

## Avalon Group (Social Care)

# Scarborough 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service:

Scarborough Service provides support to people living in supported living settings, the community and shared lives placements. The service primarily provides support to people with a learning disability and autistic people. At the time of our inspection there were 33 people using the service who were in receipt of support with personal care.

### People's experience of the service and what we found:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff communicated with people in ways that met their needs. Staff supported people to lead full lives and be as independent as possible. People received safe support with their medicines. Infection prevention and control practices reflected current guidance.

### Right Care

People received kind and compassionate care. Staff respected people's privacy and dignity and responded to people's individual needs. Staff understood how to protect people from poor care and abuse; they had training on how to recognise and report abuse and they knew how to apply it. The service had enough staff to meet people's needs and keep them safe. The service worked with other agencies and supported people to receive the healthcare they needed. People's support plans reflected their needs and preferences.

### Right culture

People were supported by staff who understood best practice in relation to working with people with a learning disability and/or autistic people. This meant people received care that was tailored to their needs. There had though been several management changes since our last inspection, and this had impacted on aspects of consistency and staff morale. There was no registered manager, which is a condition of the provider's registration. The provider was in the process of recruiting a new manager at the time of the inspection, and interim management arrangements were in place in the meantime. Quality Assurance processes were in place but needed to be used more effectively. We have made a recommendation about quality assurance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for the service at the previous premises was Good, published on 10 August 2018.

The service moved offices and was registered as a new location on 29 April 2022.

Why we inspected:

This inspection was prompted by a review of the information we held about this service and the length of time since the last inspection.

## 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Scarborough services

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of an adult social care inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service also offers support to people living in 'shared lives' arrangements. They recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. There were interim management arrangements in place, pending the provider appointing and registering a new manager.

### Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who works with the service. We used all this information to plan our inspection.

### During the inspection

We visited the office, 4 of the supported living settings and 1 person living with a shared lives carer. We spoke with 6 people who used the service and 6 care staff who provide care within the supported living settings (some over the telephone). We also spoke with 3 shared lives carers. We spoke with 4 relatives about their experience of the care provided and received feedback via email from professionals who have contact with the service. We made observations of the care provided and looked at documentation and medicines within the home.

At the office we spoke with the director of operations, a regional director and locality manager who were overseeing the service in the absence of a registered manager, a service manager who was providing additional interim management support to the service, a senior service manager and 2 service managers (who each have responsibility for managing a small number of support packages), and 2 administrators.

We looked at records related to people's care and the management of the service. We viewed 4 people's support plans, daily notes and medicine records, 2 staff recruitment files, training and supervision information, and a range of records used to monitor the quality and safety of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Care staff and shared lives carers received safeguarding training and records showed that safeguarding processes had been appropriately followed when issues had arisen.
- Staff were aware of potential signs of abuse and were confident about how to raise any concerns they may have.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk assessments were reviewed and updated when changes occurred.
- Positive behaviour support plans outlined how staff should support people when they were showing signs of distress. The provider had a specialist in this area who completed audits of these records and helped assess any additional training required. We discussed with the provider that one person's support plan needed greater clarity about physical intervention training requirements for staff, and they agreed to address this straightaway.
- People told us they felt safe and relatives commented, 'I feel [carer] keeps them safe' and 'I've never once felt that [person] wasn't safe.'

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- The provider told us there had been staffing challenges since the last inspection, but new staff had been recruited, and there were currently sufficient staff to provide the care people needed. Agency staff were occasionally used to cover any gaps in the rota, and staff told us the consistency of staffing had started to improve more recently.

Using medicines safely

- Medicines systems and processes were in place to ensure people received their medicines safely and at the right time. Staff were trained to administer medicines and if specialised medicines were to be administered staff underwent additional training and competency assessments.
- Documentation to support staff in the safe administration of medicines was person centred and risk assessments were in place for most items.
- People received regular medicines reviews in line with guidance.
- Medicines audits were completed frequently, and these were reviewed by managers for assurance. If medicines errors occurred, these were reviewed, and learning was shared.

### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff completed infection prevention and control training and told us there were sufficient supplies of personal protective equipment available for use when needed.
- In the supported living properties there were rotas to ensure regular cleaning was completed, and people were supported to be involved in this.

### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Accident and incident records were completed, and these were reviewed by management to identify any actions required or lessons to be learned.
- Where required, support plans were updated following incidents to help reduce the risk of further occurrences.



# 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care and support was delivered in line with current standards to achieve effective outcomes.
- The provider referred to best practice guidance, including guidance and training in supporting people with learning disabilities and autistic people.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff received an induction, training and supervision to support them in their role.
- Although staff received an induction and completed the Care Certificate (which is an expectation for all staff new to care), we found not all staff finished this within the timeframe expected. There were also some shared lives carers who were overdue aspects of their training. The provider was aware of this and told us they were acting to address this.
- Staff we spoke with were satisfied with the training they received, and relatives felt care staff and shared lives carers knew people's needs well.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People were involved in planning and preparing meals, where this was part of their support plans.
- There were records of what people had eaten, to ensure staff were able to monitor people had a varied diet, in line with their preference and needs.
- People and relatives were happy with support in this area.

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

- The provider worked with other organisations to deliver effective care and support. People were supported to live healthier lives and access healthcare services.
- People accessed specialist support where this was required. For instance, neurology and learning disability services. They also attended routine appointments, such as dentists and opticians.
- People had health action plans and an annual health check.
- The provider also worked with other agencies and professionals to meet people's needs, such as social workers and advocates. Feedback from external professionals about the care provided was positive.

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

- The provider was working in line with the Mental Capacity Act.
- Care staff and shared lives carers received MCA training and we observed staff offered people choices and sought their consent when giving assistance.
- People had signed consent to their support plan, where they were able to do so.
- Where people lacked capacity to consent to their care, the provider worked with the local authority and other relevant parties to ensure any restrictions were authorised in line with legal requirements. Records of decisions made in people's best interests were retained.

# 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well supported. They were treated with kindness and respect.
- Staff spoke about people respectfully, and we observed positive and warm interactions between people and care staff/shared lives carers.
- People, relatives and external professionals praised the care staff and shared lives carers. People who used the service described them as "Nice" and "Kind." One person told us how much they liked their shared lives carer and said, "I wouldn't live anywhere else!"
- Comments from relatives included, "[Name of carer] is very caring, very family oriented" and "[Carer] is brilliant. She's changed my [relative]'s life. She's fantastic."
- An external professional told us how a shared lives carer always demonstrated, "The highest standard of care, kindness and compassion" and improved the person's quality of life.
- Care staff and shared lives carers completed equality and diversity training. Information about people's needs in relation to any protected characteristics, such as ethnicity and disability, was included in people's support plans.

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

- People were supported to express their views and make decisions about their care.
- People were involved in review meetings to discuss their care.
- The provider conducted satisfaction surveys and were in the process of gathering this year's survey responses at the time of our inspection. There was also a provider committee, called Avalink, which some people engaged in.
- Some people had advocates to support them in expressing their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Care staff were able to describe how they promoted people's dignity when providing support with personal care and hygiene tasks.
- Support plans contained information about how to promote people's independence and what tasks people were able to do independently.
- We observed a care staff member demonstrating very good skills in promoting someone's independence and skills.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- Support plans contained detailed information about people's needs and wishes, to guide care staff/shared lives carers on how to support them. These plans were reviewed and updated when people's needs changed.
- People, relatives and external professionals told us care staff and shared lives carers knew people well and responded to their needs and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were understood and supported.
- Support plans contained information about people's communication needs, and care staff and shared lives carers responded to these needs.

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

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- People told us about activities they enjoyed and did regularly, such as going out for lunch, working in a café, films and baking.
- Care staff also gave examples of how they encouraged people to lead full lives. One told us about a weekly walking group they had set up, to give people the opportunity to exercise and socialise with others. This group had developed over time and people met to do different activities.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- There was a complaints policy in place, and records showed that where complaints were raised, they were investigated and a response was given to the complainant.

#### End of life care and support

- Systems were in place to ensure people would be supported to have a comfortable, dignified and pain free death, should they need support from the provider with end of life care.
- There was an end of life care policy in place and the service had good connections with health partners.
- Nobody required support with end of life care at the time of our inspection.

# 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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The location did not have a registered manager, which is a condition of their registration. The provider was in the process of recruiting a new manager at the time of our inspection. There were interim management arrangements in place in the meantime, which included additional support from other managers in the region.
- There had been several management changes since our last inspection, and this had impacted on aspects of consistency and staff morale.
- The provider was aware of regulatory requirements, and usually submitted all information required by CQC as required. However, one incident was not notified to CQC in a timely way. This was submitted retrospectively. Improvement was required to the provider's systems to ensure no other notifications were inadvertently missed or delayed.

Continuous learning and improving care

- The provider had not consistently maximised opportunities to improve the service.
- There was a quality assurance system in place, but it was not always clear from records what action was taken in response to issues identified.
- Where recommendations were identified in audits, we identified some actions that were not followed up in a timely way.
- The provider had recognised aspects of the service needed improvement and had provided additional management resources to support in addressing this.

We recommend the provider review best practice in relation to quality assurance and take action to monitor and more clearly evidence how they use their quality assurance process to drive improvement.

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

- People and staff were engaged in the running of the service, and asked their views in surveys and team meetings.
- However, the provider told us, and staff survey feedback confirmed, there had been times where some staff had not felt listened to or treated consistently. The provider explained the actions they had taken to address this, and work was on-going to ensure all staff felt fully valued. The feedback did not indicate these concerns

had had an impact on the care provided.

- Care staff understood the values of the organisation and were person-centred in their approach. Care staff we spoke with felt there was good team work. They told us they enjoyed their work and were well-supported. However, some shared lives carers felt communication from the organisation could be improved.

Working in partnership with others

- The provider worked in partnership with others.
- We received mainly positive feedback from external professionals, especially about the care provided by the service, but one indicated some improvements were required regarding communication from management and support of shared lives carers.
- The provider had worked to improve the consistency of support and supervision to shared lives carers over recent months.

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 provider understood their responsibilities under the duty of candour.
- Where mistakes occurred, relevant parties were given an explanation and apology.