

Adult Placement Services Limited

Avalon Harrogate Services

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 8 October 2015 and was announced. The last inspection took place in November 2013 when the service was found to be meeting the Regulations.

Avalon Harrogate Services provides personal care and support to people who have a learning disability. Some of the people who use the service are also living with dementia. There are two aspects of the service. Some people who receive support live in small supported living services which are staffed according to assessed needs. Other people live in a family setting with a main carer. This is called shared lives. The aim of the service is to support people to live independently. The service

currently provides personal care to seven people in supported living and five people in shared lives. For the purposes of this report the term 'staff' refers to supported living workers as well as shared lives carers.

A registered manager was 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.

People told us they felt safe at the service. Staff were confident about how to protect people from harm and

Summary of findings

what they would do if they had any safeguarding concerns. There were good systems in place to make sure that people were supported to take medicines safely and as prescribed.

Risks to people had been assessed and plans put in place to keep risks to a minimum. An 'out of hours' service was in place so that people could contact a member of staff in an emergency.

There were enough staff on duty to make sure people's needs were met. The provider had robust recruitment procedures to make sure staff had the required skills and were of suitable character and background.

Staff told us they enjoyed working at the service and that there was good team work. Staff were supported through training, regular supervisions and team meetings to help them carry out their roles effectively. Staff were supported by an open and accessible management team.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are put in place to protect people where their freedom of movement is restricted. The registered manager had taken appropriate

action for those people for whom restricted movement was a concern. Best interest meetings were held where people had limited capacity to make decisions for themselves.

People told us that staff were caring and that their privacy and dignity were respected. Care plans were person centred and showed that individual preferences were taken into account. Care plans gave clear directions to staff about the support people required to have their needs met. People were supported to maintain their health and to access health services if needed.

People's needs were regularly reviewed and appropriate changes were made to the support people received. People had opportunities to make comments about the service and how it could be improved.

There were effective management arrangements in place. The registered manager had a good oversight of the service and was aware of areas of practice that needed to be improved. There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

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.

There was safe management of medicines which meant people were protected against the associated risks.

Staff were confident of using safeguarding procedures in order to protect people from harm.

Risks to people had been assessed and plans put in place to keep risks to a minimum.

There were sufficient numbers of staff to meet people's needs. Recruitment procedures made sure that staff were of suitable character and background.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills necessary to carry out their roles effectively.

Staff understood the requirements of the Mental Capacity Act 2005 and relevant legislative requirements were followed.

People were supported to maintain good health and were supported to access relevant services such as a GP or other professionals as needed.

Good



Is the service caring?

The service was caring.

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

People, and their relatives if necessary, were involved in making decisions about their care and treatment.

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

Good



Is the service responsive?

The service was responsive.

People received personalised care. Care and support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

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

Good



Is the service well-led?

The service was well-led.

A registered manager was in place who had good oversight of the service. Staff told us that management was supportive.

Good



Summary of findings

There was a positive, caring culture at the service.

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

Avalon Harrogate 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 8 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us

by law. We also reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we visited the office and spent time in two supported living services. We looked at records which related to people's individual care. We looked at four people's care planning documentation and other records associated with running a community care service. This included four recruitment records, the staff rota, notifications and records of meetings.

A number of people who used the service were not able to communicate their views. However, we spoke with two people who received a service, four members of staff and the management team. Following the visit we sought further feedback. We spoke over the phone with three shared lives carers and received comments from three members of staff. We asked North Yorkshire County Council quality monitoring team for their views about the service. They expressed no concerns.

Is the service safe?

Our findings

The people we spoke with told us they felt safe and could speak with care workers if they had any concerns. Support plans included information on 'Keeping me safe' which highlighted potential risks and directed staff to the relevant risk assessment. This information was specific to each individual. For example, one person was at risk of scalding, as they did not understand if food was too hot. There were guidelines in place about how to support people to keep them safe and free from harm.

Staff told us that they were supported to carry out safe care practice. One member of staff said "I think Avalon does a top job of keeping customers [people who use services] and staff safe while also allowing customers to make their own decisions and respecting this". This demonstrated a positive approach to risk taking. This was confirmed by another member of staff who commented "It would be easier in terms of risk management to say 'no' to every new idea; but in my experience, Avalon haven't turned down a customer's wishes for fear of being 'too unsafe'. They just manage the risks through risk assessments, new equipment, team meetings, alternative routes etc". Risk assessments were clearly written and up to date. They included information about each risk and how risks could be reduced to keep people safe. The registered manager told us that safety was discussed in team meetings and reviews and records confirmed this. They added that some people had an 'emergency card' which they could take with them when out in the community, which included useful contact numbers.

Staff were confident about identifying and responding to any concerns about people's well-being. Staff had received appropriate training in this area to support their understanding of safeguarding. Staff also had an understanding of whistleblowing procedures should they have any concerns about practice within the organisation. A safeguarding file was kept at the office and we saw that any concerns had been reported to the appropriate authorities. There was a clear record of the action taken and CQC had been informed as necessary.

The service provided a safe and consistent approach to managing behaviour that challenged. We saw that there was clear information in support plans about managing behaviour in a positive way. This information supported staff to understand when a person was becoming stressed

or upset, including any triggers which could have a negative impact on the person. Guidance included the actions staff should take to prevent a situation escalating. There was also information on how to record and report incidents as well as the process to reflect on and review what had happened. Staff confirmed they had a debrief with a manager afterwards to discuss incidents, and we saw that incident report included any action taken, such as updating risk assessments.

There were robust procedures for the safe management of medicines. People's support plans included details of any medicines to be administered as well as the reason for taking them and any possible side effects. Medication Administration Records (MAR) were used to record each medicine, time and dose. MAR charts identified each medicine and were clearly written. There were no unexplained gaps in recording on the MAR charts we looked at. Where people had medicine which was taken 'as required' there was information about when it was needed and the reason for its use had been recorded. In the house we visited there was a record of the medicine that had been collected or returned to the pharmacist, which provided a clear audit trail. We noted that where creams were used they were marked with the date on opening, to make sure they did not get used past the 'use by' date.

There were monthly audits of medicine practice in each house which included a tablet count, usually carried out by a manager. The audit records showed that where any discrepancies were found, appropriate action was taken. For example, when issues were found regarding the use of 'as required' medicines, a workshop was held with the staff to discuss the improvements required. The workshop was followed up in writing to staff so they were clear about expectations. Where there were issues with the practice of individual members of staff, retraining was provided.

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 the provider assessed new staff to have the skills and experience to work at the service. Shared lives carers had a robust assessment and were approved by a panel process before they could start work.

There were sufficient numbers of staff on duty to meet people's needs and keep them safe. The staff we spoke

Is the service safe?

with felt that the staffing levels allowed them to meet people's needs. We were told by some staff that there had been a shortage of staff in the summer this year due to absence but that the situation had since improved. There was an on-call system from 5pm each day and at weekends

which staff and people could use to contact a manger if required. The registered manager told us that people knew about the on-call contact numbers and this was confirmed by the people we spoke with.

Is the service effective?

Our findings

Staff told us that they were supported to provide effective care. One member of staff told us “I think that [people] are supported in a way which meets their needs” and added “I have been impressed with how the company matches up support workers with customers and I think this works well to provide [people] with continuity of care”. Other comments from staff included “I enjoy it here. I feel supported”, “I believe we do a really good job” and “We get on well as a team”. All of the staff we spoke with were positive about the support they received.

Staff members received a suitable induction when they started working at the service. This included essential core training, shadowing other staff and time to get to know people who used the service. There was a training plan in place to make sure that staff had the skills they needed to carry out their roles effectively. Training was updated as necessary and included mandatory areas such as moving and handling, medicine management and health and safety. There were opportunities to attend specialist training to further staff development and knowledge. One member of staff explained “I have already attended a training course on autism which was really useful and I have been given a list of lots more courses which are available so I plan to attend more in the future”. Another staff member said “I’m keen to develop and have been given opportunities to do this”.

Staff were supported to discuss their progress and development. Regular supervisions took place with a manager and there were yearly personal development reviews. Records showed that supervisions took place approximately every 3 months. One member of staff explained “Supervisions give me a chance to say how I am and where I want to go. It’s all about saying what I want. Decisions are reviewed at the following meeting”. Shared lives carers also had a monitoring meeting with a manager every 3 months to discuss how they were getting on and any concerns or development needs.

There were regular team meetings where staff would get together to discuss organisational issues and plans. Separate meetings were arranged for shared lives carers. One member of staff explained, “We have ‘as and when’ meetings, like when something needs addressing with the team as soon as possible”. They added that this was particularly the case for people living with dementia as

they were more prone to behavioural changes, so the team required more support. This demonstrated that there were good opportunities for communication and support around issues as they arose.

The staff we spoke with understood 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 and that additional training had been provided. There was an up to date policy in place regarding the MCA and Deprivation of Liberty Safeguards (DoLS). The registered manager explained that the organisation had considered the impact of current legislation. We saw evidence that they had referred a number of people to the local DoLS team due to the level of supervision and support provided. This process was ongoing.

There were signed consent forms in people’s care plans where needed. For some people who used the service there were issues around their capacity to make some decisions. Best interest meetings were held where important decisions had to be made about care and welfare. A best interest meeting is a meeting of those who know the person well, such as relatives, or professionals involved in their care. A decision is then made based on what is felt to be in the best interest of the person. Where best interest meetings had taken place there was information in support plans about the decisions made and the reason the person lacked capacity for that decision. For example one person had had a best interest meeting about financial decisions and a meeting had also been arranged for another person who required dental treatment. This demonstrated that the service followed legislative requirements in relation to capacity and consent.

Where required there was information in people’s support plans about people’s needs in relation to eating and drinking. For example, where people needed a special diet or had particular preferences. One person’s support plan described how they were unable to understand healthy eating and needed encouragement to plan suitable meals. There was also information about the assistance they needed to prepare and cook meals. This showed that staff were provided with information about dietary needs which meant they could monitor those people where risks were identified.

Is the service effective?

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 guidance about particular syndromes relevant to each individual so that staff had a better understanding

of their needs. There was evidence of the involvement of healthcare professionals such as a GP, dentist or community nurse. People living with dementia received support through specialist teams and had access to a social worker.

Is the service caring?

Our findings

People we spoke with told us that they were happy with the service. One person in a supported living house said “It’s very nice living here. I can do what I want when I want. Staff are all very nice”. In another supported living house we observed a relaxed and friendly relationship between one person and the support staff. The person enjoyed joking with staff and clearly had a good relationship with them.

All of the feedback from staff emphasised that it was a caring service. Comments included “Support workers are passionate and caring. They go beyond what is expected. It’s always driven by the customer”, “I really believe that all of our support workers have their hearts in the right place. They all want the best for the customers” and “I think the Avalon Group is very caring. I have seen the staff go above and beyond the call of duty, in my opinion, to support a customer”. We noted that all the staff we spoke with discussed the people they supported with respect and demonstrated a commitment to provide a person centred service.

People were treated with respect and dignity. The atmosphere in the homes we visited was relaxed and light hearted. Although we did not observe any personal care tasks being carried out, we did see that staff spoke with people in a friendly manner and were attentive to people’s needs. Some people liked to come in to the office occasionally during the day and we saw that when this happened they were greeted with familiarity and respect. The staff we spoke with were able to demonstrate how they supported people’s privacy and dignity. For example, one

staff member told us “When I help someone with a shower I shut the door and offer them a towel to maintain their dignity. It doesn’t matter how much a person is able to understand. I think of how I would feel. I know that other staff do this as well”.

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

People were given a schedule for the week which included the activities they had agreed to as well as the support they would be getting from staff. People were able to change their minds about what they wanted to do and those we spoke with confirmed they were aware of what their support plan said. One person we visited had their support plan in their hand and told us it had been recently reviewed with them.

People told us that there were occasional ‘house meetings’ in each supported living service where they could discuss ideas and suggestions with other tenants and staff. People in shared lives services were treated like family members and as such were very involved in what went on each day. They had opportunities to talk about daily activities they had been involved with, as well as planning ideas for the future.

Is the service responsive?

Our findings

People received person centred care which was responsive to their needs. Care and support plans were detailed, clearly written and focussed on individual preferences. Each person had an 'About me' section in their support plan which gave information about their background, character and interests. This gave staff good information about the people they supported and their individual identity. Each person had an assessment of their needs before they started with the service.

Support plans were written from the perspective of each individual and included their preferences for how they wanted care and support. Personal care support needs were broken down into small steps describing what people were able to do for themselves. This meant staff could provide sufficient support whilst encouraging each person to be independent. There was clear information about people's physical and emotional needs as well as how best to communicate.

Support plans were up to date and reviewed as necessary. People and, where appropriate, their relatives were involved in yearly reviews and the service took appropriate action where changes in needs were identified. Copies of reviews confirmed any changes to be made and which part of the support plan had been updated. Staff told us that if needs changed then prompt action was taken to make changes to support if needed. For example, one member of staff said "Our support plans are reviewed at least annually after a meeting with the customer. However, we update them when there are any changes to the customer's care, so realistically, in my experience it's a lot more often".

Staff were able to give examples of how the service had responded positively to changing needs. One member of staff described how they had assisted one person whose vision was deteriorating. They said "In the last year the team have supported them to get a guide dog, move to a more suitable house and build their confidence by visiting

the gym to lose weight and help with balance". Another staff member told us "If customer's needs change, the support workers report it to the supervisor and they would then make sure that appropriate support is given. I have been asked to change the times or day of a customer's support to suit their needs".

The registered manager described other ways in which people were encouraged to have a say about how the organisation provided care and support. People were involved on recruitment panels so that they had a say about the staff who worked with them. There was also a meeting called Avalink which was a regular event between people who used the service and Avalon representatives. These meetings were used so that people could give their views about areas such as training and induction for staff, as well as other issues which they wanted to discuss.

People were able to make complaints and suggestions regarding the quality of service provided. The service kept a record of complaints and compliments received. There was one recorded complaint this year which had been investigated and responded to appropriately. Seven compliments had been recorded so far this year. People told us that if they were unhappy they would talk to a member of staff or a manager. One person said "I have contact numbers and I ring Avalon when I need to. They listen to me. I also go to 'customer' meetings where we talk to Avalon". A member of staff commented "The customers will speak up if they are not happy with anything and they know they will be taken seriously".

People were given information about how to complain. This was included in the service guide and posters in supported living homes told people what to do if they felt sad. The registered manager explained that a recent 'customer' meeting discussed complaints and who people could speak with. They added that the 'Avalink' meeting was also being used to get people's ideas about how to improve information provided to people, which included the complaints process.

Is the service well-led?

Our findings

The current registered manager had been in post since April 2015. They spoke knowledgeably about the service and had a clear understanding of the requirements of the Regulations. They were aware of areas of practice that could be improved and had taken action to make changes where appropriate. For example, following a number of recent reviews the management team had reallocated care workers and changed rotas in order to maintain good compatibility with the people they supported.

Staff told us that they felt supported by the management team. There was an 'open door' policy and staff were able to discuss issues with management when they needed to. One member of staff commented "They seem to understand staff issues and there is a customer-led culture that I have seen improve since I started" and another staff member told us "I feel that the Avalon group is well led. The managers do a good job managing staff and ensuring customers receive a good service. They are all approachable and encourage staff and customers to give feedback and report any problems". Shared lives carers told us they were supported but we received comments about the consistency of the management team, in particular that there had been a number of changes in management over the years.

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

service. One member of staff said "I'd say the ethos of the organisation is person-centred care to empower customers, which in a nutshell is what we do", and another told us "The ethos of the organisation is that they are open and honest".

There were suitable systems in place to monitor and improve the quality of care provided. The provider had a quality assurance system which focussed on the CQC domains of Safe, Effective, Caring, Responsive and Well-led. The registered manager completed a quality monitoring report every 3 months which focussed on one of the domains. For example, in September 2015 the report looked at Effective. The report summarised the findings and provided evidence of how the service was meeting the required standards. It was clear that the provider had looked closely at the new Regulations and inspection methodology to make sure that they were operating in line with expectations.

The registered manager carried out regular audits to make sure that care practice was operating to a good standard. Audits covered practice areas such as care planning, medicines and record keeping. Management completed 'spot checks' on each member of staff twice a year to observe care practice. These observations were recorded and discussed with the member of staff concerned.

The provider listened to feedback to make improvements to the service. Annual surveys took place where feedback was gathered from care staff, shared lives carers and people who used the service. We looked at the report of the last survey which took place in March 2015. This included a summary of the findings and an action plan based on the comments that had been made. In addition there was a quarterly Customer Involvement Forum which supported representatives of people who used the service to discuss issues and ideas for development.