

Adult Placement Services Limited

Avalon Northallerton 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 15 October 2015 and was announced. The last inspection took place in July 2013 when the service was found to be meeting the Regulations.

Avalon Northallerton Services provides personal care and support 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 12 people in supported living and three 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 received personalised care. There were some inconsistencies with the recording of care plan information. However, people received support which was regularly reviewed and met their current needs. 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. There were some inconsistencies with the recording of care plan information. However, people received support which was regularly reviewed and met their current needs.

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 Northallerton 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 15 October 2015 and was announced. The provider was given 24 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 two shared lives carers and received comments from four members of staff. We spoke with North Yorkshire County Council quality monitoring team who told us they had no concerns about the service.

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. One person explained “I feel safe. I have a lifeline in case of an emergency. If someone comes to the door and it worries me I can press a button and someone will talk to the caller for me”. 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.

Staff told us that they were supported to carry out safe care practice. One member of staff said “I believe that the Avalon organisation is committed to the safety of its customers. Risks are well managed and all documentation is clear and precise”. 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. A staff member confirmed this, saying “Risk assessments are regularly updated and staff are notified of any changes to information that has been updated”. There was a record of any accidents or incidents that had affected people and these showed that appropriate action was taken. For example, after one person had a fall, the registered manager had visited the person to find out if any changes in support were needed.

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 manager explained that they worked closely with the Police Community Support Officer if there were any concerns about a person’s safety in the community.

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 happened. Staff had a debrief with a manager afterwards to discuss incidents, and we saw that incident reports 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 looked at the records for one person who had controlled medicine. This was a medicine which was controlled under the Misuse of Drugs legislation. We saw that this medicine was stored safely and there was a clear record of administration. There was a record of controlled medicines received and returned, as well as a running total. We found that the total recorded matched the amount left in the container. A manager completed a monthly stock check to make sure that there had been no errors.

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, in September 2015 audits found an error in the disposal of one person’s medicine which had been spoilt. The incident report included details of the action taken and management response. A letter was sent out to all staff reminding them of the disposal policy.

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

Is the service safe?

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 with felt that the staffing levels allowed them to meet people's needs. There was an on-call system from 5pm

each day and at weekends which staff and people could use to contact a manager 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. One person showed us how their telephone had clearly marked buttons which they could press to call pre-set numbers for emergency contacts.

Is the service effective?

Our findings

Staff told us that they were supported to provide effective care. One member of staff told us “Avalon are effective in all dealings with customers, and people’s needs are foremost in their consideration”. Other comments from staff included “I definitely feel supported”, “I feel support is good. Quite a close team. People are our priority” and “I like it here. I feel supported. We work well as a team”.

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. For example one member of staff said they had attended an autism awareness day and wanted to develop a specialism in mental health.

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 two to three months. One member of staff told us “Any needs and concerns are discussed and ways to meet these needs are documented”. Another staff member commented “We have regular support and supervision meetings where we can discuss any problems, but know we can also ring management for any advice or support at any time”. Shared lives carers confirmed they had a monitoring meeting with a manager every three 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 described how team meetings worked and told us “We have regular team meetings. Staff are encouraged to suggest subjects to be discussed. Management may also bring any matters to our attention, for example, new customers or new policies and procedures”. This demonstrated that there were opportunities for staff to share information and talk about

care practice within the service. We noted that there had been two full staff meetings in 2015 but that the minutes could not be located. This meant that staff who were unable to attend would not have access to records of the information discussed. The registered manager accepted that, although they knew that minutes had been written, record keeping could be improved.

Staff understood the Mental Capacity Act 2005 (MCA) and the importance of gaining consent from people for them to provide care and support. The MCA was discussed as part of staff induction and additional training had also 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. Records showed that managers had discussed how DoLS legislation applied to the service at a meeting in July 2015. We saw evidence that the provider 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 the use of a seat belt in cars, due to concerns about the person’s safety and capacity to understand the risks. 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 required a soft food diet and there were risk assessments in place as well

Is the service effective?

as guidance about how best to support them in eating. This showed that staff were provided with information about dietary needs which meant they could monitor those people where risks were identified.

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 “I find it brilliant. Staff are brilliant”. Another person commented “I like living here. Staff look after me. They help me have a bath. I like it here. I am alright. I prefer it here to the care home I was at. I’m happy”. In the supported living houses we visited we observed a relaxed and friendly relationship between people and support staff.

All of the feedback from staff emphasised that it was a caring service. Comments included “The company and all staff are committed to care of customers”, “I feel there is very much a caring approach within the organisation. This filters down from management to the support workers” and “I have worked for Avalon for eight years and think we are a very caring company”. A shared lives carer added “I find managers caring and understanding”. 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. This was confirmed by one person who told us “Staff treat the place as if they are coming in to your home”. 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. We spoke with one lady who sometimes had a male member of staff assist with personal care. She told us that she was

happy for this to happen and had been given a choice. This demonstrated that the service considered people’s dignity and involved people in decisions about how personal care was provided.

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. We were told that training for staff included ‘active listening’ which supported good communication. Active listening is a form of communication which involves repeating what has been heard to confirm understanding. Staff members told us that people were involved in making day to day decisions. One member of staff commented “In my opinion, customers are listened to and are well looked after” and another told us “I think customers are listened to and a care plan has their input and they are consulted in putting the care plan together”.

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.

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.

People and, where appropriate, their relatives were involved in yearly reviews and the service took appropriate action where changes in needs were identified. This was confirmed by one person who said "I have been involved in my support plan. I took the photos for it. I had a review recently". 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. One staff member explained "Customers changing needs are managed by using a 'Support Outcomes & Change of Circumstance' form which is filled out each month. This records details of behaviour change, physical mobility, medication, health and any other change in needs. Management are informed who then put follow up actions in place".

Although completed care plans contained clear information about providing personalised care we found

some inconsistencies in the standard of records and the way they were recorded. One person's support plan was not kept in their office record, however, it was printed off from a computer when we raised the issue. We did see the completed support plan in the person's record at their home. One person had a hand written record of their review which did not clarify the changes in support which had been agreed. We also found one support plan where changes in current needs had not been recorded in the office records. These issues were rectified when we informed the registered manager. On further investigation we found that the service was closely involved with the people whose records we had looked at, and had taken appropriate action regarding their changing needs. This was confirmed by one shared lives carer who told us the paperwork was "Excellent".

The service offered people opportunities 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 were no recorded complaints this year. People told us that if they were unhappy they would talk to a member of staff or a manager. One person showed us that they had contact numbers to speak with the office if needed. Another person explained "If I have a complaint I go to the office nearby and they sort it". The registered manager told us that people were given information about how to complain and this was in easy read format. They added that support to complain was discussed with staff in supervision.

Is the service well-led?

Our findings

The current registered manager had been in post since 2011. 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 took action to make changes where appropriate. For example we raised the issue of record keeping and the consistency of records kept in the office. They were aware that this needed improvement and were involved with a working group in the organisation to look at record keeping and filing.

Staff told us that they felt the service was well-led. One member of staff commented “I feel there is a very effective management within the Avalon group. I feel very well supported and valued by Northallerton’s management team. They communicate well with staff. This in turn brings about a high level of care to all our customers”. Another staff member told us “The company is led by people who are committed and driven to provide a service to the community”. There was an ‘open door’ policy and staff confirmed they were able to discuss issues with management when they needed to. Shared lives carers told us they were supported through reviews and by regular contact with a senior member of staff.

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 like the ethos. It is

person centred. We try to support people to gain skills as part of independence” and another staff member told us “The ethos of Avalon is that it is a caring company that will ensure every customer feels well cared for and their needs are met”.

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 three months which focussed on one of the domains. The report summarised the findings and provided evidence of how the service was meeting the required standards. The last report from September 2015 focussed on Effective. 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. The last survey took place in March 2015 and the findings included a summary and 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.