

Avocet Trust

# Avocet Trust Domiciliary Care Service

## 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

### About the service

Avocet Trust Domiciliary Care service provides care and support to people with learning disabilities and autism, so they can live in their own home as independently as possible. At the time of this inspection one person was receiving the regulated activity personal care.

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.

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

Staff were trained, skilled and well-supported by the provider. Enough staff were employed to provide support. Some staff had worked at the service for a long time and this provided consistency for the person. Systems were in place to recruit staff safely.

Staff had positive links with health care professionals, which promoted the persons health and wellbeing. Medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends to mitigate risks. The provider had systems in place to safeguard people from abuse and staff demonstrated an awareness safety and how to minimise risks.

The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interest; the policies and systems in the service supported this practice.

Care and support was tailored to the persons needs and preferences. Staff worked well with other professionals and services to ensure the person received the support they needed to stay well and safe. Professionals spoke positively about the caring nature of the staff and the service provided.

The registered manager led by example to ensure the person received a good service. Relatives and staff told us the registered manager was approachable and listened to them when they had any concerns. Feedback was used to make continuous improvements to the service.

The outcomes for the person using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The persons support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 3 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## 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 responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Avocet Trust Domiciliary Care Service

## **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

This service is a domiciliary care agency. It provides personal care to one person living in their own home.

The service had a manager registered with CQC. 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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

The person who used the service had complex needs and was not always able to tell us in detail about their experiences. On the day of our inspection, the person was sleeping, and we were unable to speak with them. We relied on our discussions with staff and other professionals. We spoke with one relative about their experience of the care provided. We spoke with three members of staff including the registered manager and two care workers.

We reviewed a range of records. This included the person's care records in full and medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted two visiting healthcare professionals; one of these provided feedback.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely; Preventing and controlling infection

- Medicines arrangements were safe and managed appropriately; systems were organised, and the person received their medicines when they should.
- Medicines were stored appropriately, and systems were in place to ensure enough stock levels.
- Detailed protocols were in place to guide staff how to administer 'as and when required' medicines, also known as PRN.
- Staff followed good infection prevention and control practices. They used personal protective equipment to help prevent the spread of healthcare related infections.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Accidents and incidents were responded to appropriately; trends and patterns were monitored and used for learning purposes.
- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- Staff assessed and managed risks to the person. Staff liaised closely with other professionals to jointly minimise risks.
- Staff understood the person's pattern of behaviour; this allowed them to provide consistent support and reduce distress.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary; any incidents had been managed well.

Staffing and recruitment

- There were enough staff available to meet the person's needs. A relative told us, "There are always the correct amount of staff there. The staff have worked there for a long time and they know [name of person] well."
- Staff were recruited safely; appropriate checks were carried out to protect people.
- The providers recruitment processes helped ensure only suitable staff were employed.

# 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 Good. At this inspection, this key question has remained the same. 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; Adapting service, design, decoration to meet people's needs

- Assessments of the person's needs was comprehensive and included their physical, mental and social needs. Care and support was reviewed regularly.
- Care and support was planned and delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes.
- The staff had worked closely with the landlord of the property throughout the adaption of the person's home to ensure it could meet their needs.

Staff support: induction, training, skills and experience

- Staff received supervision and appraisal; they had appropriate skills and knowledge to meet the person's individual needs.
- Staff felt supported by the registered manager.
- A staff induction and training programme was in place. A visiting professional told us, "We provide the staff with specific training to meet this person's needs. The staff are always very receptive and deliver care in line with this training."

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

- The person's nutritional needs were assessed, and professional advice and support was obtained when needed.
- The person was supported to maintain a healthy balanced diet; This had a positive impact on their health.
- The person was protected from the risk of poor nutrition and dehydration and staff had knowledge of the persons likes and dislikes.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if when the person needed to access other services such as the hospital.
- A visiting healthcare professional told us, "This person is very well cared for with the care team, they are switched on and recognise subtle changes. They contact us on a regular basis and keep me updated."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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.

- Staff knew what they needed to do to make sure decisions were taken in the person's best interests.
- Best interest decisions were made and clearly recorded.
- The placing authority was reviewing the application for a DoLS. No authorisation had yet been granted.

# 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 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

- We spoke with the person's relative who told us the staff team were caring and kind. "You couldn't ask for better than the staff [Name of person] has. They [the staff] go above and beyond at times."
- Staff were friendly and demonstrated a passion for providing a good quality service.
- Staff had a good knowledge of the person's personality, their likes and dislikes and what they could do for themselves.
- The person was treated fairly; information about their diverse needs was available to staff.

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

- Staff supported the person to make decisions about their care where they could.
- Staff knew the person's communication needs well and we saw the person made decisions about how they spent their day and when they wanted to go to bed and get up.
- The person was supported with their preferred routines. Staff offered them choices in a way they could understand and respected their choices. A visiting professional told us, "We would soon know if [Name of person] didn't like something. They would be able to tell us and staff would act on this straight away."
- Staff had knowledge of advocacy support agencies to refer the person to and relatives to if needed.

Respecting and promoting people's privacy, dignity and independence

- The person was treated with compassion, dignity and respect.
- Staff understood the importance of maintaining the person's dignity. A staff member said, "I always make sure blinds are closed in bedroom when [Name of person] is getting changed and take two towels in with us in the shower to help them cover up."
- The person was supported to maintain and develop relationships with those close to them, build social networks and engage in the community.
- The person was supported to remain as independent as possible.
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- The person received personalised care. Staff were knowledgeable about the person and had a good understanding of their preferences and interests.
- The person's needs and preferences were identified and information on how best to meet these preferences was recorded and reviewed.

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.

- Information shared with the person met their communication needs. Staff were knowledgeable about how the person communicated and information such as complaints and surveys was provided in a way the person could understand.

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

- The person was supported to take part in activities they enjoyed in the local community, this included walking, going to a café and supermarket. Sometimes the person did not like to go out and it was clear staff respected this.
- The person was supported to maintain their relationships with families and friends.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Where complaints had been made, they were responded to in line with company policy.
- People and families knew how to provide feedback about their experiences of the care being provided. The relative we spoke with told us they had never needed to complain.

End of life care and support

- Staff knew to respect people's religious beliefs and preferences at end of life.

# 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 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

- The service benefited from having a registered manager who was committed to providing good quality care. A staff member told us, "The manager is the best manager I have ever worked with."
- Staff told us they were listened to.
- Staff were proud to work at the service and spoke passionately about the person they supported. Staff worked well as a team and felt committed to achieving positive outcomes for people.

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 management team were open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.

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

- The service was organised and well-run and the registered manager understood their legal responsibilities to ensure regulations were being met.
- The staff team worked well together to ensure the smooth running of the service. Staff felt valued and supported in their roles; there was a positive team morale.
- The culture of the service was open, honest and caring. The manager acted promptly to address any concerns.
- Systems were in place to ensure the service was consistently monitored and quality was maintained. Regular checks ensured the person was safe and happy with the service they received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff involved the person and their relatives in day to day discussions about their care in a meaningful way. Difference was fully understood and respected.
- Staff were consulted and involved in decision-making and discussed the person's changing care needs at team meetings. Staff were encouraged to contribute ideas and raise issues.
- Links with outside services and key organisations in the local community were well maintained. A visiting healthcare professional told us, "I only have positive feedback about this service."

