Avocet Trust

Durham Street and Endymion Street

Inspection report

49, 51, 53 Durham Street
Hull
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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?	Requires Improvement

Summary of findings

Overall summary

49 - 53 Durham Street is registered to provide care and accommodation for up to five adults with a learning disability. 48 Endymion Street is a terraced property which is registered to provide care and accommodation for two adults who have a learning disability. They are both part of the Avocet Trust organisation, which is a registered charity. The services are is located in the east of the city of Hull.

We undertook this unannounced inspection on the 21 March 2016. At the last inspection on 11 November 2013, the registered provider was compliant with the regulations we assessed. Four people were using the service at 49 -53 Durham Street and 48 Endymion Street was unoccupied.

Not all of the people who were using the service were able to tell us about their experiences. We relied on our observations of care and our discussions with staff and those people using the service who were able to speak with us.

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. The registered manager informed us they would be moving to manage another service within the organisation and another manager would be taking over responsibility for the service. They told us that a date for these changes had not yet been confirmed.

We found improvements were required with the quality assurance system in place this needed further improvements as this did not always show what actions had been taken, when areas for improvement were identified through audits and surveys. A revised quality assurance system had recently been introduced which consisted of seeking people's views and carrying out audits and observations of staff practice. This had been introduced to identify shortfalls so actions could be taken to address them. However we found that the system had not identified the need for one person's mealtime prescription, (this is a document which identifies people's nutritional needs and the support they need with eating and drinking) required updating.

Positive interactions were observed between staff and the people they cared for. People's privacy and dignity was respected and staff supported people to be independent and to make their own choices. Staff provided information to people and included them in decisions about their support and care. When people were assessed by staff as not having the capacity to make their own decisions, meetings were held with relevant others to discuss options and make decisions in the person's best interest.

Staff had received training in legislation such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and the Mental Health Act 1983. They were aware of the need to gain consent when delivering care and support and what to do if people lacked capacity to agree to it.

We found there were policies and procedures in place to guide staff in how to safeguard people who used the service from harm and abuse. Staff received safeguarding training and knew how to protect people from abuse. Risk assessments were completed to guide staff in how to minimise risks and potential harm. Staff took steps to minimise risks to people's wellbeing without taking away people's rights to make decisions. People lived in a safe environment and staff ensured equipment used within the service was regularly checked and maintained.

People's health and nutritional needs were met and they accessed professional advice and treatment from community services when required. Meals provided to people were varied and in line with risk management plans produced by speech and language therapists and dieticians. We observed drinks and snacks were served between meals. People who used the service received care in a person centred way, the care plans described their preferences for care and staff followed this guidance.

We found staff were recruited safely and were employed in sufficient numbers to meet people's needs. Staff had access to induction, training, supervision and appraisal which supported them to feel skilled and confident when providing care to people.

People who used the service were seen to engage in a number of activities both within the service and the local community. They were encouraged to pursue hobbies, social interests and to go on outings. Staff also supported people to maintain relationships with their families and friends.

People who used the service received continuous support from staff and needed to be supervised whenever they went out. We observed that support was provided on an individual basis and people's needs were understood by staff delivering their care. We saw people had assessments of their needs and plans of care were produced; these showed people and their relatives had been involved in this process. We observed people received care that was person-centred and care plans provided staff with information about how to support people in line with their personal wishes and preferences.

There was a complaints procedure in place which was available in a suitable format which enabled people who used the service to access this if needed. People we spoke with knew how to make complaints and told us they had no concerns about raising issues with the staff team.

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.

People who used the service were cared for by staff by staff who had been trained to recognise the signs of abuse and how to report these.

Staff were recruited safely and there were sufficient staff, with the competencies, skills and experience available at all times to meet people's needs.

Policies and procedures were in place to guide staff in how to safeguard people from abuse and staff received training about this.

People received their medicines as prescribed. Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff understood the principles of the Mental Capacity Act 2005[MCA], which meant they promoted people's rights and followed least restrictive practice.

Staff received appropriate training, supervision and appraisal to ensure they had the right skills to care for people.

People had their health and nutritional needs met and were supported to have a healthy, well balanced diet in line with their assessed dietary needs.

Is the service caring?

Good

The service was caring.

Staff provided people with explanations prior to tasks being carried out. We observed staff had developed positive and caring relationships with people who used the service.

People were supported by staff that had a good understanding

of their individual needs and preferences for how their care and support was to be delivered.

Is the service responsive?

Good

The service was responsive.

People were supported to participate in a range of activities both within the service and the wider community to enable them to pursue their hobbies and interests.

People's care was provided in a person centred way. Staff were provided with information to enable them to support people in their preferred way.

A complaints process was in place and available in appropriate formats.

Is the service well-led?

Requires Improvement

The service was generally well-led; however some aspects in relation to quality monitoring were not fully effective. Improvements were required to ensure shortfalls identified had clear timescales in place for actions to be completed.

The registered manager promoted an open and transparent culture and a service that people enjoyed visiting.

People who used the service and staff told us the registered manager was approachable and always made time for them.

There was structure to the organisation and levels of support. The registered provider was involved in overseeing the service.

Durham Street and Endymion Street

Detailed findings

Background to this inspection

The inspection took place on the 21 March 2016 and was unannounced, which meant the registered provider did not know we would be visiting the service. The inspection team consisted of two adult social care inspectors.

We looked at notifications sent to us by the registered provider, which gave us information about how incidents and accidents were managed.

Prior to the inspection we spoke to the local safeguarding team, the local authority contracts and commissioning team and a health professional about their views of the service. There were no concerns expressed by these agencies.

Before the inspection, the registered provider completed 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. The PIR was received in a timely way and was completed fully.

Not all of the people who used the service were able to communicate with us verbally so we observed how staff interacted with people during the inspection. We spoke with, the registered manager,(who was also the deputy care manager for east Hull) the deputy care manager for west Hull, three care staff, and two people who used the service.

We looked at the care records for three people who used the service and other important documentation relating to people who used the service such as, medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, the training record, the staff rota, minutes of meetings with staff, quality assurance audits, complaints management and maintenance of equipment records.

Good

Is the service safe?

Our findings

We spoke with two people who used the service who told us they felt safe at the service and liked the staff. Comments included; "I like living here and so does my cat, the staff are nice."

We spoke with health and social care professionals who told us they had no concerns about the service.

People were protected from the risk of abuse through appropriate processes, including staff training and policies and procedures. Staff we spoke with were able to describe the registered provider's policies and procedures for reporting any incidents of abuse they may witness or become aware of. All of the staff we spoke with knew about the different types of abuse, how to recognise the signs of abuse and how to report any concerns. Staff told us, "I would not hesitate to report anything; I have done so previously and would do it again if I ever needed to."

Staff confirmed they received refresher training in the safeguarding of vulnerable adults at regular intervals and were aware of the registered provider's whistleblowing policy. Whistle blowing is a way in which staff can report misconduct or concerns within their workplace.

We observed people were confident, relaxed and happy in the company of staff, engaging in friendly banter. Staff were seen to be respectful and patient with the people they supported. When we spoke with staff they were aware of the importance of respecting people's rights and ensured they were treated with dignity and respect at all times. One staff member told us about a situation where a member of the public had made derogatory comments to a person they were supporting in the community and how they had been disgusted by them. They told us; "There was absolutely no need for it, we are all equal, it is a lack of understanding that something needs to be done about. I distracted the person and offered to take them for a drink and a piece of cake in a place we are welcome."

We found there was sufficient numbers on staff available to meet the needs of the four people who used the service. Staff we spoke with told us they considered there to be enough staff available during the day and at night.

Care plans reviewed were seen to identify potential risks and how these should be managed. Examples included; mobility, accessing the community, epilepsy, changing behaviours, choking and self-harm. Risk assessments also included plans for supporting people when they became distressed or anxious. When changes occurred, we saw assessments were updated to reflect people's current needs.

Behaviour management plans described the circumstances that may trigger certain behaviours and ways to avoid or reduce these. Records seen showed if people became agitated staff used effective distraction or calming techniques and avoided the use of physical interventions. During discussions with the registered manager and staff they confirmed that physical restraint was not used within the service. Records showed staff had completed training in relation to changing behaviours and the management of these.

The registered manager maintained an on-going record of any incidents that occurred in the service and we saw that where these required a safeguarding referral, these had been made. Records showed that accidents and incidents were recorded and appropriate action taken. De briefings were completed with staff following incidents to reduce the risk of further re occurrences and learn from incidents.

The recruitment files for four staff members were checked and we found that safe recruitment processes had been followed. We saw that appropriate disclosure and barring service (DBS) checks and references had been obtained prior to staff commencing working the service. This meant that as far as practicable, staff had been recruited safely and people who used the service were not exposed to staff who were unsuitable to work with vulnerable adults.

Medicines were kept securely and stored appropriately. Records were found to be accurate and maintained for medicines administered, received into the service and disposed of. Protocols were seen to be in place for all medicines that had been prescribed to be taken 'as and when required' (PRN), such as paracetamol; these described in which situations the medicine was to be administered. Staff spoken with confirmed that this type of medicine was only ever used after following the guidance. Medicines were kept securely and stored appropriately.

People who used the service were unable to manage or administer their own medicines, without the support from staff. All staff had received medicine training and their competency was regularly reassessed. We checked the medicines being administered against people's records, which confirmed they were receiving medicines as prescribed by their GP.

The registered provider had contingency plans in place to respond to foreseeable emergencies including extreme weather conditions and staff shortages. This provided assurance that people who used the service would continue to have their needs met during and following an emergency situation. We saw records which showed emergency lighting, fire safety equipment and fire alarms were tested periodically. We found the home to be clean, hygienic and well maintained.

Good

Is the service effective?

Our findings

We spoke with two people who used the service who told us they liked living there and one person said, "I like being here and the staff help me to go out every day, because that is what I like to do."

Staff we spoke with told us they felt they received appropriate training and on-going support to enable them to meet people's needs effectively. They told us they received regular supervision and staff meetings were held. Comments included, "We have plenty of training and we go on refresher courses regularly. When we have appraisals the manager discusses any training needs we may have, but if there is something we need or want to do, we can ask for it at any time."

A new staff member confirmed they had completed a two week induction which had included essential training, followed by 'shadowing shifts' to observe staff practice and give them an opportunity to get to know the people who used the service.

Staff we spoke with had a good understanding of people's individual needs and were able to clearly describe how these were catered for. The information provided corresponded to the information detailed within people's care plans. Staff gave examples of one person when they tell staff they 'feel sad,' this may be an indication of their mental health deteriorating.

We found people had their nutritional needs met and there was plenty of food and fresh fruit available in the service. Two people were seen to be offered fruit smoothies at intervals during the day. They were both reluctant to eat fresh fruit, but enjoyed fruit being offered as a smoothie.

People's individual nutritional needs had been assessed by dieticians and speech and language therapy. Meal time prescriptions were in place, detailing how people's food should be offered, including textures, nutritional requirements and equipment people may require to support them with eating and drinking. Copies of these documents were available in the kitchen along with list of people's preferred likes and dislikes. Staff recorded the meals and fluids each person consumed each day and commented on whether they liked particular foods or disliked others so a preference list could be maintained.

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.

The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support and ensures that people are not unlawfully restricted of their freedom or liberty. 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. The registered manager was aware of their responsibilities in relation to DoLS and

authorisations were in place for each of the people who used the service. The registered manager had notified the CQC of the outcome of the DoLS applications. This enabled us to follow up the DoLS and discuss them further with the registered manager. We found the authorisation records were in order and least restrictive practice was being followed. Professionals confirmed they had been involved and consulted in this process.

During discussions with staff and the registered manager we found they had a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and were able to describe how they supported people to make their own decisions. We saw people had their capacity assessed and where it was determined they did not have capacity, the decisions made in their best interests were recorded appropriately. Throughout our inspection we observed staff offering choices to people and supporting them to make decisions about what they wanted to do, what they preferred to eat and drink and the activities they wanted to engage in.

Good

Is the service caring?

Our findings

People who used the service told us they liked the staff and they were kind. We observed staff were kind and caring in their approach and their interactions with people. We observed staff approach people and discuss with them the different activity options available. Staff were seen to listen to people's queries and respond to these patiently. People who used the service were seen to approach staff with confidence; they indicated when they wanted their company for example when they wanted a drink and when they wanted to be on their own and staff were seen to respect these choices.

One person was seen to be reluctant to participate in the weekly shopping task they had been allocated to undertake. Staff gently encouraged and motivated them by explaining to them it was their turn and offering to take them to do their own personal shopping first if this was more acceptable. The individual was seen to agree to this option readily and went off to get ready to go out.

Staff were aware of the importance of maintaining people's dignity and independence. They told us the registered provider had policies in place in relation to privacy and dignity and told us how they supported people to maintain this. Staff we spoke with told us, they always knocked on people's doors before entering their room and told them who they were and they explained to people what support they needed and how they were going to provide this. Throughout the inspection we were able to observe this practice to be in place.

We saw people who used the service looked well cared for, were clean shaven and wore clothing that was in keeping with their own preferences and age group. Staff told us the people who used the service were always supported to go on shopping trips to enable them to be involved in making their own decisions about clothing purchases and personal items.

Staff we spoke with knew people well and had a good understanding of their current needs, their previous history, what they needed support with and encouragement to do and what they were able to do for themselves. During discussion with staff they confirmed they read care plans and information was shared with them in a number of ways including; a daily handover and team meetings. We saw records were maintained on a daily basis in relation to people's well being and these were monitored.

During discussions with staff, they were clear about how they promoted people's independence. One person described how they supported an individual to make choices about going out; the person was unable to communicate verbally. Staff explained that one person when they were asked if they wanted to go out, would go and get their shoes and coat if they did, but if they chose not to they would go to their room and return without them. At this point staff would give them some time to reconsider, before asking them again and await their repose. As each person had individual staffing in place to support them, this gave people who used the service the opportunity to choose their preferred activities and when they wanted to engage in them.

Staff we spoke with told us that on occasions the people they supported may at times become withdrawn,

but they were able to identify patterns of these behaviours emerging quickly and take appropriate action to engage and support them during these periods. We later looked at care records and these showed the actions described by staff were appropriate and in keeping with the protocols within people's care plan.

Good

Is the service responsive?

Our findings

People who used the service told us about the activities they were involved in and how staff had supported and encouraged them to try new things. They told us how they enjoyed going to visit places where animals were and how staff had supported them to get their own pet to care for. When people who used the service showed us their rooms we saw these were personalised with photographs and other items which were important to them for example, a large music collection.

We looked at the care files for four people who used the service and found these to be well organised, easy to follow and person centred. Sections of the care file had been produced in pictorial easy read format, so people who used the service had a tool to support their understanding of the content of their care plan.

People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and the wider community. Details of what was important to people such as their likes, dislikes, preferences were also recorded on a 'one page profile' and included for example, their preferred daily routines and what they enjoyed doing and how staff could support them with these in a positive way.

Individual assessments were seen to have been carried out to identify people's support needs and care plans were developed following this, outlining how these needs were to be met. We saw assessments had been used to identify the person's level of risk. These included identified health needs, changing behaviours, nutrition, fire, road safety and going out in the community. Where risks had been identified, risk assessments had been completed and contained detailed information for staff on how the risk could be reduced or minimised.

We saw that when there had been changes to the person's needs, these had been identified quickly and changes made to reflect this in both the care records and risk assessments where this was needed. Any changes were acknowledged and signed by staff to confirm their understanding.

Evidence confirmed people who used the service and those acting on their behalf were involved in their initial assessment and on–going reviews. Records showed people had visits from or visited health professionals including; psychologist, psychiatrists, chiropodists and members of the community learning disability team, where required.

When we spoke to the registered manager and staff they were able to provide a thorough account of people's individual needs and knew about people's likes and dislikes and the level of support they required whilst they were in the service and the community. They were able to give examples of how they supported individual choice for example: for one person who used the service, they were able to make choices about what they wanted to wear, and were able to rub shampoo into their hair, staff considered these things to be important for the person in order to support them to maintain their independence. During discussion with staff, they told us there was more than enough information in people's care plans to describe their care needs and how they wished to be supported.

During our inspection we observed a number of activities taking place both within the service and the local community. These included people being supported with shopping, going out to the park, spending time tidying their garden. One person told us about their plans to attend an Easter event the next day which had been planned by the registered provider. Activity records showed other activities people had participated in including: overnight trips to the Beamish Museum, Hull fair, baking, listening to music, cinema visits, shopping, bowling and day trips. We saw people had their own individual activity plans in placed based on their personal preferences.

Staff we spoke with described the progress and achievements of the people who used the service and comments included; "After [Name] had been ill we were concerned that he would not fully regain his independence, but he has surprised us all with how well he has done."

The registered provider had a complaints policy in place that was displayed within the service. The policy was available in an easy read format to help people who used the service to understand its contents. We saw there had been no complaints received by the service in the previous twelve months

Requires Improvement

Is the service well-led?

Our findings

We observed people who used the service were comfortable in the registered manager's presence and although they did not approach them directly, they engaged with them confidently when they were approached by them. During our inspection we observed the registered manager took time to speak with people who used the service and staff and assisted with care duties. The registered manager told us they were supported by a senior manager within the organisation.

The registered manager was experienced, having initially worked for the organisation for a number of years prior to becoming the registered manager. The service was one of three; the registered manager had responsibility for. Senior carers worked at each of the other services and shared some of the management responsibilities on a day to day basis for example, supervision for some of the staff and completing checks and audits of the environment.

Social and health care professionals told us that they had no current issues with the service and that the staff worked effectively with the people who used the service.

We found the organisation encouraged good practice. For example, there was a system in the organisation to nominate staff for specific awards for recognition of good practice. Staff were provided with handbooks, which explained what the expectations were of their practice and described the organisation's vision. This was described as promoting a 'lifetime support to vulnerable people to enable them to live fulfilled and valued lives through making personal choices, an inclusive society where people have equal chances to live the life they choose'. Staff received awards for long service within the organisation.

Staff we spoke with told us they enjoyed their work and worked well together as a team in order to provide consistency for the people who used the service. They told us they felt well supported and valued by the manager and senior staff at the service and comments included, "We can go to her about anything whether it is work related or personal. If we have any issues we can go to her and she will listen to us and do something about it."

The registered manager told us they felt supported by the registered provider and attended regular management meetings where best practice and changes to legislation were discussed. The registered manager told us, "For me it is about the people who use the service and making sure they come first. We want to know what they think and support them to be able to live valued lives. I know there have been times when changes have needed to be made and this hasn't always gone down well with staff but it has been for the benefit of the people using the service. I have found when things are explained to staff they will take them on board once they know the reason behind it. I try to make myself available for staff and they know they can ring me at any time."

Although a quality assurance system was seen to be in place, we saw improvements needed to be made in the way the registered provider acted upon feedback from audits. The registered manager showed us a copy of the monthly quality audits completed within the service these included; medication, health and safety,

the environment, fire checks and care records. The registered manager showed us a copy of a new QA system which was in the process of being introduced within the organisation, this was shared with us and this was seen to be more thorough. This recorded details of any identified shortfalls, identified what action needed to be taken and a date of when this had been completed.

However, we saw that neither system had identified that on one occasion an out of date mealtime prescription (this is a document that outlines people's nutritional needs and the support they require with eating and drinking) had not been removed from the person's care file when they no longer needed to use adapted cutlery. When we spoke to the registered manager and deputy care manager about this, they offered assurances this would be addressed to ensure records were completed correctly. When we spoke with staff about the record they were clear about the individuals current needs and were aware the document was no longer relevant.

We found incidents and accidents were recorded; the registered manager was aware of their responsibility to send notifications to the Care Quality Commission (CQC) and other agencies in relation to any issues which may affect the safety and well-being of people who used the service.

A selection of key policies and procedures were looked at including, medicines, safeguarding vulnerable adults, consent, social inclusion and infection control. We found these reflected current good practice.