

Avocet Trust

Avocet Trust - 1181 Holderness Road

Inspection report

1181 Holderness Road
Hull
HU8 9EA

Tel: 01482712259

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Avocet Trust 1181 Holderness Road is a respite service for people with learning disabilities. Accommodation is provided in a large, detached house on a residential road.

Services for people with learning disabilities and or autism are supported

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a domestic style property. It was registered for the support of up to eight people. When we inspected, six people were using the service. There were deliberately no identifying signs to indicate it was a care home. Staff wore casual clothes and were not identifiable as care workers when coming and going with people.

People's experience of using this service and what we found

People were safe using the service. Any risks were well managed, and concerns about people's welfare were managed appropriately. There were enough staff to meet people's needs and ensure they got medicines when needed.

We have made a recommendation about ensuring staff always had information about medicines which were only given when needed.

Staff understood people's needs and were trained and supported well. People had appropriate help to make and communicate decisions.

People and staff got on well. Staff included people in decisions about their care and support, and helped people remain as independent as possible.

Some documents lacked personalised information, however this had been recognised and work was underway to improve this. People could spend their time doing things they chose and enjoyed.

We have made a recommendation about adapting information to make it accessible for people using the service.

Management, staff, people and other appropriate people worked together to ensure the service was well-led. Monitoring of quality of care was good, and the service had helped people overcome day to day challenges they faced.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible.

Rating at last inspection (and update)

The last rating for this service was Good (report published 28 June 2017).

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Avocet Trust - 1181 Holderness Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Avocet Trust – 1181 Holderness Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed all information we held about the service including past inspection reports and information they had needed to send us, for example when any incidents occurred. We asked the registered manager to send us some information about the service when we announced the inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

Due to the complexity of their needs most people who used the service could not tell us about their experiences. We spoke with one person in detail, and made informal observations of care and support being provided. We spoke with the registered manager and three members of staff, and looked around the premises to check on maintenance and cleanliness. We contacted seven people's relatives or primary carers to ask for their feedback about the service.

We reviewed a range of records including three people's care plans and medicines records. We looked at records relating to staff recruitment, training and support. We also looked at the systems in place to monitor and improve quality in the service.

After the inspection

The registered manager provided information which helped validate our judgements.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were still well supported to enable them to identify and appropriately report any concerns about people. Training and clear procedures remained in place.
- The provider continued to report any concerns to CQC and the local authority safeguarding teams as required. Concerns about people's experiences when not at the service, for example at home or in the community, were also identified and reported on appropriately.

Assessing risk, safety monitoring and management

- Care plans contained assessments of risks associated with people's care and support, for example those associated with specific health conditions. Care plans showed how these risks could be minimised by staff.
- Accidents and incidents continued to be managed appropriately.
- Each person had a personal emergency evacuation plan (PEEP). These were personalised, and had recently been reviewed. We saw two PEEPs needed more information relating to their specific moving and handling needs. We discussed this with the registered manager and a senior member of staff, who told us this information would be added after the inspection.

Staffing and recruitment

- Recruitment practices remained safe. Appropriate checks such as with the Disclosure and Barring Service (DBS) and asking for employment references were carried out before people started working in the service.
- Staffing levels were flexible due to the nature of the service. There were enough staff deployed to give each person the one-to-one support they needed.
- We received no negative feedback about staffing in the home.

Using medicines safely

- There were some inconsistencies in the records relating to medicines prescribed for as-and-when (PRN) use.

We recommend the provider review all medicines records to ensure appropriate protocols were always available for staff to follow.

- Other medicines management practices continued to be safe. People brought their medicines from home, and senior staff created medicines administration records (MARs) according to the prescribing information. Records were clear and well-maintained.
- Audit processes in place enabled any administration errors to be identified quickly and appropriate action to be taken.

Preventing and controlling infection

- The home was clean in all areas when we inspected. We visited all areas of the service including communal rooms, bathrooms and some of the bedrooms.
- There were regular checks in place to ensure the hot water in the building remained within a safe temperature range.

Learning lessons when things go wrong

- The registered manager was aware of any accidents and incidents which had happened in the home, and showed they considered whether there were wider implications during their discussions with us.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. Some improvement to the standard of décor were needed. At this inspection we did not identify any issues in this area. A clear plan was in place to show how further improvements were going to be made. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans were based on a good assessment of people's care and support needs, their likes and dislikes and preferences for care. Any information provided by health and social care professionals such as speech and language therapists (SALTs) or social workers was included in people's files and incorporated accurately into their care plans.

Staff support: induction, training, skills and experience

- Systems remained in place to keep staff training up to date. One member of staff told us key members of the team had received additional training to enable them to meet the specific health needs of a person who had not used the service before. This training was provided before the person's first respite visit, and enabled staff to provide effective care.
- A relative told us, '[Staff are] keen to be trained in specialist care.'
- There were regular meetings with staff at which their performance, any work-related challenges and their training needs were discussed. Staff we spoke with said they had good support in this area.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff kept records of what people ate and drank to help monitor any changes in people's nutritional health. Although these records in place, they did not always indicate a desired or safe intake for that person or show how the information was totalled over time to enable effective monitoring, however due to the short stay nature of the service. There was no evidence this had negatively affected anyone who used the service. We discussed these records with the registered manager who told us they would take immediate action.
- Because of the complexity of their needs, most people needed support from staff to prepare meals for them. Care plans contained information about people's dietary needs and preferences, which enabled staff to help people make choices about what they may want to eat.
- Staff had access to information to show how people's meals and drinks needed to be adapted, for example to ensure people at risk of choking were given softer or blended foods and thickened drinks.

Staff working with other agencies to provide consistent, effective, timely care

- People had communication books which travelled with them when they came into respite, spent time at day centres and when they returned home. Everyone involved in providing care and support to people were

able to note significant observations or changes in need in the book, which helped ensure consistency of support and up-to-date understanding of people's needs.

Adapting service, design, decoration to meet people's needs

- A relative told us, 'The house could be a little more homely.'
- There was a programme of refurbishment in place. The registered manager told us they planned to further improve the homeliness of the service, including more pictures of people and activities and a warmer colour scheme.
- The décor in one bedroom was kept minimal in order to support a regular service user who could experience behaviours that challenged them and others. The room matched others in its overall style and colour scheme, meaning the adaptation was discreet.
- People had a choice of two lounges and a garden in which they could spend their time.

Supporting people to live healthier lives, access healthcare services and support

- Due to the short term nature of most stays, the home was not always involved in supporting people to access health care services, although care plans contained contact information to enable staff to contact them if need arose. A relative told us, '[Staff] looked after [name of person] when they have been in hospital too.'

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider continued to make appropriate applications for DoLS when these were needed.
- Staff understood the individual ways people using the service gave or withheld consent when they were not always able to communicate verbally. Care plans contained information to help staff understand how each person might communicate their needs and choices whilst using the service.
- When people could not easily express their needs, care plans used information from people who knew the person well, for example families, primary carers and professionals involved in the person's support.
- People were encouraged to make choices about how and where they spent their time, what they may want to eat and when they had snacks or drinks.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A relative told us, 'The permanent staff are very caring. They know [name of person] very well.'
- One person was able to talk to us about their experience of respite in the home. They told us they liked it because they liked the staff and got to go out a lot.
- People appeared relaxed and confident in the presence of staff, engaging in activities which they enjoyed. Staff were discreetly attentive to people's needs, and joined in with people when asked. People were able to spend time on their own if they wished.
- People expressed themselves as they wished, and staff responded to with appropriate fondness and respect.

Supporting people to express their views and be involved in making decisions about their care

- Due to the complexity of their needs, most people could not participate fully in contributing to discussions about their care, although we saw examples where people had been supported to do this. Where people found it challenging to discuss their needs, we saw staff were provided with guidance as to how the person may communicate in a variety of situations. This included giving or withholding consent, feeling pain or not enjoying someone's company. Staff we spoke with were able to tell us how people may express emotions or needs in ways specific to them.
- Care plans showed information about people was sought from other people involved in the person's care and support, for example families, primary carers, day centre staff and health and social care professionals.

Respecting and promoting people's privacy, dignity and independence

- Care plans contained information which showed how staff could support people with their needs whilst also giving the person as much independence as they wished. For example, oral care plans we looked at gave clear detail as to when staff should encourage people to complete part of the care themselves.
- Staff were discreet when discussing personal care needs with people.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. People's needs were not documented in a consistently person-centred way.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were seen to be free to spend their time as they wished. When some people asked for drinks or snacks these were provided.
- The quality of person-centred information in people's care plans was varied, and was often focused on the needs and dependencies of people rather than their personalities and preferences. However, our informal observations of interactions and activities showed staff knew people, their needs and preferences well.
- The registered manager told us they had recognised that care plans needed greater personalisation, and a senior member of staff had begun the process of rewriting plans. The provider was working with the National Autistic Society to help make this improvement.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was a lack of examples of information being provided in accessible formats, for example information on noticeboards and care plan documentation.

We recommend the registered manager undertake a review of the ways in which information was presented in order to improve people's ability to access and understand it.

- The registered manager and two members of staff were trained in the use of Makaton to help ensure they could meet the needs of people for whose ability to communicate was improved when speech was matched with specific signs and symbols.
- Our informal observations showed staff were able to communicate well with people who did not communicate verbally. They knew how to read people's needs or moods through body language and vocalisation. We did not see people become frustrated because staff had not understood them or responded appropriately.
- Staff told us they would read someone's care plan to them if they wished, and one member of staff showed us additions made to a person's care plan as a result of this process.

End of life care and support

- Due to the very short term nature of people's stays at the service there was an expectation that in the event

of a sudden change in health, people's families or primary carers would play a key role in ensuring people received end of life care according to their wishes. We discussed this with the registered manager who told us they would ensure proportionate information was included in people's care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered choices as to how they spent their time, and records in people's care plans showed they were supported to undertake a good variety of activities of their choice, both in the home and in the community. Some people had been successfully encouraged and supported to try new activities which they had enjoyed.
- Most stays at the service were very short term, and people were supported to maintain important routines such as attendance at day centres if they wished.
- People's families were able to contact the service at any time and ask about or speak with their relatives whilst they were using the service.

Improving care quality in response to complaints or concerns

- No formal complaints had been received since our last inspection. Policies and procedures remained in place to show how the provider would ensure complaints were resolved.
- People had support from an allocated member of staff at all times. Staff built close relationships with people and could advocate on their behalf if they felt anything was wrong.
- The registered manager told us any concerns raised informally were addressed by taking immediate action.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A relative told us 'They [the home] are very accommodating when it comes to respite, especially at short notice.'
- There was evidence the service sought to support people to achieve meaningful goals. For example, one person had been very withdrawn when they first used the service and chose not to speak. Through getting to know the person well and building trust with them, the staff had enabled the person to become confident in joining their peers in communal areas of the home and participate in activities which they enjoyed.
- Through our informal observations we saw staff were attentive to people's needs, gave them space and encouragement to express themselves in their preferred ways and treated people as equals at all times. We concluded discrimination was not a feature of this service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff we spoke with understood the importance of appropriate communication with key people should an incident occur. A relative told us, 'They [staff] are quick to communicate with me when problems occur.'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- We received good feedback about the registered manager from people using the service, relatives and staff.. Staff we spoke with said their suggestions were well received, and they felt like the service had a clear sense of purpose.
- The improvements needed in documentation had been recognised before our inspection, and the home had sought advice and input from a recognised national charity to help make meaningful improvement.
- There were quality audit tools in place which were being used to help the registered manager monitor quality in the home, and we saw actions were identified and completed when needed. The provider also contributed to this process with monitoring visits. The registered manager said they had good support from the provider.
- The service made good use of information from health and social care professionals to help understand and plan to meet people's needs.
- Staff said they liked working at the service and would recommend it as a place to receive respite care. One staff member said, "We give care like you'd give your own children. We give people a good time."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff had worked to improve contact and information sharing with other parties involved in people's care. This had been particularly successful in improving responses to concerns and in keeping information about people's needs and preferences up to date.
- People were supported to maintain their routine of attending day centres or participating in their chosen activities whilst attending the service for respite.