said that staff of the same gender were available to their relative which was important to them especially with some aspects of personal care provision. One relative told us, "I can tell my relative has settled well and is happy with the staff."



Our findings

People using the service were supported to engage in activities and work placements which were meaningful to them. People we spoke with told us staff supported them to manage their daily lives and meet their individual needs. Two people told us about a trip to Blackpool and a holiday abroad they had planned with staff's assistance as examples of how staff had supported them to be as independent as they could be. One person told us, "I wanted to go and staff helped me to book it." Feedback from relatives we spoke to was consistently good. They said that their relative had a good quality of life and that the service encouraged them to engage in groups and other social activities. One relative told us about the support the person had received in making their home more personalised and the enjoyment the person had gotten from this.

The provider promoted inclusion by encouraging the facilitation and attendance of a number of events and activities within the local community which had been attended by people using the service. This included the Avalon group committee meeting most recently held in July 2017 and the 'Out and about club' held weekly by the service which was open to all people using the service. The service had contributed to the town gala which the registered manager told us had raised awareness of the service within the town. Feedback from people using the service was that they had enjoyed participating in the event which had entailed preparing a float with a 'musicals' theme. The service also produced a regular monthly newsletter which was open for all staff and people using the service to contribute to.

We spoke with staff about the support they gave to people and without exception, all staff said they believed people using the service had a good quality of life. They also said they had seen the benefits of enabling people rather than completing tasks for people. This included growth in confidence and an increase in skills for two people in particular. One staff member told us, "We are very flexible and I think we support people to make choices and because of this people seem very happy with how they receive support." Another staff member said, "I really think we involve people as much as possible and really its a matter of them telling us how they want to be supported, and we fit in around them. That's how it should be." Relatives we spoke with told us they felt very involved in their relatives care. One person's relatives told us, "I feel able to raise any issues with staff. I am always able to ask questions, to offer feedback and be included. I know that they are doing everything in the best interest of my relative."

Records we reviewed showed that people's support was regularly reviewed and any changes which were needed were put in place straight away. This helped to ensure care and support was appropriate to the person's individual needs. Staff told us they were informed of any changes without delay. Examples of this

included changes to medication and daytime routines. People we spoke with said they felt able to tell staff if anything needed changing or could be improved. This demonstrated that the service was responsive to any changes in people's support needs.

We saw the service had a complaints procedure which was also available in easy read format with pictorial aids. All of the people we spoke with said they felt able to raise any concerns and knew who to speak to, either care staff or the management team. All of the people we spoke with said they had no complaints and had not had cause to complain about anything. They said they were happy with the care provided. Relatives we spoke with told us they were able to raise concerns but had never had to make a complaint. They said all of the staff were approachable. The registered manager confirmed the service had not received any complaints in the last 12 months. We saw evidence of a number of compliments received by the service praising staff for their support and kindness.



Our findings

Without exception, all of the people we spoke with said the service was very well managed and they had confidence in the management team. Staff told us the registered manager was very approachable and they felt that their door was always open. Staff told us they enjoyed working for the service and said they would recommend the service to anyone, including their own family and friends. One staff member told us, "I wouldn't hesitate to recommend this service, they are like family, I would use it myself. The registered manager is lovely and they really care about people. Anything they can do for people they do it, they listen and always get back to you." Another staff member told us, "It's a good company to work for. The office is in a good place so most of us just drop in for a coffee. People who use the service pop in all of the time too; it's a real hub for them. They are always so pleased to see everyone. It is like a family. What more could you want."

People and their relatives told us they felt listened to. The provider sent out annual satisfaction surveys to both staff and people who used the service. We looked at the results for 2017 which showed comments and feedback from people using the service were very positive. However, these were not broken down to reflect the location we inspected but represented the whole provider. Positive comments included; people said they got on well with their support worker, Avalon has made my life better, I am supported to do things that are important to me and Avalon's support is what I want and need. Where comments which were negative were received, we saw the provider had implemented actions to address them.

In response to the staff survey, the provider had received a 50% response rate. Results we looked at relating to overall satisfaction around work/life balance and recognition for good work, recommended Avalon as a great place to work. Feeling motivated averaged at 88%, which had stayed the same as 2016. Results also showed that 65% of staff were dissatisfied with their level of pay. The provider has responded to this by conducting a benchmarking exercise against all current market rates which may lead to improvements in terms and conditions for staff.

The provider had a good quality assurance framework in place which enabled them to monitor, maintain and improve standards of service. Systems were in place for monitoring that accidents and incidents were recorded and outcomes clearly defined which helped to prevent or minimise re-occurrence. Checks were completed on a regular basis by members of the management team. For example, people's care plans, risk assessments and daily communication records. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. Spot checks were also conducted on a random basis. These checks enabled the

management team to ensure staff were arriving on time and supporting people appropriately in a kind and caring way.