

Avocet Trust

Avocet Trust - 20-22

Middlesex Road

Inspection report

20-22 Middlesex Road
Hull
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Date of inspection visit:
15 July 2022
21 July 2022
09 September 2022

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06 October 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Avocet Trust – 20-22 Middlesex Road is a care home providing personal care for up to 9 people across 3 adapted buildings. At the time of our inspection there were 7 people living at the service. The service supports people living with a learning disability and/or autism.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

We have made a recommendation about the provider seeking and acting on feedback provided by people and their relatives.

We have made a recommendation about the management of some medicines.

People were able to access their community and nearby shops and the home was integrated well within the community. The home was spacious and bedrooms were personalised, however some minor decorating works were required in one of the homes on site, the registered manager assured us this was underway.

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. Staff communicated effectively with people and individual communication passports supported discussions and helped improve communication.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood how to protect people from abuse and there was a culture of learning from accidents and incidents. Care plans and risk assessments were person centred and contained enough information to guide staff in their practice.

Right Culture

The service had a positive culture and staff felt respected, valued and supported. The provider had an effective governance system in place that identified and managed risks to the quality of the service through

audits and action plans. The service worked in a transparent and collaborative way with relevant stakeholders and agencies to support service development and joined up care.

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 November 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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

Why we inspected

We carried out an unannounced inspection of the service on 13 October 2021 and 20 October 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve as breaches were found in safe care and treatment and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avocet Trust – 20-22 Middlesex Road on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Avocet Trust - 20-22 Middlesex 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Avocet Trust – 20-22 Middlesex Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Avocet Trust – 20-22 Middlesex Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

This inspection was unannounced.

Inspection activity started on 15 July 2022 and ended on 09 September 2022. We visited the location's service on 14 July 2022, 21 July 2022 and the 09 September 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager, two senior carers and a carer. We reviewed a range of records in relation to the safety and quality of the service, this included people's care plans and medicines records. We spoke with two people who use the service and four relatives about their experience of care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

Following our visit, we spoke by telephone to two relatives about their experience of the care provided. We also spoke with two health professionals. We continued to seek clarification from the provider and the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People did not always receive their medication as required. During the inspection we identified some people did not have instructions for medicines to be given at specific times. This increased the risk of people experiencing adverse side effects from the medicine not working as intended.
- People who were prescribed 'as and when' medication had a protocol in place and staff had written why it was required and how much was administered.
- Staff were trained and supported in their role to administer medicines. Records showed staff had competencies checked annually.

We recommend the provider consider current guidance to ensure people have instructions for medications to be given at specific times and update their practice accordingly.

Assessing risk, safety monitoring and management

At the last inspection, the provider failed to assess and manage risks, placing people at risk of harm. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's safety and welfare were assessed and managed appropriately.
- Risks associated with people's care had been identified and plans were in place to minimise risk occurring. One person had an epilepsy management plan in place that contained clear guidance for staff on how to support them.
- Personal Emergency Evacuation Plans (PEEPS) were in place, they gave staff appropriate guidance to evacuate someone from the service.

Staffing and recruitment

At the last inspection, the provider failed to monitor staff deployment, placing people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were enough staff to ensure people received safe care. We observed staff providing support and engaging in a meaningful and positive way. Relatives told us they had no concerns about staffing.
- The provider had appropriate recruitment procedure in place for the recruitment of staff. These procedures included criminal record checks and references from previous employers. This meant only suitable people were recruited by the provider.

Learning lessons when things go wrong

At the last inspection, the provider failed to follow their own systems and processes, ensuring lessons learnt when things go wrong. This is a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider and staff learned lessons when things went wrong and improved the quality of the service. The registered manager had processes in place to review all accident and incidents
- Lessons learnt and actions for staff were shared in supervision and staff team meetings, staff knew how to report accident and incidents and they were recorded in people's care records.

Preventing and controlling infection

At the last inspection, the provider failed to ensure good infection control processes were in place placing people at risk of harm. This was a breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.

The provider did not use the correct cleaning agent for the removal of bodily fluids. The registered manager responded immediately to action correct cleaning agents.

Visiting in care homes

Visiting arrangements followed current government guidelines. Risk assessments and care plans were in place to support safe visits to the care home and when people visited family and/or friends.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place that helped reduce the risk of abuse.
- Staff received safeguarding training and were clear about their responsibilities in responding to and reporting any safeguarding any concerns.
- People told us they felt safe at the service. Relatives and people told us, "We have no safety concerns [Persons name] is always happy" and "[Persons name] is very safe at the home."
- The provider had a whistleblowing policy in place and staff were aware they could follow this to raise concerns.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were not always involved in all aspects of their care in a meaningful way and their needs and preferences were not always considered. Feedback from people was not used to drive improvements in the service. Relatives told us "I have received a questionnaire, but never got any feedback" and "There has been no meetings for a long while, none since COVID anyway."
- Personalised communication passports guided and supported staff to communicate with people effectively
- Staff told us they attend regular team meetings where they were able to express their views and discuss any issues. One staff member told us "They [managers] are always open to suggestions."

We recommend the provider reviews how it involves and obtains the views of people and their relatives to shape the service and culture and update their practice accordingly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection, the provider failed to operate an effective quality assurance system. This is a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance systems were in place. The provider and registered manager had oversight of the safety and quality of the service and action had been taken when needed.
- Audits were carried out by staff and reviewed by the registered manager. There was a clear record of actions taken when required.
- Accidents and incidents were reviewed on a regular basis to identify themes and trends and help drive service improvements.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare. We had received notification relating to significant events that occurred within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- There was evidence of an improved culture in the service. The registered manager spoke positively about the providers and their commitment to support her during regular visits to the service. One professional told us "The home is person centred in its approach and the staff are very knowledgeable about people."
- Staff were involved in the daily running of the service and felt respected. One staff member told us "We have daily handovers and they [managers] keep us informed what is happening in the service."
- The service worked in partnership with other healthcare agencies such as GP's, speech and language therapists and advocacy services to ensure people received care in line with their needs.

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; Continuous learning and improving care

- The provider and the registered manager understood their responsibilities to be open and transparent with people and their families when something went wrong.
- Staff participated in debrief sessions which covered lessons learned following accidents and incidents. This provided an opportunity for staff to complete reflective practice and learn from incidents as part of the providers continuous learning strategies.
- The registered manager attend regular meetings with members of the senior management team, this was to ensure learning and good practice was shared.