

Avocet Trust

# Avocet Trust Domiciliary Care Service

## Inspection report

Clarence House  
60-62 Clarence Street  
Hull  
Humberside  
HU9 1DN

Tel: 01482329226

Website: [www.avocettrust.co.uk](http://www.avocettrust.co.uk)

Date of inspection visit:

04 March 2016

11 March 2016

Date of publication:

14 April 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Avocet Domiciliary Care Agency provides personal care and support services to two people living in their own home in the west of Hull. Services provided consisted of 24 hour support every day. People who used the service had learning disabilities and mental health needs.

The last inspection was completed on 16 April 2014 and was found to be compliant with the regulations inspected at that time. This inspection took place on 4 and 11 March 2016.

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

We found improvements needed to be made to ensure updated information in people's care records were signed by staff in a timely way to acknowledge they understood the changes that had been made. Records in relation to care provided including the monitoring of people's weight, their food and fluid intake and support with care tasks also required improvement to ensure current information was in place and there were no gaps in records.

People we spoke with told us that comments, concerns and complaints were not always well managed and that communication was not always effective. Complaints and concerns raised were not logged in the service complaints log. Although the registered manager and staff were working with relatives and professionals to resolve their concerns, records of the nature of these and actions taken had not been recorded within the service.

Improvements needed to be made to ensure accurate and up to date records were maintained in relation to both care and the recording of concerns and complaints. This is a breach of Regulation 17(2) (c) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of the report.

The people who used the service were supported by a small core group of staff who were familiar with their individual needs and preferences. Over the previous months there had been a need for agency and bank staff to be used. Professionals and relatives told us they considered the agency staff and turnover of staff had detracted from the provision of continuity of care, with subtle changes to care and support having an impact on the people's well-being.

There were policies and procedures to help guide staff in how to keep people safe from the risk of harm and abuse. Staff understood the various types of abuse and knew how to report any concerns. We found staff were recruited safely and full employment checks were carried out before new staff started work. Staff received an induction and had access to training, supervision and support to help them to develop and feel confident when caring for people and carrying out their roles. Appropriate arrangements were in place to

ensure people's medicines were obtained, stored and administered safely.

We found that people who used the service were supported to make decisions in line with principles of the mental Capacity Act 2005 and that potential instances where people using the service were deprived of their liberty had been alerted to the supervisory body, which was the contracting local authority. 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. 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

People had risk assessments in place which helped to guide staff in how to minimise the reoccurrence of incidents. Staff had read the risk assessments and were aware of their responsibilities and the steps to take to minimise risk, but this was not always reflected in daily records maintained. This was discussed with the registered manager to address.

We found people had access to a range of health professionals and staff were clear about how they monitored people's health in order to seek medical attention quickly. Relatives told us this was not always their family members experience of the service, but things had stated to improve. Professionals told us staff were proactive in seeking advice and support when people's needs changed.

Menus did not show alternatives were available and records did not confirm choices and alternatives were available for each meal; we observed drinks and snacks were served between meals. Records maintained for eating and drinking needed to be improved to ensure these accurately reflected what people had consumed. The registered manager told us they would address this with staff.

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. The previous system had sought views about how the service was run, but where comments had been made, it did not reflect the action the organisation had taken in respect of these.

## 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 not consistently safe.

There were safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

People were supported by suitable numbers of staff who had been recruited safely.

Risk assessments were in place, but had not all been signed by staff in a timely way to demonstrate they had read and understood the content.

People's medicines were managed safely by trained staff.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Records maintained within the service did not always demonstrate people had enough to eat and drink.

People were supported by a range of health care professionals and had access to a range of services to meet their needs.

People were supported to make their own decisions. When people were assessed as lacking capacity, staff followed the principles of the Mental Capacity Act 2005 and held best interests meeting to discuss options for people.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People's personal information was held securely.

We observed staff were attentive to people's needs and were caring in their approach.

Professionals told us they felt longstanding staff had a good understanding of the people they supported.

**Good** ●

### **Is the service responsive?**

The service was not always responsive.

Care support plans were not always signed promptly by staff to acknowledge they understood the changes.

A lack of recording in daily records did not demonstrate that people were having their assessed needs met.

Where incidents had occurred within the service de briefing sessions had not been completed with staff to reflect on the situation and consider how risks could be reduced.

Where concerns, comments and complaints were raised, records of the issues were not maintained or details of any actions taken in respect of these recorded.

**Requires Improvement** ●

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

The service was not consistently well-led.

Records for supporting people with care tasks were not completed effectively or consistently. The audit systems in place had failed to identify the shortfalls in records.

The registered manager promoted a culture of providing the best quality of life possible for the people who used the service.

Although the organisation welcomed suggestions from people who used the service, their relatives and staff, there were no records available to demonstrate how people's suggestions had been considered or implemented. A new quality improvement programme had been recently introduced to address this.

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

**Requires Improvement** ●

# Avocet Trust Domiciliary Care Service

## **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 4 and 11 March 2016 and was carried out by two adult social care inspectors. The registered provider was given short notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office.

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 what improvements they plan to make. We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also sought relevant information from the City of Hull Council's safeguarding and commissioning teams.

As part of this inspection we visited the supported living service where the two people who used the agency lived. We had limited discussions with the people who used the service. During the inspection we spoke with the registered manager, the deputy care manager and two staff during and two relatives and two professionals following the inspection. Two care plans, three staff recruitment and training files and a selection of records used to monitor the quality of the service were also looked at. As the people who used the service often had complex needs that meant they were unable to fully tell us about their experiences, we spent a short period of time in the supported living scheme observing interactions between staff and people using the service.

# Is the service safe?

## Our findings

Relatives told us they considered their family member had not always been safe, in relation to their care. They told us they were working with the service and things had improved. Comments included, "Since the manager has been taken off the floor I think the service has gone downhill recently." They told us they felt improvements were needed to ensure people received safe and appropriate care.

Another relative told us they were very happy when their family member was supported by the core staff team who knew them 'inside out', but did not have the same confidence in the agency staff that their relative was unfamiliar with. They told us consistency of familiar staff was an essential part of their relatives care and well-being. This was echoed by professionals who told us there had previously been a higher use of agency and bank staff which they considered to have a detrimental impact on people, but this had now improved.

On both days of our inspection we found there was an agency staff member working alongside an experienced staff member. When we spoke with them each confirmed they had been unable to read support plans prior to working with the person. They told us, existing staff had spoken to them about people's needs and preferred routines, as well as directing them to where care support records were kept. When we spoke with the registered manager about this they told us bank and agency staff were only used as a last resort to cover sickness and other unplanned for absences. Staff we spoke with confirmed this and said that although there had been previous vacancies at the service these had now been appointed to. They also told us that the core staff team were always given first refusal of covering any shifts that became available.

The registered manager and staff we spoke with told us they considered people to be safe. Comments included "We follow support plans and risk assessments to keep people safe" and "It is about knowing the people and recognising small changes quickly and understanding possible risks."

Care and support records indicated risk assessments were completed for specific areas where concern had been identified. These guided staff in how to minimise risks and included areas such as accessing the community, mobility and wheelchair use, swimming, home visits and epilepsy. Although risk assessments had been completed we saw that where these had been reviewed or updated, staff had not always signed them in a timely way to demonstrate they had read the documents and were aware of the changes that had been made. For example, one risk assessment dated 8 September 2015 had not been signed by any staff. A number of other risk assessments looked at were found to be the same. When we spoke to the registered manager about this they were unable to offer an explanation for the document not being signed by staff, but offered assurances it would be updated promptly.

Safeguarding procedures were in place. Staff had a good understanding of how to identify and act on any allegation of abuse to help keep people safe. Staff were aware of the importance of disclosing concerns about poor practice or abuse and understood the organisation's whistleblowing policy. Discussions with the registered manager and staff confirmed that no concerns had been identified since we last inspected the service and that should a concern be identified, the appropriate actions would be taken to safeguard people

in a timely manner. Discussions with the registered manager and staff confirmed that restraint was not used at the service.

Systems were in place to identify and manage foreseeable risks. The organisation had a business continuity plan which addressed risk to the running of the service such as a power failure. An individual care plan identified how the person would be evacuated in the event of a fire. We saw there was a system in place for ensuring equipment was safe which included the landlord safety checks and servicing for gas and electrical installations.

There were systems in place to protect the person's safe handling of personal monies. This included records to support receipts for expenditure, signatures when monies were withdrawn and monthly audits.

Safe and effective recruitment practices were followed to ensure staff were of good character and able to meet people's needs. New staff did not start work until satisfactory employment checks were completed. We saw how criminal record checks from the Disclosure and Barring Service (DBS) had been renewed during employment, to ensure staff remained safe to work with people at the service.

Training records showed staff were trained to manage and administer medicines in a safe way; the registered manager had completed competency assessments on staff practice. We saw medicines were ordered, recorded and stored appropriately.

During our inspection we observed staff were provided with adequate supplies of personal protective equipment including; gloves, aprons hand wash and sanitizers. Records showed staff had received infection control training to assist staff in maintaining good infection control prevention and control.



## Is the service effective?

### Our findings

We received mixed reviews from relatives about their family experiences of the service. One relative considered their family member to be well looked after and their complex needs understood by key members of staff. They considered their relative to be offered a varied diet and any health issues quickly identified and responded to. Another relative considered their family member did not have enough choice about what they ate and drank and felt this had had a detrimental effect on their eating and drinking and their health. They also felt their family members health needs were picked up on quickly.

Professionals we spoke with told us the staff were proactive and responsive in flagging up health issues with them and their G.P's. They told us "The care staff who know them well are excellent. They have a good measure of their needs and really understand them." They also told us staff followed their instructions and kept them informed of changes in people's needs.

The registered manager and staff told us people were supported to have sufficient amounts to eat and drink. We saw when concerns regarding people's nutritional intake were recognised appropriate actions was taken, for example contacting dieticians, speech and language therapists and implementing food and fluid charts. However we saw that records about these issues had not always fully completed and improvements were required, to ensure accurate records of people's nutrition and fluid intake and output were fully recorded. For example records seen for the week beginning 1 February 2016, had not been completed for the Tuesday or Friday breakfast or lunchtime. Fluid charts were also found to have gaps in recording. Weight records were also found to be incomplete. We recommend that the registered provider seeks current good practice guidance about maintaining detailed accurate records.

Staff had completed a range of training to ensure they had the knowledge and skills to carry out their roles effectively. This included, medication, moving and transferring, first aid, infection control, The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, safeguarding awareness and health and safety. Other specific training had been completed to ensure people individual needs were met, such as end of life care, epilepsy, autism and changing behaviour. A member of staff told us, "We do lots of training here, it's all really good."

Staff received appropriate levels of supervision and one to one support. We saw supervision meetings occurred on a three monthly basis which covered staff's duties and responsibilities, their understanding of safeguarding and The Mental Capacity Act. Training requirements and progress made on anything discussed at previous meetings were also covered.

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, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For people in the community who need help with making decisions, an application should be made to the court of protection.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us, "All our staff have done MCA and Deprivation of Liberty Safeguards training; I think having that knowledge is really valuable. We carried out capacity assessments for the people we support and informed their care coordinators of this, for them to take further action, but we have not heard anything further."

When people lacked the capacity to provide informed consent, records about the outcome of decisions had been signed on their behalf by an appointed person. Staff understood the need to gain people's consent before care and support were provided. One member of staff told us, "I always ask permission and explain what I am about to do before I do it, the people we support are all able to make some decisions about their daily lives whether it is what they want to wear or what they would like to eat." We saw records of Best interest meetings were held to decide how people's personal finances were managed.

There was evidence to confirm people received support from a range of healthcare professionals including GP's and community nurses. The registered manager of the service told us, "We support people to attend meetings with professionals or hospital appointments and keep families updated of any changes following these." People's care plans and risk assessments were seen to be updated following advice and guidance from relevant professionals.

## Is the service caring?

### Our findings

Relatives told us that the core staff group were kind and caring. One relative told us, "The staff are fantastic, and they are like a family to them." Another relative told us they had raised concerns about different aspects of care delivery and was meeting with the registered manager of the agency and other professionals involved to improve this.

When we spoke with relatives and professionals about people's care comments included, "The staff are good caring people and have a good gauge of their moods" and "Some of the staff know them inside out and these are the staff they connect with." Other comments included, "The core of staff who know them well are excellent and have an in-depth understanding of their needs."

We found that staff were based at the supported living service and generally only worked there. This enabled people who used the service and care workers to develop meaningful caring relationships. Interactions observed between the staff and people who used the service were friendly and respectful. One staff member told us, "The longer you work with someone the better you get to know them and can build relationships with them." However some staff, relatives and professionals we spoke with highlighted staff turnover had an impact people who used the service, for example comments included, "Subtle changes can be missed by staff who don't know them", and "Communication is difficult so staff need to know them."

We observed that people who used the service were encouraged to make decisions and communicate their wishes and views throughout the inspection. We asked staff how they supported people to express their views and be involved in decision making. Comments included, "We ask people and offer them choices, some people need us to show them different things to help them make a choice," and "Other people can be offered choices and will respond by taking us to what it is they want" and "Sometimes we may not get any response and will have to give people time to think about it and return later to ask them again."

During our inspection we observed that appropriate care and support was provided in communal areas and people were supported to go to the bathroom or their bedroom and doors were closed when staff provided personal care. Staff described how they would treat people with respect and how they would maintain their dignity. Comments included, "I always knock on doors and wait for permission to enter" and "I always close doors and make sure curtains are closed. Another told us, "I listen to what people want and do things the way they want them doing and make sure I follow their preferred routines."

Arrangements were in place to ensure people's personal and sensitive information was stored confidentially. We saw confidential information was stored within a locked cupboard. Staff spoken with understood the importance of confidentiality and the registered provider had a procedure in place for staff to follow.

## Is the service responsive?

### Our findings

Relatives we spoke with told us they knew how to make a complaint or raise concerns about their family members care and support. Comments included, "If I am not happy about something I will tell it as it is." Feedback from professionals and relatives indicated people were reluctant to raise concerns for fear of repercussions.

When we looked at the complaints record we saw there had been no complaints recorded in the complaints log since our last inspection. Discussions with professionals and relatives highlighted that concerns had been made in relation to care issues and meetings were on-going to try to resolve these. There was no record of any type of complaint recorded in the complaints log. The registered provider must promote an open and transparent culture where people are able to make a complaint, and not be discriminated against or victimised. In particular people's care and treatment must not be affected if they make a complaint, or if somebody complains on their behalf. We found improvements also needed to be made in relation to maintaining up to date accurate and signed records, to reflect the care provided and ensure people's identified needs have been met.

This is a breach of Regulation 17(2) (c) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service or those acting on their behalf contributed to their initial assessment and on-going planning of their care. Each person who used the service had a care support plan in place, which contained information about their needs and what support was required from care workers to meet their needs. We looked at the care support plans for both people who used the service and found these contained person centred information about the person including information about their likes, dislikes and personal preferences. Relatives of people confirmed they were involved in and had contributed to the information in their care plans. They also told us they were invited to reviews of care for their family member.

Staff we spoke with told us they were expected to read care plans and keep up to date when changes were made. This was acknowledged by staff signing individual care and support plans and risk assessments to demonstrate they understood the changes that had been made and the rationale for this

We saw that care support plans contained a pen picture of people's previous lives and information about their preferred daily routines, what they needed support with and their preference for having this delivered. People who used the service had communication passports in place which included information about people's non-verbal communication including details of how they showed they agreed with something or may act if they were happy or unhappy. Details of how people may be trying to communicate through their changing behaviours were also included.

Sections of the care support files were available in pictorial and easy to read formats. The two staff we spoke with who worked regularly at the service had a good understanding of each person they supported. They could describe their personalities, their particular interests, how they communicated and expressed themselves, their strengths and qualities and what was important to them.

We saw care plans were reviewed and updated. Staff we spoke with way understood the principles of person centred care and commented, "Everything is based on the person, their choices and wishes, this is their home." Additional information was also available which gave an insight into people's lives such as people's family life, their work history and hobbies and interests.

Each person had a health action plan in place, which provided up to date information for medical and nursing staff should people need to access these services, or need to be admitted to hospital. The registered manager told us that should people need to be admitted to hospital care staff would stay with them in order to provide reassurance and continuity of care.

Staff knew the people they cared for including their hobbies and interests and tried to help people participate in activities they were interested in. A member of staff informed us, that one of the people they supported was very reluctant to go out especially during the winter months, but with support and encouragement could be persuaded to go for a walk or to the local shop, providing they could do so on their own terms and return to their house when they wanted to. Records maintained of activities people had undertaken were found to be incomplete and on occasions not dated or signed. We therefore were unable to see what opportunities had been offered to people or where alternatives had been offered when the planned activity was declined.

## Is the service well-led?

### Our findings

Relatives and professionals we spoke with knew the registered manager by name and told us they could approach them. They told us they were asked about their views of the service, but not all of them considered the service to be responsive to these.

When the registered manager visited the supported living service, the people living there appeared pleased to see them and approached them to greet them.

Staff spoken with told us the registered manager was approachable and felt well supported by them. They told us staff worked well together as a team and learned together. Staff meetings were held regularly and supervision was provided monthly.

There was a clear hierarchy within the organisation, overseen by a board of trustees. We spoke with the registered manager about the culture of the organisation and their management style. They told us, "I try to go to the services on a daily basis, to talk with the people who use the service and to check paperwork. My aim is to give clients the best quality of life we can in a safe, caring environment."

We found the organisation encouraged good practice. For example, there was a system in place to nominate staff for specific awards for recognition of good practice and long service within the organisation. Staff were provided with handbooks which explained the organisations vision and expectations for their practice. The vision 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'. We found the registered manager was aware of their roles and responsibilities and notified the Care Quality Commission, and other agencies, of incidents that affected the welfare of people who used the service. We have found the registered manager responded to requests for information when required.

We saw improvements were needed in the way the registered provider acted upon feedback from surveys. For example feedback from the most recent staff survey indicated communication could be improved within the service, but there were no records to demonstrate what action had been taken to address this. This did not demonstrate the system was effective or that the registered provider acted on recommendations made for improving the service. When we spoke to the registered manager and deputy head of care about this, they told us a new quality monitoring system had been recently introduced which would address this.

The registered manager shared with us the new structure and paperwork in relation to the revised corporate quality monitoring system. This comprised of a number of audits and surveys carried out at regular intervals. The registered manager showed us a monthly compliance audit completed in January 2016, which identified amongst other things that risk assessments had not been signed and identified this as an action. At this inspection we found that not all risk assessments had been signed by staff which demonstrated the system was not yet fully effective.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Records of the care and treatment provided to people were not found to be accurate or complete |