

Avocet Trust

Salthouse Road

Inspection report

199a-203a Salthouse Road
Hull
HU8 9HG

Tel: 01482329226

Website: www.avocettrust.co.uk

Date of inspection visit:
26 September 2019

Date of publication:
24 October 2019

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: 199a -203a Salthouse Road is a care home providing personal care for up to eight people who have a learning disability and/or autism. At the time of our inspection seven people lived at 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:

We received positive views from relatives about the support provided to people. We observed people and staff had developed good and caring relationships built on trust and mutual respect.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

People were safeguarded from harm by staff who had received the relevant training. Risks to people's safety were assessed and clear guidance was in place to explain to staff how to mitigate any known risk.

People were supported by staff who had been recruited following safe recruitment procedures. People received their medicine on time and were protected from the risk of infection. Accident and incident forms were completed, and lessons were learnt when things went wrong. People's care needs were assessed, and staff received training that enabled them to meet people's needs.

People were supported to maintain a balanced diet and had access to fluids and snacks. Where required, staff monitored people's weights and worked with healthcare professionals to make sure people received medical attention when required. Systems were in place to ensure information was shared when necessary. For example, when accessing health care.

The building was adapted to meet people's needs and people had access to outside space.

People were treated with kindness and supported to express their opinion wherever possible. The service was working with professionals who were providing specialist training in communication for the staff team to promote effective communication within the service. People's dignity was protected, and people were encouraged to maintain their independence.

People's care was personalised to their individual needs and people had access to activities they were known to enjoy. Staff used alternative means of communication such as photographs to assist people in the exchange of information. People were supported to maintain relationships and attend family events.

Relatives 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. A complaints procedure was in place.

No one was in receipt of end of life care however, staff had previous experience of supporting people with end of life care and working with healthcare professional to enable people to remain at home at this time.

Staff attended regular team meetings and updated families of up and coming events via a newsletter.

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 11 April 2017)

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Salthouse 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 Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

199a -203a Salthouse Road 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.

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. 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 the nominated individual, the head of services, the registered manager and four care workers. We spoke with a visiting healthcare profession, one person and two relatives of people using the service. We looked at three people's care records in full. We also looked at two people's medication administration records and a selection of documentation about the management and running of the

service. We looked at recruitment information for three members of staff, staff training records, policies and procedures and records of complaints. 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

We looked at training and staff supervision data.

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.

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.
- There were enough staff available to meet people's needs.
- Staff were recruited safely; appropriate checks were carried out to protect people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- 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.
- People were supported to take positive risks to aid their independence.
- 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.

Using medicines safely

- 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.

Preventing and controlling infection

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

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

- Some staff had not received regular supervision in line with the provider's policy. The provider told us this was due to changes in management over the last year and that the current registered manager had systems in place to ensure supervision was arranged and monitored in line with the provider's policy. Evidence of this was provided after the inspection.
- Staff felt supported by the registered manager and told us they could approach them at any time for advice or support.
- A staff induction and training programme was in place. Staff told us they could access additional training based on their skills or interests.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Assessments of people's needs were completed, and care and support was regularly reviewed.
- Care and support was planned, delivered and monitored in line with current best practice and evidence-based guidance.
- The service provided a homely environment which met the needs of people. People were involved in making decisions about their environment including wallpaper and paint colours.
- Adaptations had been made to meet people's needs, including bathroom adaptations and improving garden areas.

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

- People' nutritional needs were assessed, and professional advice and support was obtained when required.
- 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 if people needed to access other services such as hospitals.
- People had an annual health check and accessed regular medication reviews. Relatives told us that staff were quick to respond if people were unwell.
- Where hospital admissions were detrimental to people's well-being, staff worked with healthcare

professionals to ensure alternative healthcare could be provided for people at home.

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

- People were treated with kindness. Relatives views about staff were positive. One commented, "Staff are all very good, they go over and above all expectations."
- Where people were unable to express their needs and choices verbally, staff understood their way of communicating. Work was being undertaken with healthcare professionals to promote and develop communication and interactions further within the service.
- Staff had a good knowledge of people's personality, their likes and dislikes and what they could do for themselves. Staff showed a genuine concern for people.

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

- Staff supported people to make decisions about their care. They knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people, such as advocacy services and religious leaders.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect. Staff provided multiple examples where impact on people's dignity had been considered, for example, ensuring a female only workforce for one person.
- Staff understood the importance of maintaining people's privacy and dignity.
- People were supported to remain as independent as possible. Staff could describe how people were encouraged and supported to do things for themselves, including personal care.
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

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 ensure people have choice and control and to meet their needs and preferences

- People's needs and information on how best to meet their preferences were identified, met and reviewed.
- Staff were knowledgeable about people's individual needs and had a good understanding of their preferences and interests.
- Professionals told us, "(Name of registered manager) is great, she is doing a great job and she is straight onto the phone to us with any changes in people's health needs and takes our lead."

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

- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.
- People regularly engaged in the local community including shopping centres, hydrotherapy, and social clubs.
- Staff facilitated meeting friends and family in the community to maintain relationships. People were also encouraged to invite family and friends to visit them at home. All relatives and friends we spoke with told us they were made to feel welcome.

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. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and reasonable adjustments were made. Information was presented in a way people could understand. For example, the use of objects of reference.
- Communication plans supported staff to understand people's forms of communication.
- Posters were on display in picture symbol format to support communication with people.

Improving care quality in response to complaints or concerns

- There were systems in place to respond to any complaints.
- Relatives knew how to provide feedback about their experiences of the care being provided. One relative told us, "I have never had the need to make a complaint. I know I can go to any of the staff with anything and things would get sorted."

End of life care and support

- Staff knew how to respect people's religious beliefs and preferences at the end of life.
- Staff had been trained in end of life care.

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

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

- The culture of the service was open, honest and caring. The registered manager acted promptly to address any concerns.
- Systems were in place to ensure the service was consistently monitored and quality was maintained. Regular checks ensured people were safe and treated with respect.
- The service was organised and well-run and the registered manager understood their legal responsibilities to ensure regulations were being met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders. Relatives informed us they attended quarterly meetings at head office to discuss organisational matters and received regular newsletters.
- 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.
- 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.

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 management team were open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.

