

Avocet Trust

Avocet Trust - 523-525 Marfleet Lane

Inspection report

523-525 Marfleet Lane
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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 ●

Summary of findings

Overall summary

About the service

523 – 525 Marfleet Lane is a care home providing personal care for up seven people with a learning disability, autism and/or physical health needs across two separate units, each of which have separate adapted facilities. At the time of our inspection six people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Everyone we spoke with was positive about 523 -525 Marfleet Lane. We observed people and staff had developed good and caring relationships built on trust and mutual respect.

The provider had systems in place to safeguard people from abuse. Staff understood how to keep people safe. They recognised and reported any safeguarding concerns. Risk assessments were in place and medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends to mitigate risks.

Staff were recruited safely and had the appropriate skills and knowledge to deliver care and support to people in a person-centred way. Some staff had worked at the service for a long time and this provided consistency for people.

Care plans contained relevant information about how to meet people's needs and were regularly reviewed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice.

People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks. People were treated with kindness and supported to express their opinion wherever possible.

People had access to a varied and balanced diet. Where required, staff monitored people's weights and worked with healthcare professionals to make sure people received medical attention when needed.

People and staff spoke positively about the registered manager. They felt able to raise concerns and were confident these would be addressed. Staff told us they were well supported by the registered manager and senior management team.

Checks of safety and quality were carried out to ensure people were protected from harm. Work took place to support the continuous improvement of the service and the registered manager was keen to make changes that would impact positively on people's lives.

No one was in receipt of end of life care however, staff had previously supported people at the end of their lives. They told us they were well supported by health professionals and should the need arise, would make the necessary arrangements to enable people to remain at home at this time.

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

Rating at last inspection

The last rating for this service was good (published 1 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

523-525 Marfleet Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider sent us a provider information return prior to the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service about their experience of the care provided. We spoke with the registered manager, the senior carer, two care staff and two relatives.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management, using medicines safely

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. One relative told us, "My relative is in safe hands."
- People were supported to take positive risks to aid their independence.
- Staff received, stored, administered and disposed of medicines safely. The registered manager and staff were aware of the health campaign to stop the over use of psychotropic medication to manage people's behaviour and ensured people had regular medication reviews
- Protocols were in place for medicines prescribed for use 'as and when required' to guide staff when these medicines were required

Systems and processes to safeguard people from the risk of abuse, staffing and recruitment

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary. Any incidents had been managed well. Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- The registered manager described how staffing levels were considered during the assessment process and provided in line with people's assessed needs. Staff confirmed there was always enough staff on duty.
- Staff were recruited safely; appropriate checks were carried out to protect people.

Preventing and controlling infection

- Staff followed good infection prevention and control practices. They used personal protective equipment to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- Accidents and incidents were responded to appropriately; trends and patterns were monitored and used for learning purposes. Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received supervision and appraisal; they had appropriate skills and knowledge to meet the person's individual needs.
- The registered manager had systems in place to monitor which staff required refresher training and supervision. Staff told us they had enough training to enable them to carry out their roles.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences. One person told us how they had been supported to choose their own wallpaper and colour scheme for their bedroom.
- People had access to a large garden which they had been involved in planting.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed, and professional advice and support was obtained when needed.
- People were supported to maintain a healthy balanced diet and were supported to be involved in menu planning, shopping and meal preparation. People told us they enjoyed the food provided.
- People were protected from the risk of poor nutrition and dehydration and staff had knowledge of people's likes and dislikes.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies when people needed to access other services such as the hospital.
- Staff sought medical advice promptly when people were unwell and helped people to manage their healthcare appointments. People were encouraged and supported to attend appointments.
- The provider worked to make it easier for people to access healthcare services. There was an emergency hospital admission sheet which contained key information on people's health backgrounds and support needs. Where people were identified as requiring more support in hospital backgrounds, including people with learning disabilities, the provider had introduced hospital passports. This contained more detailed information on people's support needs and wishes to help hospital staff support people effectively.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests.
- Applications to deprive people of their liberty had been made and systems were in place to monitor these.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people were treated with kindness and people and their relatives were positive about the staff's caring attitude. Comments we received included, "Staff speak to them as an individual, always engage them in conversation. They are very kind and caring and understand my relatives needs really well."
- Staff demonstrated an in depth understanding of each person as individuals, describing in detail their personalities, qualities, attributes, how they communicated and expressed themselves, their strengths and the areas they required support in to promote their independence. They used this knowledge to foster good relationships and care for people in the way they liked. Staff showed genuine concern for people.
- People's equality, diversity and human rights were respected. The provider had a policy and procedure for promoting equality and diversity within the service. Staff completed training in equality and diversity and demonstrated an understanding of discrimination or prejudice-free support.

Supporting people to express their views and be involved in making decisions about their care

- Staff and people were involved in the care planning process. People's preferences and choices were clearly documented in their care records. People and their relatives were included in decisions about their care and were offered choices.
- The registered manager told us advocates were used by people to support them with decision making. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. People were directed to sources of advice and support or advocacy when this was required.
- Staff knew people's communication needs well and we saw people made decisions about how they spent their day. We observed staff respected people's wishes and their preferred routines. Staff and people had worked together to make collages of their favourite things, what they enjoyed doing and their individual interests.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure curtains and doors were closed before providing personal care.
- We observed how staff supported people with dignity and respect and provided compassionate support in an individualised way.
- People told us carers supported them to be independent. Support plans were in place for supporting people with independent living skills. These records described what people could do for themselves and what they required support with.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff provided person-centred care which met people's needs. Staff were knowledgeable about people's personal routines and care plans contained detailed information about people's care needs, personal histories and interests. Care plans recorded people's likes, dislikes and important information about how staff should meet people's needs.
- Care plans were detailed and regularly reviewed and updated with people to ensure they contained current information. Information from health and social care professionals was included in people's care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. This standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and information was provided to people in a way they understood in line with the Accessible Information Standards (AIS). Care plans contained detailed information about people's communication needs and staff were knowledgeable about this.

Supporting people to maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities they enjoyed, which helped people lead fulfilling lives. Activities were planned around people's interest and included community based social clubs, shopping, trips out, attending rugby matches, going out for lunch, cinema visits, theatre visits and visits with friends.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints should they need to and were confident they would be addressed. One person told us they would speak to the manager or their family if they had any concerns but were confident they could go to any of the staff, who would support them with any issues.
- The provider had a complaints policy and procedure and staff understood how to manage complaints and said they addressed them immediately if possible or passed concerns to management. A copy of the complaints policy was on display within the service.

End of life Care and Support

- Staff were trained in providing end of life care and were compassionate when providing support.
- Staff were knowledgeable about how and when to involve relevant healthcare professionals to ensure

appropriate care, medication and equipment was provided.

- Care plans documented people's end of life wishes including any religious beliefs and preferences. Staff knew where to find this information.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently well managed and well -led. Leaders and the culture they created promoted high-quality person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Records showed staff engaged with a range of health and social care professionals involved in people's care and treatment. Staff and the registered manager involved people and their relatives in discussions about their care.

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

- The registered manager notified agencies such as the local safeguarding team and the Care Quality Commission when incidents occurred which affected the safety and wellbeing of people who used the service.
- The provider and management team were aware of the need to admit when things went wrong, to attempt to put things right and to offer apologies. Staff performance was managed appropriately in line with the providers processes; this ensured standards were maintained in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- Staff told us they felt listened to and that the registered manager and higher management were approachable. They said they worked as a team to provide person centred care. Staff meetings were planned and well attended.
- There was a quality monitoring system which helped to identify shortfalls, so action could be taken. The registered manager completed a monthly management governance tool, which assessed a different area of the service each week, for example health and safety and care records.
- Accidents and incidents were recorded and analysed to enable lessons to be learned.

Working in partnership with others

- Meetings were held for people who used the service and for staff. Records showed people participated in the meetings and there was engagement in discussions.
- There were questionnaires for people, their friends and relatives and for staff. Following the results of surveys, 'You said, we did' information was posted on notice boards, which showed people's views were listened to.

- Staff within the service had built up good relationships with a range of health and social care professionals.

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

- Systems were in place to ensure the service was consistently monitored and quality was maintained. Regular checks ensured people were safe and happy with the service they received.
- The service was organised and well-run and the registered manager understood their legal responsibilities to ensure regulations were being met. Staff turnover was low, and staff told us they enjoyed working at the service and felt valued. The registered manager was accountable for their staff and understood the importance of their roles.
- The culture of the service was open, honest and caring. The manager acted promptly to address any concerns. One staff member told us, "The manager is always available, she has an open-door policy and she is approachable. She works in a 'hands on way' always rolling her sleeves up and working alongside us."