

Avocet Trust

Avocet Trust - 21 Potterill Lane

Inspection report

21 Potterill Lane
Sutton On Hull
Hull
HU7 4TF
Tel: 01482 329226
Website: www.avocettrust.co.uk

Date of inspection visit: 23 & 24 April 2015
Date of publication: 15/06/2015

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

21 Potterill Lane is registered to provide care and accommodation for four people who have a learning disability. It is located on the outskirts of Hull; local facilities and amenities are within walking distance.

This inspection took place on 23 & 24 April 2015 and was unannounced. At the last inspection on 29 August 2013, the registered provide was complaint with all of the regulations that we assessed.

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

Summary of findings

The people who lived at the home had complex needs which meant they could not tell us their experiences. We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We saw positive interactions between people who used the service and staff throughout the inspection process. It was evident people were supported by staff who knew the needs and preferences for how care and support was to be delivered. People appeared calm and content in their surroundings.

People who used the service were supported to make decisions about aspects of their daily lives. Staff were aware of the need to follow the principles of the Mental Capacity Act 2005 [MCA] and the Deprivation of Liberty Safeguards [DoLS]. This is legislation that protects people who are not able to consent to care and support and ensures people are not unlawfully restricted of their freedom or liberty. The Care Quality Commission is required by law to monitor the use of DoLS. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control.

People who used the service were protected from abuse and avoidable harm by staff who knew how to keep them safe and had been trained to recognise the signs of potential abuse. Relevant checks were carried out to ensure staff had been recruited safely and had not been deemed unsuitable to work with vulnerable adults.

Staff we spoke with said they completed an in-depth induction programme and were supported during team

meetings and supervisions from their line manager. We saw that staff completed a range of training to enable them to meet the specific needs of the people who used the service.

People were supported to maintain a healthy, balanced diet and to receive adequate nutrition. Staff completed food and fluid intake charts and contacted relevant health care professionals when concerns were identified.

Medicines were ordered, stored, administered or disposed of safely. People were supported to self-medicate when possible and when this was not possible people received their medicines as prescribed from staff who had completed relevant medication training.

Staff we spoke with described how they treated people with dignity and respect during their interactions. We observed staff interacting with people in a positive, kind and enabling way. People were encouraged to be as independent as possible and were given choices about which staff supported them.

A complaints policy was in place at the service which was also available in an easy read format which made it more accessible for the people who used the service. We saw when complaints were received they were responded to and appropriate action was taken to improve the service when required.

People who used the service were supported to give their views about the care, treatment and support they received which was used to develop the service when possible.

The registered manager understood their responsibilities and reported accidents, incidents and other notifiable incidents as required.

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. Suitable numbers of staff were deployed to meet the assessed needs of the people who used the service. Staff were recruited safely.

Medicines were managed safely. People were supported to self-medicate when possible.

Staff had been trained to know what action to take to keep people safe from abuse and avoidable harm.

Good



Is the service effective?

The service was effective. Staff received on-going training, support and guidance.

Staff had the skills to communicate with people effectively.

People were supported to make decisions about their daily lives and were encouraged to eat a healthy, balanced diet.

Good



Is the service caring?

The service was caring. We observed staff treating people with dignity, respect and compassion.

People were supported to make decisions about their care and treatment when possible.

Good



Is the service responsive?

The service was responsive. People who used the service had access to a range of health and social care professionals.

People's preferences in relation to how the care and support they required was to be delivered was recorded in their care plan.

Concerns and complaints were investigated appropriately. Action was taken to improve the service when required.

Good



Is the service well-led?

The service was well led. Every member of staff we spoke with told us the registered manager was approachable and they were confident that any concerns they raised would be dealt with appropriately.

A quality monitoring programme was in place to highlight shortfalls in the service and drive improvement.

The registered manager understood their responsibilities and reported incidents when required.

Good



Avocet Trust - 21 Potterill Lane

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 & 24 April 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, we asked the registered provider to complete a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local authority commissioning service to ascertain their views on the service.

During the inspection we spent time observing how staff interacted with the people who used the service. We spoke with one person's relative. We spoke with the registered manager and five support workers.

We looked at four people's care records. We also looked at their associated medicine administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make specific decisions, best interest meetings were held appropriately. We looked at a selection of documents relating to the management and running of the service. These included three staff recruitment files, staff training records, staff rotas, minutes of meetings with staff and people who used the service and quality assurance audits. We completed a tour of the premises and reviewed records of equipment and property maintenance.

Is the service safe?

Our findings

A relative we spoke with told us their family member was safe. They said, “[Name] is completely safe, the staff know how to look after her and she has support which is practically one to one support 24 hours a day.”

People who used the service were protected from abuse and avoidable harm by staff who had completed relevant training to ensure they knew how to keep people safe and could recognise signs of potential abuse. During discussions with staff it was apparent they knew the different types of abuse that may occur and what action to take if they suspected it had taken place. Staff had completed training in relation to safeguarding vulnerable adults [SoVA], behaviour that may challenge the service and others and the management of actual or potential aggression [MAPA]. This helped to ensure people who used the service were safe.

The registered provider had a range of policies and procedures in place which provided guidance for staff in relation to keeping people safe. We saw that a protection of ‘vulnerable adults’ policy was aligned to the local authority safeguarding team’s guidance and had been signed by staff to confirm they had read and understood it. A whistle blowing policy was made available to staff and the registered provider had a whistle blowing hotline so that staff could report any concerns they had.

Staff understood the need to treat everyone as an individual and protect people from discrimination. A member of staff we spoke with confirmed they had completed equality and diversity training and told us, “We all understand everyone is different and can’t be discriminated against; that’s what makes the world an interesting place.” This helped to ensure people who used the service were protected from discriminatory abuse.

People who used the service had their assessed needs met by sufficient numbers of adequately trained staff. The registered manager explained, “We have had meetings with the commissioning teams and are reviewing our staffing levels in line with their requirements.” A recognised dependency tool was utilised by the service; we saw amongst other things people’s care needs including the support they required with personal care, eating and drinking, bathing and participating in activities or attending healthcare appointments were calculated to ensure

appropriate numbers of staff were deployed at all times. Staff rotas provided evidence that people were supported by four members of staff from 8am until 3pm, three staff between 3pm and 10pm and one member of staff was available during a waking night shift from 10pm until 8am.

We looked at how the registered provider recruited staff and saw that prospective staff attended an interview where gaps in their employment history were explored. Before people commenced working within the service two satisfactory references had to be returned and a disclosure and barring service [DBS] check was completed to ensure the member of staff had not been deemed unsuitable to work with vulnerable people. A member of staff we spoke with told us, “I was actually offered this job in December but could not start until March because I had to wait until my DBS check was returned.”

When risks to people’s health and safety were identified action was taken to reduce the possibility of the risk occurring when this was possible. A number of individualised risk assessments had been developed for each person who used the service including bathing medication, personal care, moving and assisting, road safety, falls, the use of stairs and inappropriate physical interactions. During the inspection we observed staff taking action to ensure people’s safety was maintained; including supporting them to use the stairs, ensuring people did not enter the kitchen when staff were preparing hot meals or using sharp knives and keeping them at a safe distance from people who were completing maintenance tasks in the home.

The property was maintained to ensure people were supported in a safe environment. During our inspection the registered provider’s handyman came to make small repairs that had been requested by the registered manager.

Accidents and incidents that occurred within the home were recorded and investigated appropriately. We saw evidence that the registered provider’s health and safety manager reviewed any incidents that took place and offered guidance to prevent their reoccurrence. The registered manager told us, “I look at all of the incidents to see if there are any patterns or trends; if things are happening at certain times or if it’s when certain staff are working. This provided assurance that the service actively tried to reduce the number of incidents that occurred within the service.

Is the service safe?

A disaster plan was in place at the time of the inspection. It provided guidance for staff in relation to what action to take in the event of an emergency. We noted fire, flood and the loss of power were covered and individualised evacuation plans had been devised for each person who used the service. Having contingency arrangements in place helps to ensure people would be supported during and after an emergency situation.

People received their medicines as prescribed. We saw that each person who used the service had a self-medicating assessment completed to ascertain if they could take their medicines without support. At the time of our inspection one person was supported take their own medicine; a support plan had been developed that provided guidance for staff in relation to what support the person needed to take their medicine safely. A member of staff told us, “We use the nomad trays; [A storage system that allows various medications to be stored in separate compartments; one for each day of the week. They system is recognised to

allow people to manage their medication more effectively and reduce medication errors] so we just break the seal on the right time of the day and present it to [Name] who then takes it herself. She will actually come to us at the right time and sign to ask for her tablets.”

We saw that medicines were ordered, stored, administered or disposed of safely. Training records evidenced that staff had completed training in relation to the safe handling of medication. A senior member of staff told us, “Only staff that have completed the training are allowed to administer medicines.” We checked three people’s medication administration records [MARs] and saw they had been completed accurately with omissions. At a recent health review guidance had been provided by a health care professional in relation to the recording of PRN or as required medication. We saw this advice had been implemented to improve the safety of the service’s medication administration procedures.

Is the service effective?

Our findings

A relative we spoke with told us staff who had the knowledge, skills and abilities to support their family member effectively. They said, “The staff are wonderful, they do such a fantastic job” and “We could not hope for better staff to support [Name].”

People who used the service had their assessed need by staff that had completed a range of training pertinent to their role. We saw evidence staff had undertaken training in relation to epilepsy, fire awareness, health and safety, The Mental Capacity Act 2005 [MCA], Deprivation of Liberty Safeguards [DoLS] behaviours that challenge the service and others and autism. The registered manager was aware of the developing needs of the people who used the service. They told us, “We recognised some changes in [Name] it started with his appearance and his needs have progressed so he needs more support. We have had support from lots of professionals and have requested dementia training be provided to the staff so they can be aware of how these changes are effecting [Name].”

A range of health and social care professionals were involved in the holistic care, treatment and support of the people who used the service. The care and support plans we saw indicated confirmed advice and guidance had been provided by mental health nurses, community nurses, occupational therapists, clinical psychologists, speech and language therapists [SaLT] and care co-ordinators. People were supported to visit or be visited by GPs, opticians, health screening teams and chiropodists. This provided assurance people’s healthcare needs were met consistently.

Staff had the skills to communicate with people effectively; communication boards were in place at the service to aid effective communication. A range of pictures and photographs depicting different activities and locations were on one board which the person used to inform staff what they wanted to do each day. The second board had a clock and photographs of staff members; we saw that the clock was used to indicate what time the next staff would arrive at the home. A member of staff told us, “We use the boards to reduce [Name’s] anxieties, one board helps her choose what activities she wants to do and the other we use to show her what staff are working on the next shift and what time they will arrive.”

We spent time observing staff supporting people who used the service and it was evident that they were aware of people likes, dislikes and preferences for how care should be delivered. Staff described how people who used the service would provide consent to carry out care and support; comments included, “[Name] shouts because he is deaf so it’s really clear if he does or doesn’t want you help”, “You can see by their facial expressions if they don’t want something doing” and “People communicate in all sorts of ways, signing, pulling or moving away or by making certain noises. I have supported them for so long now I understand pretty much every gesture and every noise.” This provided assurance that people received effective support to meet their needs which they had consented to.

When people lacked the capacity to make informed decisions appropriate action was taken. We saw evidence that best interest meetings had taken place in relation to receiving specific dental care and purchasing bedroom furniture. The registered manager told us, “We have not had to hold one [a best interest meeting] recently but we would speak to people’s families and involve advocates when we do.”

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and was in the process of making applications to the supervisory body to ensure the people who used the service were not deprived of their liberty unlawfully. The registered manager told us, “I have spoken with the supervisory body and our clients care co-ordinators and have always been told we did not need to apply for DoLS but that changed after my last conversation with the local authority so I am applying for them now.” We saw care plans had been written following the principles of the Mental Capacity Act and ensured people were supported in the least restrictive way.

An induction programme was in place which staff completed before commencing working within the service. A member of staff we spoke with told us, “I have only recently started here but have worked in the care industry for years; I can honestly say it was the best induction I have ever had, lots of different managers [from the registered provider’s other services] delivered different sessions so you got a real sense of what the company was about.” The

Is the service effective?

registered manager explained, “Staff complete the training they need in the induction and it gives us a chance to see their personalities so we can work out what home and what clients they will be best suited to work with.”

Staff received appropriate levels of supervision and appraisal. One to one supervisions were completed every four to six weeks and provided staff with a forum to raise any concerns they had and discuss future training needs. A member of staff we spoke with said, “I’m very well supported; the manager is here a lot, we can talk to her whenever we want.” Another member of staff said, “I’m only a bank staff so I only work when they need cover but I get the same support and training as everyone else, its great working here.”

People were supported to maintain a healthy and balanced diet. Meals were prepared to meet the individual needs of each person who used the service, we saw that one person

ate a soft diet and another person had aspects of the diet shredded after advice and guidance had been gained from a dietician. Plate guards were used by one person who used the service to enable them to eat independently. The registered manager told us, “The menus have been formulated over years of knowing and supporting the clients.”

People’s weight was monitored on a monthly basis and food and fluid charts were used to monitor people’s daily intake. Targets for consumption of food and fluid had been set by a dietician. A member of staff said, “We record what people eat and drink and we record all the food waste so we can see that people may still choose certain foods but not actually eat them.” Monitoring people’s weight and daily nutritional intake helped to ensure people maintained an appropriate weight and ate and drank sufficiently to meet their needs.

Is the service caring?

Our findings

A relative we spoke with said their family member was supported by caring staff. They told us, “They are wonderful” and “The staff are fantastic people.”

Throughout the inspection we spent time observing the staffs interactions with people. Staff provided support and encouragement during a range of daily tasks and it was clear that positive and trusting relationships had been built. People were treated with kindness and compassion; staff spoke to them clearly and explained things in a way people could understand. A member of staff told us, “This is their home, we are people here to support them to live their lives to the fullest and achieve things, they may not seem like big things to me or you but doing simple things like choosing what clothes to wear or to walk to the shops can be really rewarding for them.”

It was evident that staff were aware of people’s preferences for how their care and support should be delivered. A member of staff explained, “I know the clients better then I know some of my own family; I have worked with them for over 10 years now so I know how they like things doing and how to keep them happy.” We heard people who used the service laughing and singing regularly during the inspection, people appeared happy and content.

Staff knew people’s life histories and were aware of the things people were interested in. A handy man attended the home during our inspection and a person who used the service was interested in the work that had been undertaken. A member of staff facilitated interactions between the person and the handy man which the person clearly enjoyed. The member of staff told us, “He loves all that stuff, men’s work; banging about and drilling, he always like to speak to the handy men so I just make sure he stays safe but gets to know what is happening.”

Practical action was taken to relieve people’s distress and discomfort. One person’s anxieties rose when health and social care professionals visited or other people came to carry out tasks within the home. We observed a member of

staff spending time explaining to the person who the visitors were and what they were there for. This visibly calmed the person; when a medication delivery arrived the person was included by the member of staff and signed for the delivery, this inclusion ensured the person remained calm and enjoyed the experience.

People were supported to express their views and decisions they made in relation to their care and treatment was supported. The registered manager told us, “It can be difficult sometimes; we explain what is needed, dental work, screening appointments; whatever it is and the clients will make a choice. We have taken people to the hospital in the past and then they had decided and expressed that they don’t want to be there so we bring them home.” A member of staff said, “Patience is the key in everything we do. My job is to explain what is needed and support them to make a choice. I will explain things several times and the other staff will as well so we know the person understands; then we respect the choice they have made.”

Advocacy information was not displayed within the service. The registered manager told us, “Because of the needs of the clients we would have to access advocacy services for them, they would not be able to do it themselves. Two people have family we can contact and the other two no longer do so we would involve advocates when they were required, we have used them at best interest meetings.” We saw evidence to confirm people’s local authority care co-ordinators were involved in reviews and any decisions that were made on people’s behalf. This helped to ensure people’s rights were protected.

Staff understood the importance of maintaining people’s dignity and respecting their privacy. During conversations staff told us, “I always close the doors when I provide any personal care”, “I have always treated people how I would want my family to be treated, I am kind, respectful and don’t think I can go too far wrong if that’s how I’m working” and “I am patient and give people support and listen to what they want. I cover people over when I provide care and always make sure doors are closed.”

Is the service responsive?

Our findings

A relative we spoke with told us they were invited to their family member's reviews. They said, "It is difficult for us to attend the reviews because we live so far away but we are always contacted to see if we have any concerns or want to raise anything."

Numerous adaptations had been made to the home to enable people to remain as independent as possible. We saw wide opening shower doors had been installed and grab rails were attached inside the shower to aid people's balance whilst showering, raised toilet seats had been fitted to toilets, one person's bed had a raised rail to allow them to get out of bed independently and a sloping ramp was at the entrance to the property. A senior member of staff told us, "We also have a swivel seat which helps [Name] get in and out of the car and [Name] has a special chair which supports him to stand because he struggles with normal chairs; that was sorted out by an occupational therapist." The registered manager told us, "The plumbers we have on site today are installing a urinal in [Name's] bathroom because of a change in his needs." Making reasonable adaptations to the home provided assurance that people's independence was promoted by the service.

A range of support plans had been written for each person who used the service in relation to personal care, medication, communication, social activities, behaviours that may challenge the service and others, maintaining independence, health needs and travel. Each plan had been written in a person centred way and highlighted the need for staff to respect people's choices; they also included people's preferences and detailed information in relation to level of support people required and what prompts they would need to carry out tasks independently. Health action plans had been developed which ensured people's health concerns were documented along with the current support they received and from whom. We saw eye care, personal hygiene, oral health and communication action plans were in place at the time of our inspection.

People's life histories, preferred names, places they were born, grew up and important people in their lives were recorded. 'My best day', 'My family', 'My favourite food', 'Things that are important to me' and 'What I like to do best' documents had been developed. Special events in people's lives such as their birthday, family members birthdays, Hull fair and bonfire night were recorded and

incorporated into people's care plans. 'Gifts and strengths' documents contained people's skills and abilities, how they communicated and what tasks they could complete independently. This helped to ensure staff knew the people they were supporting and were enabled to provide person centred care in line with people's preferences.

Communication passports had been developed and included detailed information about the methods of communication used by each person who used the service. A number of faces depicting different expressions ranging from happy to sad had personalised information next to them stating, 'When I am happy I will'; then a description of how the person would convey this emotion. This helped to ensure staff would be able to understand the communication methods of people who used the service.

We saw that specific support plans were in place to enable people to maintain contact with important people in their lives. A member of staff told us, "We take [Name] to the shops and they often choose a nice card then they will send it to their family." The registered manager said, "Staff support people to remain in contact with their families through emails and phone calls, the staff have to read and send the emails but the clients get excited when they know one has been sent."

We saw evidence to confirm that reviews of people care, treatment and support were held every six months. The registered manager told us, "We have people's key workers and care co-ordinator at the reviews, we invite families and always find out if they want to attend or raise anything that we could discuss during the meeting."

People were supported to take part in a range of activities to meet their social care needs. During the inspection people were observed singing and listening to music and playing their guitar, another person was taken to Neat Marsh Farm to see the animals and have lunch. Activities records showed people participated in activities of their choosing including, bowling, taking day trips, attending social clubs, playing bingo and visiting local places of interest. We saw numerous photo collages displayed within the home of people who used the service enjoying social events such as birthday parties and Avocet Trust parties and award ceremonies.

The registered provider had a complaints policy and procedure in place. An 'Avocet Trust easy read comments, compliments and complaints document' had been

Is the service responsive?

developed to make this more accessible to people who used the service. A member of staff told us, “It would be practically impossible for the clients to make a formal complaint but we know if they are happy by the way they are acting, if they display certain behaviours they are obviously not happy and we have to respond to that.” The registered manager told us, “We have had complaints

about the service but nothing from clients’ or their families” they went on to say, “The complaints were sent to our head office and our head of services met with the person to discuss their concerns.” This helped to provide assurance that complaints were taken seriously by the registered provider and action was taken to improve the service when possible.

Is the service well-led?

Our findings

People who used the service clearly knew the registered manager and were comfortable approaching and conversing with them. Throughout the inspection people communicated with the manager and were relaxed and content in their presence.

The registered manager told us they had developed their management style and believed they were approachable and understanding. They told us, “I try to lead by example, the senior staff do the same, we all muck in and help out, I’ve covered shifts when we have been short staffed and I wouldn’t ask the staff to do anything I would not do myself.” A member of staff we spoke with said, “The manager is great, she is very supportive and her door is always open.” Another member of staff told us, “She is a great manager I have worked in different homes [other services owned by the registered provider] and asked to move to work with her again; she is really good to work for.”

The registered provider had a clear vision and set of values which were displayed prominently in the home and was on various documents. It stated ‘Avocet provides lifetime support to vulnerable people to enable them to live fulfilled and valued lives through making personal choices.’ Staff that we spoke with told us they were aware of the provider’s mission statement. One member of staff said, “I think we all try and embody the values of the company we want to support people to live their lives and enjoy every day.”

Staff told us the registered manager delivered feedback in a motivating and constructive way. A member of staff said, “We [the staff] work together every day so sometimes we don’t all get on and sometimes people need reminding on the level of care that is expected here. If anyone ever speaks to the manager it gets dealt with really well so we can all work together as a team.” This helped to ensure staff were treated fairly and were made aware of their responsibilities.

The registered manager was aware of the key challenges and risks to the service. They told us, “There has been lots

of changes to legislation so we have to adapt the way we support our clients” and “The clients are all getting to an age where they are developing more health issues so we have to stay on top of things and make sure staff have completed training in new areas.” Understanding the key challenges to the service helps to ensure that people who used the service will continue to have their needs met over time.

We saw evidence to confirm that the registered provider’s senior management team were made aware of and shared the responsibilities for the management of the service. The registered manager showed us performance reviews that were compiled each month and reviewed by the registered provider’s senior management team. The reviews highlighted levels of staff absence, the use of agency staff, accidents and incidents that occurred with the service, medicine errors and staff training. The registered manager told us, “I send it [the performance review] through to the CEO [Chief Executive Officer] every month so they have an insight in to what is happening.”

Monthly compliance audits were carried out by the registered manager or a registered manager from another of the registered provider’s services. Care plans, infection prevention and control, medicines, team meetings and staffing levels were assessed to ensure shortfalls were highlighted and action could be taken to improve the service. The registered manager told us, “We also do ‘weekly quality service reports’ which pick up any issues and help us to make sure things are all on track.”

The registered provider ensured they followed best practice guidance and recognised innovative ways of working. Avocet Trust awards were held yearly acknowledged staff who had delivered high levels of care and support. The registered manager told us, “The service is implementing the new care certificates for new starters, we are working towards the National Autistic Society Accreditation” and they said “A manager from Avocet attends the local Autism strategy forum because the local authority are developing their autism strategy then they feed that into the weekly managers meeting.”