

## Adult Placement Services Limited

# Avalon Teesside Services

### Inspection report

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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?	Outstanding ☆

# Summary of findings

## Overall summary

This comprehensive inspection took place on 11 and 13 July 2018 and was announced.

Avalon Teesside Services is a domiciliary care agency that provides personal care and support to people in their own homes and also in supported living and shared lives schemes. It provides a service to older and younger adults, people with a learning disability or autism, children aged between 13 and 18 and people living with a dementia.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

There were examples of exceptional practice and this is reflected in the outstanding rating in the well led section of the report. Staff had meaningful input into the way support was delivered and morale was high.

The service was led by a very strong management team who supported staff well. The registered manager felt well supported by the provider. The values set out in the service's mission statement were being put into action and ensuring people lived a full life was very much at the heart of service delivery. Links had been established with the local community and good relationships existed with external health and social care professionals.

The registered manager carried out a variety of audits and regular checks to ensure the service was delivered to a high standard. Staff and people who used the service were asked for their feedback and this was acted upon to make positive changes.

People were cared for safely by staff who understood safeguarding procedures and knew how to raise any concerns. Risks were assessed and plans put in place to minimise them. Accidents and incidents were recorded and monitored to reduce future risk. People received their medicines as prescribed.

Staff had access to a wide range of training to ensure they had the necessary skills and knowledge to support people effectively. People were supported to access healthcare and to have a healthy diet appropriate to their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were passionate about their work and promoted dignity and independence. People who used the

service and their relatives were happy with the support they received and told us staff were friendly.

Support plans contained very detailed information about people, their likes and dislikes and how best to meet their needs. People were engaged in a variety of activities and supported to access the community they lived in. There was a procedure in place to deal with concerns or complaints and records we saw showed this was followed appropriately.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good	<b>Good</b> ●
<b>Is the service well-led?</b> The service has improved to outstanding	<b>Outstanding</b> ☆

# Avalon Teesside Services

## 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 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 was a comprehensive inspection. We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

Inspection site visit activity started on 11 July and ended on 13 July 2018. It included two visits to the provider's office to speak with the registered manager and staff. We also reviewed care records and policies and procedures. We spoke with one person who came to the offices and also telephoned people and relatives after the site visit. The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also received feedback from two social care professionals.

During the inspection we spoke with two people who used the service and one relative. We looked at three care plans along with medicine administration records. We spoke with eight members of staff, including the registered manager. We looked at three staff files, including recruitment records. We also looked at quality

assurance records and completed audits.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

People told us they felt the service provided safe care. One person told us, "I think they keep me safe. They stay as long as I want them to and make sure I have my tablets." A relative told us, "I'm very happy with the way staff care for [family member]. They definitely keep them safe."

There were systems and processes in place to safeguard people from abuse. Staff had been trained in how to protect vulnerable people. They could describe what action they would take in the event of any concerns and were aware of the provider's whistleblowing procedure. One member of staff told us, "If I thought anything untoward was going on I'd go straight to my manager." The provider had also produced an easy read document to explain abuse to people using the service in an accessible way. It described abuse in simple terms and explained what to do if they or someone they knew was being abused.

People had individual risk assessments within their support files tailored to meet individual needs. An environmental risk assessment of people's homes was also undertaken to ensure the safety of people using the service and staff delivering support.

Some people who used the service displayed behaviour that was challenging. Staff had the necessary skills to manage this safely and a full record was kept of any interventions that had taken place. Accidents and Incidents were logged by support staff and reviewed by managers and there was evidence that lessons were learned from these incidents.

Safe recruitment procedures were followed and appropriate pre-employment checks undertaken. This included Disclosure and Barring Service (DBS) checks. The DBS carry out criminal record and barring checks on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people working with children and vulnerable adults.

The registered manager told us there were sufficient staff to meet all care packages at present. People were supported by small staff teams to ensure continuity. The provider was actively recruiting and their aim was to be 10% over staffed to cover sickness absence and annual leave.

We found appropriate arrangements continued to be in place for the safe administration and management of medicines. Staff had been appropriately trained to administer medicines and were observed to ensure they were competent in the role. Records were accurately maintained except for a small number of gaps. We gave feedback to the registered manager regarding the gaps on medicine administration records and they confirmed this would be monitored more closely. We saw evidence that staff were taking appropriate action when one person's use of medicines prescribed to be taken 'when required' had increased. Review appointments were made and medicines reviewed as a result. Appropriate guidance was in place for 'when

required' medicines. We found one person's guidance was overdue for review and this was addressed immediately with new guidance in place before the end of our inspection.



# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

Everyone who used the service had a full assessment of their needs carried out prior to the start of their care package and support plans were then created using the latest evidence based guidance.

An external social care professional told us, "[Avalon Teesside Services] have worked very well with a number of people I have placed with them. From large packages of care, such as 24/7 supported living with very complex individuals, to smaller packages such as support to access community services. Their staff are well trained and very professional in their work."

People who used the service received effective care and support from well-trained and well-supported staff. Training records showed that staff were up-to-date with mandatory training but over and above this had received specialist training to match the needs of the people they supported. All staff had non-abusive psychological and physical intervention (NAPPI) training. This was training to equip staff with skills to deal with situations in which people's behaviour may place them or others at risk of harm.

On top of the standard training offered, staff had access to the provider's training directory and could request any training from the courses available to enhance their skills and knowledge. New staff completed a comprehensive induction, including shadowing more experienced colleagues.

Staff spoke very highly about the training they received. Staff comments included, "The training is excellent. It is the best I've ever known. We outsource training for specialist areas so everything we need is covered. One person we support began to display new behaviour that staff hadn't had to deal with before and a trainer came out straight away to help", "I've never worked anywhere where so much training was available" and "If you want to do a course you can do it. You have access to the training directory and you can pick any courses you want."

Staff had regular supervision sessions. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff could also drop in to the office if they wished to discuss anything with office staff or managers. One member of staff told us, "Avalon are very good at supporting staff, you are not moved from manager to manager so you build a good relationship."

People were supported to maintain their health and wellbeing. Care records demonstrated people received input from a variety of health and social care professionals. People were also supported to have a healthy diet which met any special dietary requirements. All staff had food hygiene training so they could safely support people with meal preparation where this was required.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

Applications to deprive people of their liberty in domiciliary care services must be made to the court of protection. We checked and found the service was working within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were being met.

## Is the service caring?

### Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

People told us staff were kind and caring. One of the people who used the service told us, "I'm happy with the staff who come to help me. We get to know each other quite well and they are all very nice people. The friendliness is the best thing about it." A relative told us, "Staff all rally round if anything is wrong. I know they will do their very best to make sure [family member] has the right support. There are regular carers and they really are very good with [family member]."

Staff had received training on equality and diversity and this was something the registered manager was clearly passionate about promoting. It was a key topic discussed at all staff supervision meetings. People were supported equally whilst respecting any diverse needs. They were supported to access the community, attend social events and live fulfilled lives. Staff were encouraged to challenge any discrimination when supporting people in the community, for example reporting any places that were not accessible.

The registered manager told us, "None of our calls are less than an hour. You need to give people quality time not just basic support. We are very passionate about what we do and we won't put quantity over quality. There are set teams of staff who work with each person, continuity is a must for the people we support." One member of staff told us, "Continuity of staff is so important. That continuity means I know the people I support so well I can read their body language. Even if they can't communicate with me verbally I can tell when something is wrong and avert a situation before it becomes an issue."

Staff demonstrated an excellent knowledge of the people they supported and a real dedication to ensuring people received the best possible support. They also spoke very passionately about their work. One member of staff had won the Dementia Carer Award at the 2017 Great North-East care awards for their conscientious approach in understanding the person and their life story. They told us how important they felt connecting with the family was when providing good support to people with dementia. They said, "Avalon nominated me for the award but the family of a person I support did too and that is what really meant something."

Staff supported people's privacy and dignity and promoted independence. One person's records described how staff had worked very closely with one person to encourage their continence and this close support had enabled the person to progress to no longer require continence aids. The member of staff had used their knowledge of the person to devise a very person-centred method. They had provided encouragement and supported them patiently until the intervention was successful. The person was now able to use the toilet with minimal support and this had given them more dignity and independence, particularly when out in the community.

People were supported, to have access to advocacy services if required. An advocate is someone who supports a person so that their views are heard and their rights are upheld. Information was also available on self-advocacy and how to get support with this.

# Is the service responsive?

## Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

There was a great deal of very person-centred information included within support plans. This provided advice and guidance for staff on how to support people in a way that met their individual needs and preferences. Family members were invited to be involved in creating and reviewing support plans. Reviews were done annually, unless there was an identified need to this more regularly. We observed the reviews of one person with particularly complex needs took place on a three-monthly basis to ensure the most current information was available to staff.

Staff looked for alternative ways to communicate with people where necessary. For example, they use basic Makaton to speak with one person and another person had information provided in Braille or recorded onto compact disc. Every person who used the service was provided with an information pack which included the provider's mission statement and a guide to the service. Where necessary these were accessible documents using simple language and pictures to demonstrate meaning of the text.

An external health professional told us, "[Avalon Teesside Service] is a very forward thinking and proactive organisation. They have fully embraced the personalisation agenda and focused on positive outcomes for their customers. Avalon will pro-actively create opportunities for their customers to access social activities and voluntary work in the community and as well as looking for placements within their own organisation itself." One person worked as a cleaner in the service's offices. They were supported by a member of staff when they did this and this was paid employment. We saw them working during our inspection and they were very engaged in their role and welcomed as part of the office team.

People were supported to go on holiday with staff. One person's records stated whilst away they had been swimming, out for meals and enjoyed time relaxing. This was the second year they had been able to do this. Photographs showed them participating in activities and smiling. People also took part in various activities on a regular weekly basis. One person's support plan stated, 'I do various activities throughout the week and have a timetable on my kitchen wall. I have chosen all of my activities myself. My week is very structured as I thrive on routine.' It was clear that the activities were tailored to the individual and their preferences. Going to see a favourite band in concert for example.

A complaints policy was provided to every person who used the service in their information pack. It stated clearly what action people should take if they had a problem with the service they received. This was provided in an easy read format to those who required it.

We saw that complaints were logged, investigated and actioned in line with the provider's complaints policy. The complaints that had been received since our last inspection had all been addressed appropriately with outcomes fully recorded.

One person using the service told us, "There is always someone I can get in touch with if I have any concerns. The office staff are all very good. I had a little problem a few weeks ago but it was sorted."

## Is the service well-led?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service had improved and was now outstandingly well led.

There was a registered manager in place. 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 current manager had been registered since 26 October 2016.

We saw evidence throughout the inspection that the provider's vision was being made a reality by a team of dedicated staff and a strong management team. Supporting people to live the best life they could was very much at the heart of service delivery and staff were empowered to try new methods to achieve this. This was highlighted in the example of exceptional practice given earlier in the report where a member of staff successfully supported a person to improve their continence.

The management ethos had created a strong staff team with good morale and the confidence to think creatively when it came to the ways support was provided. The registered manager was very focussed on improvement and striving for excellence. They ensured staff had access to all the necessary training but went over and above this by enabling staff to access any further training they felt would improve their skills. The registered manager had also written a bespoke dementia training course for staff that focussed on the emotional impact on people living with dementia with an aim to make staff approach dementia care in a truly person-centred way.

Feedback we received from staff about the registered manager and leadership team was 100% positive. Comments included, "My line manager is really supportive and I can talk to them about anything. The managers are all approachable and supportive. [Registered manager] is lovely.", "The office staff and managers are very good. I really can't fault them." and "The manager has been very helpful and supportive with work and personal issues. I was nervous at first but they have built my confidence really well."

Staff told us they were encouraged to have input into the way support was delivered to people and to implement best practice. For example, staff were asked to suggest ways a person's bathroom could be made into a more appealing space as they were being encouraged to use the toilet rather than incontinence products.

The service had worked hard to develop links with the wider community for the benefit of the people they supported. The service manager who was responsible for the delivery of dementia support had built close links with the local dementia hub. The local library came into the office and ran a 'remember when' storytelling session for the people with dementia who used the service. People with dementia were invited in to the office to attend these sessions and this was also a way of reducing the risk of social isolation for people receiving support in their own homes. The service's dementia lead was very pro-active in the local

community. They had been involved in fundraising for an event at a local dementia hub and had recently done a dementia awareness sponsored walk. With the funds raised the previous year people had been taken to a pantomime and this year they hoped to take people on a trip in September.

Locality managers and service managers attended local provider forums, learning disability and mental health forums to share best practice and influence the quality of care and support offered to people in the area and also to adopt best practice shared by other providers at these groups.

The service had links to a local lesbian, gay, bisexual, transsexual (LGBT) group. One of the support managers regularly attend meetings of a specialist charity that provides support to people who identify as LGBT and feeds back to other managers and staff so they have information on specialised support, advocacy and training in this area should it be needed.

People using the service had a voice in the organisation. There was a group called Avalink. Who met every three months. A representative from each of the provider's services was invited to be on the committee. Through this group people become involved in choosing and assessing new support staff, help run training courses, change policies and procedures that affect them, talk to people about equality and celebrating difference. Minutes from Avalink committee meetings were available to anyone who used the service and everyone was welcome to be involved.

Feedback we received indicated there were very good relationships with external professionals. One social worker told us, "They have excellent communication with social care. They will advise us of any issues and seek guidance when safeguarding concerns arise. They allow their staff to use their own cars which is not always an option with other providers and will take service users away on holiday and short breaks. They are willing to try new things and are not excessively risk averse like some providers. In sum, I would recommend Avalon highly and see them as a beacon of good practice."

To ensure standards remained high the registered manager and management team carried out a variety of audits and checks on all aspects of support delivery and record keeping. Action plans were completed to ensure that any areas identified as in need of improvement were addressed.

The registered manager told us they felt well supported by the provider. Operations directors visited the service to undertake audits and an annual quality assurance report was also completed by the provider's policy and projects officer.

The registered manager told us that they were working hard to meet the complex needs of the people they support and to do this well. They told us, "Since I started in this role I have seen the team begin to work much better together. We have a no blame culture, if mistakes are made we learn from them. We are much better at recording things than we were. We now need to get better at celebrating achievements and logging all of the compliments we receive."

Staff meetings were used as a forum to praise staff and give positive feedback. We saw in minutes from a recent meeting the registered manager had told staff, 'We do a lot of good work which often goes unnoticed. [Person's name] was supported to have a bath for the first time in 18 months and their parents were delighted.' We also saw records of smaller meetings for each team delivering a particular care package and staff we spoke with all felt very well supported and listened to. One member of staff told us, "I find the staff meetings really useful. If anyone has any issues they can bring them up. It's really good to have everyone's opinion. Staff morale is really good."

Customer and staff surveys were done on an annual basis. We saw copies of the 2018 surveys and the 2017

action plans. This was done at provider level but the responses were broken down to show the results specific for the Teesside location. Findings from the surveys were also on display in the office in the form of a 'you said, we did' poster. Work life balance was felt to be an issue amongst 16% of staff in the 2017 survey. There was an action recorded against this issue to state that more staff would be recruited and meetings and supervision would continue to discuss workload. This was evidence that feedback was acted upon and used to develop and improve the service.