Avocet Trust

Avocet Trust - 281-287 St George's Road

Inspection report

281-287 St George's Road
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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**

Overall summary

281-287 St Georges Road consists of four separate bungalows that are registered to provide care for up to a maximum of twelve people with a learning disability. They are all part of the Avocet Trust organisation, which is a registered charity.

The service had a registered manager in post. 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.

This inspection took place on 29 September 2015 and was unannounced. The previous inspection of the service took place on 12 September 2013 and was found to be compliant with all of the regulations that were inspected.

Summary of findings

The Care Quality Commission [CQC] monitors the operation and implementation of the Deprivation of Liberty Safeguards [DoLS]. The registered manager had followed the correct process to submit applications to the local authority for a DoLS where it was identified this was required to keep people safe. At the time of the inspection there were no DoLS authorisations in place and the service was waiting for assessments and approval of the applications that had been submitted.

The people who lived at the service had complex needs which meant they could not tell us their experiences. We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experiences of people who were unable to talk with us.

We saw staff engaging with the people who used the service in a kind and considerate way. The staff knew people's preferences for how care and treatment was to be provided and had developed a clear understanding of how to meet people's assessed needs.

Staff had undertaken a range of training pertinent to their role and were supported during one to one meetings and annual appraisals with the manager. They told us they had completed a nationally recognised qualification in care and were encouraged to continually develop their skills and knowledge.

Staff were deployed in sufficient numbers to meet the needs of the people who used the service. We saw that before prospective staff were offered a role within the service checks were carried out to ensure they were suitable to work with vulnerable people.

A quality monitoring system was in place that consisted of audits, checks, monthly assessments and stakeholder surveys. We saw that when shortfalls were noted; action was taken to improve the service as required. However, the system required further development to ensure all aspects of care delivery were assessed. The audits and monthly assessments had failed to ensure infection control practices were reviewed which led to shortfalls not being highlighted.

We undertook a tour of every bungalow and found them to clean, tidy and free from odours. A bathroom in one of the bungalows had open shelving which meant towels and other linen were not stored appropriately and increased the risk cross infection and the spreading of infections through the home. The bath lowering table was not clean after being serviced, we mentioned this to the manager who ensured it was cleaned thoroughly.

People who used the service had their health and social care needs assessed periodically. The assessments were used to develop support plans which stated how staff should provide care and support using the least restrictive interventions. Throughout the inspection we observed staff treating people with dignity and respect.

People were supported to maintain a healthy balanced diet. Food was provided to meet people's needs for example cut into small pieces or blended to reduce the risk of choking. When required, relevant professionals had been contacted for their support and guidance in this area.

Medicines were ordered, stored, administered or disposed of safely. Personalised support plans had been developed to ensure people received the medicines in line with their preferences and needs.

Summary of findings

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. People were protected from the risk of harm and abuse. Staff had completed training in relation to the safeguarding of vulnerable adults and understood their responsibility to raise concerns if they suspected abuse had occurred.

People received their medicines as prescribed. Suitable arrangements were in place to ensure the safe ordering storage and administration of medicines.

Staff were recruited safely. There were sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective. Staff had the skills to communicate with people effectively and received on-going training, support and guidance.

Staff gained people's consent before care and treatment was provided. When people were deemed to lack capacity to make certain decisions, best interest meetings were held.

People accessed a range of health professionals to ensure their day to day health needs were met. People's nutritional needs were met.

Is the service caring?

Good

The service was caring. We observed positive interactions between the staff and the people who used the service. People were treated in a kind and caring manner and were encouraged to be independent when possible.

We saw people's privacy and dignity was supported. Staff understood people's needs and how these should be met.

Is the service responsive?

Good

The service was responsive. People received care which was tailored to meet their needs and was person centred.

People were encouraged and supported to maintain relationships with important people in their lives.

The registered provider had a complaints policy in place; documentation on how to complain was available in an easy read format. This helped to ensure the documents were more accessible to people who used the service.

Is the service well-led?

Requires improvement

The service was not always well led. A quality monitoring system was in place but required improvement to ensure it covered infection control monitoring and highlighted when action was required.

Summary of findings

The registered manager was a visible presence in the service. Staff and relatives we spoke with told us the manager was approachable.

The registered manager held meetings with staff, people who used the service, their relatives and representatives to gain their views about the level of service provided.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced; it took place on 10 and 11 September 2015. The inspection was led by an adult social care inspector who was accompanied by 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.

The local authority safeguarding and commissioning teams were contacted as part of the inspection, to ascertain their views on the service and if they had any on-going concerns. We also looked at the information we hold about the registered provider.

During the inspection we observed how staff interacted with people who used the service, we used the Short Observational Framework for Inspection [SOFI] and to evaluate the level of care and support people received. We spoke with two people's relatives. We also spoke with the registered manager, two team leaders and four support workers.

We looked at four people's support plans, risk assessments and their Medication Administration Records [MARs]. We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards [DoLS] to ensure that when people were deprived of their liberty or assessed as lacking capacity to make informed decisions, actions were taken in line with the legislation.

We reviewed a selection of documentation relating to the management and running of the service; including quality assurance audits, policies and procedures, the training matrix, staff rotas, minutes of meetings with staff, people who used the service and their relatives or representatives, maintenance records and recruitment information for three members of staff.

Good

Is the service safe?

Our findings

We asked a relative of one person who used the service and a [MENCAP a learning disability charity] befriender who supported another person if they thought the service was safe. Their comments included, "Yes he is safe, he has been there a long time" and "Safe? Yes definitely."

We were also told, "There is enough staff from a safety point of view."

We saw evidence to confirm that accidents and incidents that occurred within the service were investigated to ensure lessons could be learnt which helped to prevent future re-occurrence. The registered manager told us, "I review every incident and personally make sure the head of services [The registered provider's nominated individual] sees them so she can let me know if she wants me to take any further action." This helped to ensure people who used the service were protected from avoidable harm. The registered manager also explained that due to a recent safeguarding incident they now checked daily notes to ensure staff had responded appropriately to any potential incidents or episodes of poor care.

Staff told us they had completed training in relation to the protection of vulnerable adults. During discussions staff were able to describe what signs they would look for that may indicate abuse had occurred and what action they would take if they suspected it had. One member of staff said, "I would tell the manager immediately if I thought anyone was being abused or was in any danger." Another member of staff told us, "I would report anything I saw, I would blow the whistle straight away. I know were the policy is and the number to ring if I have any concerns." We saw that the registered provider's whistle blower procedure was displayed in each bungalow so that it was accessible to staff at all times.

During the inspection we completed a tour of each bungalow. We noted them to be clean tidy and free from unpleasant odours. However, one bathroom was dated and had areas where the paint was flaking which meant they could not be cleaned effectively. A bath board used to lower people into the bath was coated in a lubricating substance. We mentioned this to the registered manager who explained it had recently been serviced. They told us they would request it was cleaned by staff immediately which we observed taking place. Towels and gloves were stacked on open shelves in the bathroom which meant they were exposed to air borne particles when people used the toilet; this increased the risk of cross infection. The registered manager contacted the registered provider's handyman during our inspection to request cupboards were installed to rectify this issue.

The registered manager told us specific plans were in place to respond to a number of foreseeable emergency situations. We saw that a 'disaster plan' was in place that provided guidance for staff in regarding what action to take in the event of a fire, flood or loss of services such as water or electricity. We saw that 'on call' arrangements were in place so that a registered manager was contactable 24 hours a day.

Staff were deployed in sufficient numbers to meet the assessed needs of the people who used the service. One member of staff told us, "The staffing levels are different in every bungalow; people get to go out and do activities when they want so we don't have any problems from that perspective." The registered manager explained, "We have one waking night staff in each bungalow so there is always someone around and staff can call on each other if they need help." The staffing rotas we saw confirmed this.

We saw evidence that staff were recruited safely following the registered provider's recruitment policy. Potential staff were interviewed and only offered a position after suitable references and a disclosure and barring service [DBS] check were returned. A newly recruited member of staff confirmed they had not commenced working within the service until the checks were completed. The registered manager told us, "When we get new staff the managers meet them and we make sure they will be suitable to work in the service. Avocet has some very active clients and some who do less so it's important to match new staff with the right clients."

Medicines were stored, ordered and administered safely. Medication administration records [MARs] were used within the service to enable staff ensure people received the medicines as prescribed. A member of staff told us, "We are very careful when we give people their medicine, one person gets it ready and another person checks what they are going to give before they give. That way we minimise any errors."

During the inspection we observed three medication rounds. Staff showed patience and explained what each

Good

Is the service safe?

medicine was for before they offered them to the people who used the service. Medication support plans were in place that included guidance for staff about each person's preferred method of administration; for example, 'I like to take my tablets with a glass of water' or 'I take my tablets on a spoon with some yoghurt'. This helped to ensure people received their medicines in their preferred way.

Good

Is the service effective?

Our findings

A relative we spoke with said they thought that staff were well trained and effective in their roles. We were told, "The staff know what they are doing, they have looked after [Name] for years now and do a good job."

Staff completed an induction process before they commenced working within the service. We saw evidence to confirm staff were supported during periodical team meetings and one to one's with their line manager. A member of staff told us, "I have just finished my induction, It lasted two weeks, I did all my mandatory training, learnt about the company, their standards and philosophies and I spent time shadowing other staff so I could ask questions and meet the clients."

People who used the service had their assessed needs met by staff who had the skills and knowledge to carry out their roles effectively. Staff had completed a range training pertinent to their role including, The Mental Act 2005 [MCA], Deprivation of Liberty Safeguards [DoLS], moving and handling, behaviours that challenge the service, equality and diversity, infection prevention and control, fire safety and autism. The registered manager explained that the registered provider had a dedicated training department who informed staff when their training required updating and booked staff onto available courses. A member of staff told us, "We do mandatory training but if we have an interest in something we get supported, I am the train the trainer for physical intervention training. I told the manager I was interested and I went on a five day training course and now I train new staff about it."

Staff understood how to gain consent from people who used the service. We observed staff gaining people's consent before care and treatment was provided. During discussions staff told us how they would gain consent, comments included, "We support people who are non-verbal so I always explain what I want to do and judge their reaction; if they reactive positively I do it and if they don't I don't", "I ask people if I can do something and always explain what I am doing as I do it, if they don't want to do something it's obvious" and "We get consent by asking. We have best interest meetings if we need to." The registered manager told us, "If we don't think someone has the capacity to make a certain decision we do a capacity assessment and hold a best interest meeting." We saw evidence to confirm best interest meetings had taken place for such things as having medical interventions, going on holidays, purchasing certain items and sharing clinical or medical notes with relevant professionals.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and aware of the recent changes in legislation. They acted within the code of practice for the Mental Capacity Act 2005 [MCA] and DoLS in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. The registered manager had applied to have DoLS authorised by the supervisory body and at the time of the inspection was awaiting their response. The DoLS had been applied for to ensure people received the care and treatment they needed in the least restrictive way.

Communication passports had been developed to enable staff to understand the different forms of communication used by the people who used the service. The passports included information about how people expressed themselves including how they showed they liked or disliked something, if they were happy, sad, frustrated, angry or in pain. A member of staff we spoke with told us, "People communicate in lots of ways. I know what people want by looking at their facial expressions, actions and body language." The registered manager said, "The staff know people's communication methods and understand what they want." We observed episodes of care during the inspection when staff demonstrated their abilities to understand people's non-verbal communication and respond to their needs effectively.

People were supported to eat a healthy and balanced diet. We saw fresh fruit and vegetables were available during the inspection and people were provided with freshly prepared meals. Staff told us that they had developed an understanding of people's preferences over time and knew people's likes and dislikes. One member of staff explained, "It's easy for me because [Name of person who used the service] can just say what he wants, I have to encourage healthy options but that's normal."

We saw that people's meals were prepared appropriately; hot food was checked to ensure it was cooked thoroughly

Good

Is the service effective?

and people had their specific dietary requirements such as high calorie meals or food prepared to a particular texture adhered to. Records of people's food and fluid intake were recorded to ensure people consumed adequate amounts to meet their needs.

We found evidence in people's care plans that relevant professionals such as dieticians, speech and language therapists [SaLT] GPs, dentists, community nurses, chiropodists, epilepsy specialists, physiotherapists and opticians were contacted for their advice and guidance as required. The registered manager told us, "We have regular meetings with professionals and incorporate the information they provide into people's support plans." This helped to ensure people's care and treatment reflected current guidance and staff understood how to meet people's needs effectively.

Good

Is the service caring?

Our findings

A relative we spoke with told us they thought their family member's needs were met by caring staff. They told us, "Staff are always very caring and the organisation does seem to care." We were also told, "The staff have always make us feel welcome; I think they do really well for my [Name]."

We observed staff treating people with kindness and compassion during their interactions. Staff were considerate in their approach and took the time to ensure people were comfortable before providing and care or support. We saw that staff maintained eye contact with people when they were speaking to them. One member of staff said, "When I am speaking to someone I always make sure they can see me or they know I am with them, shouting from another room isn't right and can be confusing for some people."

Staff treated people respectfully and maintained their dignity. We saw staff knocking on people's doors before entering and heard them discreetly asking if people required support with personal care. During discussions staff told us they showed people respect in a number of ways; comments included, "I treat everyone here how I would want to be treated; I am polite, I give them time to understand what I have said or asked", "I cover people over when I am providing personal care and close the door so no one can see", "I try and make sure they [the people who used the service] always look nice, their hair is combed and their clothes are clean" and "I see the clients [the people who used the service] more thanI see my family, we are one big family here and I treat them how I treat my family."

Throughout the inspection we heard staff offering people choices, gauging their reactions and giving explanations to people in a way they could understand. A member of staff told us, "You have to help wherever you can, [Name] can make some choices but I can't just ask what do you want to do? I have to say would you like to do this or this." Another member or staff said, "I ask [Name] if they want to use the sensory room, sometimes you can see they want to and other times when I try and help them into the hoist they will refuse I know they would prefer to stay where they are."

The registered manager told us there were no restrictions on visiting times, they said, "Families can visit anytime they want, we don't dictate when people can see their relatives." Relatives we spoke with confirmed this.

Staff were aware of people's preferences and life histories. A member of staff we spoke with told us, "I know lots about the clients, what they like what they don't like. [Name] is very tactile, she likes to be close to you and will hold your hand when she is comfortable with you. It's a good way to calm her down if she is worried. Another member of staff said, "There is lots of information in the care plans about people's lives before they moved here but you learn things every day; [Name] loves to hold things, some days she likes soft toys others a remote control and if you offer her the wrong thing she won't take it, we have all learnt you just offer different things until she has got what she wants."

Staff took action to ensure people's daily needs were met. During the inspection two people were taken outside to spend time in the garden; sun cream was applied to their faces to ensure they did not burn and blankets were placed on people legs. These actions provided evidence that staff cared for the people they supported and had a real interest in the personal well-being. A member of staff said, "We have to think of everything. The sun is shining so we put cream on but they might get cold just sat in the wheelchair so we use blankets." People appeared to enjoy the time spent in the garden. A senior member of staff commented, "[Name] loves to be in the garden, they like the sun and the wind, we spend time out there whenever the weather is good."

We observed two members of staff supporting one person to transfer with the use of a hoist. Throughout the episode of care staff used calm voices, gave encouragement and praised the person. The person responded well to the staff and the transfer was done in a caring and efficient way.

Good

Is the service responsive?

Our findings

A relative we spoke with confirmed they were aware of the registered provider's complaints policy. They told us, "I know how to make a complaint but have never had to; any queries or problems I feel listened to and stuff does get sorted out by the staff." A befriender said, "I visit a person who lives at St Georges, I have never needed to complain; I would report my concerns if I did."

People who used the service or people acting on their behalf were involved in decisions about care and treatment and the formulation of care plans. The registered manager explained, "We try and involve people in their care reviews and when we update care plans but due to their needs it is difficult. We always invite people's families, befrienders or [independent mental capacity advocates] IMCAs to support any decision making" Befrienders take on a similar role to IMCAs who provide representation and support for vulnerable people who lack capacity to make decisions about aspects of their life and do not have the support of a family member or an appointed person. We saw evidence to confirm reviews of people's care and treatment were completed on a six monthly basis by the service. The registered manager said, "We are continually assessing people's needs so if they deteriorate we adapt the support being provided.

Each person who used the service had a number of individualised support plans in place designed to meet their assessed needs including; personal care, night routine, behaviours that may challenge the service and others, wheelchair use, moving and handling, pressure care, bowel management, using the sensory room, using the mini bus and epilepsy. Risk assessments were in place that had been developed to be read in conjunction with each support plan and contained guidance for staff to minimise the risk to the person who used the service and staff.

People who used the service were encouraged to follow their personal interests and hobbies. The registered manager told us, "[Name] goes to Neatmarsh [A farm owned by the registered provider] all the time, he loves it there." We spoke with the person after they returned from the farm; they told us they had, "Been at Neatmarsh" and "Seen the pigs and horses." The registered manager informed us, "[Name] has a garden patch at the farm; he waters his plants and has grown some vegetables." Daily diary notes provided evidence that people who used the service attended an art and education service, a community centre and a local sensory room.

People were encouraged to maintain contact with important people in their lives. A senior member of staff showed us e-mails that had been sent to the family of one person who uses the service. They told us, "They live in another country so it's a good way for them [the family members] to keep in touch and get to know what is going on." We saw that the person's family were updated on the person's wellbeing and daily activities as well as being asked opinions or certain aspects of their care. The registered manger informed us that due to the age of some people's families visiting the home had become difficult; to ensure people who used the service maintained regular contact with their family staff supported people to visit their relatives at their homes.

Reasonable adaptations had been made to enable people who used the service to maintain their independence and receive the support they required. For example, specialist bath hoists and lowering tables were is use, changing/ dressing tables, walk in showers and grab rails. A sensory room had been constructed which had padded floor mats, textured items, calming music and specialist lighting. During the inspection we noted people spending time in the sensory room. A member of staff told us, "[Name] loves it; he is in there practically every day."

The registered provider had a complaints policy in place that included details of who to complain to, acknowledgment times and how to escalate the complaint if an unsatisfactory outcome had been reached. The policy was available in an easy read format which helped to make it more accessible for the people who used the service.

The registered manager confirmed that the last complaint received by the service was fully investigated in line with the registered provider's policy. We saw evidence to confirm that when complaints and compliments were received they were used, whenever possible to develop the level of service provided.

Requires improvement

Is the service well-led?

Our findings

People who used the service knew the registered manager and approached them on several occasions during the inspection. The registered manager spoke to people about their daily activities and healthcare appointments.

Staff spoke positively about the registered manager and told us they felt supported in their role. Comments included, "The manager is great, I can discuss anything with her", "She is really approachable", "She is really nice, she always listens" and "I worked with the manager for a long time, we have a good relationship, I wouldn't work for anyone else."

A member of staff commented on the managers approach to ensuring improvements occurred when required. They said, "She lets us know if something has gone wrong, what we need to do to fix it and ensure it doesn't happen again."

A quality assurance system was in place at the service that consisted of monthly audits and management team meetings. The registered manager told us, "My service is audited by managers from other [Avocet Trust] services" and "Any issues or concerns I have I can discuss with my manager at the weekly meetings." We saw that the auditing process failed to highlight and ensure action was taken with regards to the infection control issues in one of the service's bathrooms. This was mentioned to the registered manager to ensure the effectiveness of the quality assurance system was improved.

The registered manager informed us that the registered provider's quality assurance system was currently being reviewed and additions were being made to the audit schedule. We saw that some improvements had been made after advice was provided by the local authority safeguarding team. Diary notes were checked by the registered manager at the end of every day to ensure they were aware of any incidents that had occurred during the day to day running of the service. This provided assurance that action would be taken as required.

We recommend that the service seeks guidance from a reputable source in relation to development of a robust and effective quality monitoring systems.

We saw evidence to confirm that people who used the service and staff were involved in developing the service when possible. Team meetings were held regularly and used as an opportunity to discuss, ways of working, best practice and future activities. A member of staff told us, "The team meetings are good, everyone chips in and we look at what is working well, what we could do better and plans for the future." Another member of staff said, "I find the meetings really useful, I am quite new so I get to ask lots of questions and understand how other staff approach certain situations, which is helpful."

Relatives and appointed people were asked for their views and they were acted upon. We saw evidence that family meetings took place regularly which ensured opportunities to comment on the level of service were heard. The registered manager told us, "We used to invite everyone to the meetings but now we hold individual meetings for each family who want to attend. It means we can discuss anything and not have to worry about confidentiality."

The registered provider had a clear vision and set of values which were displayed prominently in the home and on various documents. It stated 'Avocet provides lifetime support to vulnerable people to enable them to live fulfilled and valued lives through making personal choices.'

The registered manager was aware of the responsibilities to report notifiable incidents to the Commission. Notifications of accidents, incidents that occurred within the service were reported as required. However, we found evidence that the Commission had not been informed of a notifiable event that affected the day to day running of the service. We discussed this with the registered manager who confirmed future events would be reported without delay.

The registered manager was aware of the key challenges to the service. They described how changes to legislation in relation to the deprivation of liberty safeguards, the Care Act and subsequent changes to regulations had affected the running of the service. They also informed us that due to an incident that had occurred earlier in the year staff morale was low; they told us of the actions they had taken to rectify this such as team building exercises and summer events. This helped to ensure people were supported by a motivated staff team.