

Adult Placement Services Limited

Avalon West Yorkshire

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?	Good ●

Summary of findings

Overall summary

About the service

Avalon West Yorkshire Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats. In addition, this service provides care and support to people living in one 'supported living' setting made up of twelve flats. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service supports 52 people in total with 16 requiring support with personal care.

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

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

People and relatives were happy with the care provided. They were involved in planning and making decisions about their care. Risks were assessed and managed. People's nutritional and healthcare needs were met.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received support from regular care staff who knew them well. Support plans showed the support people needed on each call. People were treated with respect and their privacy and dignity was maintained.

Staff were recruited safely and received the induction, training and support they needed to fulfil their role. Staff were very positive about the training they received and that this was classroom based. Safe systems were in place to manage any allegations of abuse and complaints.

There was a visible person-centred culture at the service and it was clear from our discussions with staff that they enjoyed caring for the people they supported.

Quality assurance system were in place to monitor the service provided to people and areas for improvement were identified and actioned. The service had developed strategic aims to ensure the health and well-being of people using the service was at the heart of the service delivery.

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 July 2017)

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service had improved and was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service had improved and was well led.

Details are in our well-Led findings below.

Avalon West Yorkshire 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 Care Act 2014.

Inspection team

The inspection was carried out by one 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats. In addition, this service provides care and support to people living in one 'supported living' setting made up of twelve flats. 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 February and ended on 17 February 2020. We visited the office location on 7 February 2020.

What we did before the inspection

Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority contracts department, safeguarding, the Clinical Commissioning Group, and Healthwatch to assist us in planning the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do 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 four people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, and six support workers. This included telephone and face to face interviews.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

- People and their relatives told us they were safe with staff who supported them. People told us they were contacted if staff were going to be late or were unable to attend for any reason.
- The provider had systems and processes in place to reduce the risk of harm to people. Staff were confident concerns would be acted upon and were aware of their responsibility to whistle blow if they had any concerns about colleague's care practices.
- Staff were trained to understand and apply safeguarding policies and procedures and had an annual update to refresh their knowledge. The registered manager advised us this was discussed at team meetings and during supervision with staff.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and a range of risk assessments were completed and regularly reviewed.
- The provider took appropriate steps to identify and manage risks to people using the service and staff and there were environmental and individual risk assessments in place. Risk reduction plans were embedded in people's support plan and considered throughout their day.

Staffing and recruitment

- Systems were in place to ensure staff were recruited safely. The service was part of a larger organisation with established processes in place.
- Staff said the rotas were well organised with the right amount of time planned in for travel. They said they had enough time to provide the support people needed without rushing. Staff reported there had been a high turnover of staff, which meant they were often asked to take on additional shifts. However, they were also aware there had been a recent recruitment drive to remedy this.
- Staff monitored calls daily to check these were completed. The provider had plans in place to install an electronic call monitoring system to give them "live" information as to the status of the visit and improved ability to respond quickly if required.

Using medicines safely

- The provider was due to change all the medication paperwork to support safe medication administration and best practice. A risk assessment was undertaken with each person to determine the level of support required with medicines.

Preventing and controlling infection

- Staff had access to personal protective equipment such as aprons, and gloves and were able to collect these from the office when required. Staff had been trained in infection control procedures.

Learning lessons when things go wrong

- Systems were in place to report and investigate accidents and incidents. We saw detailed analysis had taken place to prevent 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 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.

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

- People's needs were assessed before starting the service. The registered manager said, "To do the customer needs assessment, we meet with the customer, their family, the social worker and any other professional involved. This can include occupational therapists, psychologists and the learning disability team." This ensured they could meet the person's needs with the right staff at the right time.
- The registered manager had linked up with relevant organisations to ensure they had the most up to date practice standards and guidance to provide effective care.

Staff support: induction, training, skills and experience

- The provider used the Care Certificate to ensure all new staff met a nationally recognised standard of induction. Staff also attended a two-week face to face induction to ensure all staff completed required training before starting work.
- Staff shadowed more experienced staff. The registered manager said, "They shadow at the person's house with the person who knows the customer. They get to meet the team as well."
- Staff were supported to develop in their roles through face to face training. We were provided with a training matrix following this inspection with an explanation as to why some training was out of date.
- Ongoing support was provided to staff with supervision every three months and an annual appraisal of their performance. However, some staff reported although they had recently been supervised, these sessions had not been every three months. Other staff told us they had been supervised every month. We discussed this with the registered manager and were satisfied of the reasons behind this.

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

- The service was supporting people to maintain a balanced diet when they were involved in meal planning and preparation.
- Healthy eating was a strategic priority for the organisation. The registered manager said, "This year we are promoting healthy eating and nutrition. We have a strategic plan around constipation, "Dying for a poo." The provider recognised the importance of eating and drinking to prevent early deaths from bowel related disorders.

Staff working with other agencies to provide consistent, effective, timely care

- We saw evidence in people's files which showed staff worked with other agencies to ensure the best outcomes for people using the service.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to appointments where required. They told us they advocated for people when attending doctors' appointments where necessary. One member of staff told us they supported one person to the gym and they exercised together which made this a fun activity.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The provider included consent to care records in people's care plans. The registered manager said they always insisted capacity to consent had been considered prior to accepting people at the service to ensure the legal processes had been adhered to.
- Mental capacity assessments had been completed for any restriction such as a lap belt. The registered manager said, "There is a MCA document for medicine but no one is lacking capacity to consent to medicines."
- Staff understood that people could make unwise decisions if they had capacity, but they would try and support them to make wiser decisions such as around healthy eating by encouragement and skills building.

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

- The provider had an equality and diversity policy in place. The registered manager was fully aware of the need to ensure the rights of people using and employed to provide the service had their protected characteristic respected.
- The provider recognised people's diversity and staff received training on treating everyone as individuals.

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

- People and their relatives said they were involved in care planning and decisions about their care. A relative told us their relation's support workers had been well-matched to ensure they shared the same interests.
- Staff confirmed people could choose on a daily basis what they wanted to do with the hours assigned to them. The registered manager said, "Some like to plan ahead. Some like to choose on the day so the customer will say on the day."

Respecting and promoting people's privacy, dignity and independence

- Technology was used to promote people's independence such as medication carousels, fire sensors linked to care call systems and environmental control systems.
- Staff promoted people's dignity and independence during personal care. One said, "I make sure they have dignity towels. Support in areas they can do for themselves." The registered manager said, "All staff have confidentiality training as part of induction. We talk about it at meetings. Staff are fully aware not to discuss work or customers on social media. We have social media policies."

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

- The registered manager told us it was the responsibility of the service managers to write the care plans and risk assessments. These were reviewed every 12 months or sooner if people's needs changed or there was an incident such as a safeguarding.
- Some files contained information which was no longer relevant, and some review dates had expired. The director advised us the provider was changing care files imminently and these were moving to a strengths-based approach which looked at people's abilities and aspirations. All care files would be updated to reflect the move to the new paperwork.

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 reflected in their care records. Information was provided in different formats if required such as picture formats.
- One support worker told us they had worked with a person who was trying to lose weight and cut out pictures to put in a book to support healthy choice options.

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 supported people to maintain relationships and avoid social isolation. People had time programmed into their support plans to undertake activities, and staff told us they could choose on the day if required. Some people told us they had been on holiday with staff which they had enjoyed.

Improving care quality in response to complaints or concerns

- There had been no recent complaints in relation to people who used the service. One relative said, "I don't think we have ever complained. If we have a problem, we can speak to the manager and it usually gets resolved quite quickly."
- There was a complaints policy in place and this was available in different formats.

End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection.
- The service had recently supported a person with end of life care and the registered manager recognised

further staff training would be beneficial, although most of the people they supported would not be requiring this support imminently.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager had registered with CQC in October 2019. There had been a recent period of change at the service at the different levels, which had unsettled some staff. However, plans had been put in place before the inspection to ensure staff were supported through the change. There was a strong, visible person-centred culture at the service which was evident from the director to the care staff.
- Staff told us they were supported by the registered manager and although there had been a lot of changes, they were positive of improvements in terms of staffing arrangements. The registered manager said, "Staff are now settling and understand the vision of what we are trying to do. We are being more open with staff as they needed to know more. They are getting more involved. They are getting slowly more excited."
- We saw evidence the provider had visited the service three times in January 2020 to support the service. The provider and registered manager had a clear vision of how they wanted to improve the service and engage staff with the transition.

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

- Providers have to by law notify CQC of all incidents that affect the health, safety and welfare of people who use services. CQC had been notified of all significant events such as notifications about safeguarding incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were clear about their roles and understood their responsibilities. They said communication had been an issue, but this was improving. They said the lack of regular staff meetings prior to the recent meeting had been an issue but the recent meeting attended by the director had been positive and open. Those unable to attend had not yet received the minutes.
- The registered manager advised us they were revamping the "customer meeting." At the latest meeting held in December people said they wanted them every 3 months. None of the people we spoke with could recall having a questionnaire asking about their views of the service, although they did feel they could influence the way care was provided.

Continuous learning and improving care

- Regular audits were carried out reviewing aspects of service provision such as medication.
- Care plan audits had been carried out although we did find an issue with outdated information in some care plans, which ideally should have been picked up at audit.

Working in partnership with others

- The service worked with other agencies such as the local authority and clinical commissioning groups who commissioned care for some people.